600 CYPRESS AVE.

SIGNATURE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number WATERFORD CONSTRUCTION, INC. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 1105 ARBROID DR. CITY STATE ZIP CODE **ENGLEWOOD** FL 34223 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) **LOT 94 OAK FOREST PHASE 1** BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##°-##'-##.##" or ##.####") □ NAD 1927
□ NAD 1983 USGS Quad Map Other. SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE SARASOTA COUNTY FLORIDA 125144 SARASOTA **FLORIDA** B4. MAP AND PANEL **B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) NUMBER **B5. SUFFIX B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) 125144 0451 D SEPT. 3, 1992 MAY 1, 1984 B & A10 11' B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile ☑ FIRM Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 NAVD 1988 Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Construction Drawings* ■ Building Under Construction* □ Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum NGVD 1929 Conversion/Comments Elevation reference mark used SAR#16 Does the elevation reference mark used appear on the FIRM? Yes No o a) Top of bottom floor (including basement or enclosure) 15.8 ft.(m) Seal o b) Top of next higher floor N/A_ft.(m) Embossed (o c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m) o d) Attached garage (top of slab) 15.3 ft.(m) o e) Lowest elevation of machinery and/or equipment Signature, servicing the building (Describe in a Comments are) AC PAD 15.3 ft.(m RANDALL E. BRI o f) Lowest adjacent (finished) grade (LAG) Professional Land Surveyor 15.2 ft.(m) Florida Certificate No. 3979 o g) Highest adjacent (finished) grade (HAG) License _15.5 _.ft.(m) Date: FEBRUARY 27, 2004 o i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME LICENSE NUMBER RANDALL E. BRITT 3979 TITLE COMPANY NAME PROFESSIONAL LAND SURVEYOR BRITT SURVEYING INC. **ADDRESS**

CITY

DATE

VENICE

FEBRUARY 27, 2004

STATE

TELEPHONE

941-493-1396

FL

ZIP CODE

34285

IMPORTANT: In these spaces, copy the corresponding information from Section A.				For Insurance Company Use:
1105 ARBROID DR.	Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND B	BOX NO.		Policy Number
CITY ENGLEWOOD	STAT FL	5.0	ZIP CODE 34223	Company NAIC Number
SECT	TION D - SURVEYOR, ENGINEER, OR A	RCHITECT CERTIFICATION	(CONTINUED)	
Copy both sides of this Elevation Certificate	for (1) community official, (2) insurance agent/co	ompany, and (3) building owner.		
COMMENTS				
		n		
SECTION E PUIII DINC E	C EVATION INFORMATION (OUR EXAM	10T DECL DE		Check here if attachme
7000 AO and 7000 A (without BED) come	LEVATION INFORMATION (SURVEY N	OT REQUIRED) FOR ZONE	AO AND ZONE	A (WITHOUT BFE)
ection C must be completed. 1. Building Diagram Number(Select the b	olete Items E1 through E4. If the Elevation Certi uilding diagram most similar to the building for w			
accurately represents the building, provide	e a sketch or photograph.)			
natural grade, if available). E3. For Buildin	ment or enclosure) of the building isft.(m) g Diagrams 6-8 with openings (see page 7), the	(cm) above or below e next higher floor or elevated floo	v (check one) the hi r (elevation b) of the	ghest adjacent grade. (Use building isft.(m)in.(cm)
above the highest adjacent grade. Compl 4. The top of the platform of machinery and/o natural grade, if available).)_in.(cm) above or be	ow (check one) the	highest adjacent grade. (Use
 For Zone AO only: If no flood depth numb Yes \(\sum \) No \(\sum \) Unknown. The lo 	er is available, is the top of the bottom floor eleva cal official must certify this information in Section	ated in accordance with the comm	nunity's floodplain m	nanagement ordinance?
	ON F - PROPERTY OWNER (OR OWNE		ERTIFICATION	
The property owner or owner's authorized rep	oresentative who completes Sections A, B, C (Iti e statements in Sections A, B, C, and E are con	ems C3.h and C3.i only), and E fo	or Zone A (without a	FEMA-issued or community-
PROPERTY OWNER'S OR OWNER'S AU		real to the best of thy knowledge.		
	THO MEDITAL PEDENTAL			
ADDRESS		CITY	STATE	ZIP CODE
SIGNATURE		DATE	TELEPHONE	
COMMENTS				
				Check here if attachmen
	SECTION G - COMMUNITY IN	FORMATION (OPTIONAL)		Crieck here ii attachmen
e local official who is authorized by law or ord	tinance to administer the community's floodplain		molete Sections A. I	B C (or F) and G of this Flouration
intricate. Complete the applicable item(s) and	d sign below.			
. The information in Section C was taken	from other documentation that has been signe	d and embossed by a licensed s	urveyor, engineer, o	r architect who is authorized by st
or local law to certify elevation informa	tion. (Indicate the source and date of the elevat	ion data in the Comments area b	elow.)	
2. A community official completed Section	E for a building located in Zone A (without a Ft	EMA-issued or community-issued	BFE) or Zone AO.	
64. PERMIT NUMBER	e) is provided for community floodplain manager			
74. PERMII NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIF	FICATE OF COMPLIA	NCE/OCCUPANCY ISSUED
. This permit has been issued for: New	Construction Substantial Improvement			
. Elevation of as-built lowest floor (including t	pasement) of the building is:		_ft.(m)	Datum:
. BFE or (in Zone AO) depth of flooding at th	e building site is:		ft.(m)	Datum:
OCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME		TELEPHONE		
IGNATURE		DATE		
COMMENTS				
1				
*				Check here if attachment
				I DIROCK HOLD II ALLAUTHINET