



FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

ELEVATION CERTIFICATE

BVP 2001-14904

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME: Boyce Wiley Policy Number _____

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 95 Bainbridge Company NAIC Number _____

CITY: Nokomis STATE: FL ZIP CODE: 34275

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Lot 95 King's Gate

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or #####"): _____ HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type): _____ USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: #125144 B2. COUNTY NAME: Sarasota B3. STATE: FL

B4. MAP AND PANEL NUMBER: <u>#0245</u>	B5. SUFFIX: <u>"D"</u>	B6. FIRM INDEX DATE: <u>5/1/84</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE: <u>5/1/84</u>	B8. FLOOD ZONE(S): <u>"A-12"</u>	B9. BASE FLOOD ELEVATION (Zone AO, use depth of flood): <u>11.00</u>
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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: 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 5 (Select the building diagram most similar to the building for which this certificate is being completed - 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 C3a-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 _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____ <u>15.00</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ <u>N/A</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ <u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ <u>12.00</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ <u>12.6</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____ <u>11.2</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____ <u>11.4</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date: Raymond T. Brigham #2670 9/27/01

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: RAYMOND T. BRIGHAM LICENSE NUMBER: 2670

TITLE: PRESIDENT COMPANY NAME: BRIGHAM SURVEYING, INC

ADDRESS: (FIR) SHAMROCK BLVD. CITY: VENICE STATE: FL ZIP CODE: 34293

SIGNATURE: Raymond T. Brigham DATE: 9/26/01 TELEPHONE: (941) 493-4430

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