U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008

National Flood Insurance Program Important: Read the instructions on pages 1-9. Expires March 31, 2012

		SECTION	JN A - PROPER	IY INFORMA	IION	For Insurance Company Use:			
A1. E	Building Owner's Name Ronald J. R	ubin				Policy Number			
	Building Street Address (including Ap Bayshore Drive	ot , Unit, Suite, and/or Bld	g No) or PO Ro	ute and Box No		Company NAIC Number			
(City Englewood State FI ZIP C	Code 34223							
	Property Description (Lot and Block Newood Gardens No 5 Lot 910	Numbers, Tax Parcel Nur	nber, Legal Descri	otion, etc.)					
A5. L A6. A A7. E	Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) residential Latitude/Longitude: Lat. 26°59'57.22"N Long. 82°23'56.76"W Horizontal Datum: NAD 1927 NAD 1983 Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. Building Diagram Number 6 For a building with a crawlspace or enclosure(s): A9. For a building with an attached garage:								
a) Square footage of crawlspace or enclosure(s) 2089 sq ft a) Square footage of attached garage b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 18 within 1.0 foot above adjacent grade						hed garage sq fl openings in the attached garage jacent grade			
	f) Engineered flood openings?	Yes No	804 sq in		neered flood openii				
	SE	CTION B - FLOOD IN	SURANCE RAT	E MAP (FIRM)	INFORMATION				
B1. N 12514	FIP Community Name & Community 44 SARASOTA		32. County Name SARASOTA COUNTY			B3. State FLORIDA			
B4. I	Map/Panel Number B5. Suffix 125144 0432 D	B6. FIRM Index Date 09-03-1992	B7. FIRM Effective/Rev 05-01-1	ised Date	B8. Flood Zone(s) A12	B9 Base Flood Elevation(s) (Zone AO, use base flood depth) 13.0			
11. I	ndicate the source of the Base Flood FIS Profile FIRM Indicate elevation datum used for BF Is the building located in a Coastal Biological	☐ Community Determ E in Item B9: ☑ NGVD	nined C 1929 D N (CBRS) area or O	ther (Describe) AVD 1988 [Other (Describe) □ Yes ⊠ No			
	SECT	ON C - BUILDING EL	EVATION INFO	RMATION (SU	IRVEY REQUIRE	ED)			
*A 2. El be	uilding elevations are based on: new Elevation Certificate will be requested on: evations – Zones A1-A30, AE, AH, Astronomous – Zones A1-Based on the building diagra enchmark Utilized PREVIOUS SURporversion/Comments	k (with BFE), VE, V1-V30 m specified in Item A7. L	of the building is co , V (with BFE), AR Jse the same datu	AR/A, AR/AE.		☐ Finished Construction AR/AO. Complete Items C2.a-h			
				Ct	neck the measurem	ent used.			
a) b) c) d)	Top of the next higher floor Bottom of the lowest horizontal st Attached garage (top of slab)	ructural member (V Zone	s only) NA.	52	meters (Puerto	o Rico only) o Rico only) o Rico only)			
e)	Lowest elevation of machinery or (Describe type of equipment and		building 17.6	o∠ ⊠ feet	meters (Puert	o Rico only)			
f)	Lowest adjacent (finished) grade Highest adjacent (finished) grade		<u>5.53</u>		meters (Puerto				
g) h)			The second secon		meters (Puerto	A STATE OF THE STA			
		TION D - SURVEYOR,							
inform	certification is to be signed and sealed nation. I certify that the information of restand that any false statement may sheck here if comments are provided	on this Certificate represe be punishable by fine or on back of form.	nts my best efforts imprisonment unde	to interpret the er 18 U.S. Code, engitude in Section	data availáble.l Section 1001.⊠ on A provided by a	danll			
Certif	ier's Name MICHAEL P ALLEN		Lice	nse Number 68	22	July 14-2011			
Title	OWNER	Company Name BR	IGHAM/ALLEN SI	JRVEYING		- 7-14-2011			
Addre	ess 1525 S TAMIAMI TRAIL	City VENICE	Stat	e FL	ZIP Code 34275				
Signa	iture m al Plu	Date 07-	14-2011 Tele	phone 941 493	3 4430				
	0								

IMPORTANT: In these spa	aces, copy the corresponding in	formation from Section A.	Fo	r Insurance Company Use:		
Building Street Address (includii 1784 BAYSHORE DRIVE	ng Apt., Unit, Suite, and/or Bidg. No.)	or P.O. Route and Box No.	Po	dicy Number		
ity ENGLEWOODState FL 2	ZIP Code 34223		C	ompany NAIC Number		
SEC	CTION D - SURVEYOR, ENGINE	ER. OR ARCHITECT CERTIFIC	ATION (CONTIN			
	n Certificate for (1) community official,					
omments FIRST FLOOR IS N						
Nanakua		Date 07-14-2011				
Signature 7	rall			□ Check here if attachmen		
SECTION E - BUILDING	SELEVATION INFORMATION (S	SURVEY NOT REQUIRED) FOR	ZONE AO AND	ZONE A (WITHOUT BFE)		
For Zones AO and A (without B	BFE), complete Items E1-E5. If the Ce	rtificate is intended to support a LON	MA or LOMR-F regi	uest, complete Sections A, B,		
and C. For Items E1-E4, use n	atural grade, if available. Check the n	neasurement used. In Puerto Rico o	nly, enter meters.	•		
 Provide elevation informal grade (HAG) and the lower 	ition for the following and check the ap est adjacent grade (LAG).	propriate boxes to show whether the	elevation is above	or below the highest adjacent		
a) Top of bottom floor (inc	cluding basement, crawlspace, or encl	osure) is leet	meters abo	ve or Delow the HAG.		
	cluding basement, crawlspace, or encl 9 with permanent flood openings provi					
(elevation C2 b in the diag	grams) of the building is	_ ☐ feet ☐ meters ☐ above or	below the HAC			
E3. Attached garage (top of si E4. Top of platform of machin	lab) is LI feet LI nery and/or equipment servicing the bu	meters above or below the idding is feet n		r 🔲 below the HAG.		
	depth number is available, is the top					
	No Unknown The local official r					
	CTION F - PROPERTY OWNER (•				
he property owner or owner's a Zone AO must sign here. The	authorized representative who comple se statements in Sections A, B, and E	ites Sections A, B, and E for Zone A are correct to the hest of my knowled	(without a FEMA-is	ssued or community-issued BFE		
	uthorized Representative's Name					
Address		City	State	ZIP Code		
ignature		Date	Telephone			
Comments						
	SECTION G - COM	MUNITY INFORMATION (OPTIC	ΝΔΙΙ	Check here if attachme		
e local official who is authorize	ed by law or ordinance to administer th	•		omplete Sections A, B, C (or E).		
	e. Complete the applicable item(s) and	-				
	tion C was taken from other document certify elevation information. (Indicate					
•	ompleted Section E for a building locat			•		
3. The following information	on (Items G4-G9) is provided for comr	munity floodplain management purpo	eses.			
64. Permit Number	G5. Date Permit Issued	G6. Date Certi	ficate Of Complian	ce/Occupancy Issued		
7. This permit has been issued	d for: New Construction	☐ Substantial Improvement				
•	floor (including basement) of the build	•	ers (PR) Datum			
BFE or (in Zone AO) depth	of flooding at the building site:	feet	ers (PR) Datum _			
0. Community's design flood e	elevation	feet	ers (PR) Datum _			
ocal Official's Name	200 100 100 100 100 100 100 100 100 100	Title				
Community Name		Telephone				
signature		Date				
Comments						
			· · · · · · · · · · · · · · · · · · ·			
				☐ Check here if attachme		

Building Photographs See Instructions for Item A6.

For Insurance Company Use:
Policy Number
Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

