FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE Important: Read the instructions on pages 1 - 7.

BULIDING STREET ADDRESS (Including Apt, Link, Salte, and/or Bidg, No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 1116 & 1118 BEACH-CHOOMBER (ADDRESS) (Including Apt, Link, Salte, and/or Bidg, No.) OR P.O. ROUTE AND BOX NO. COMPANY PASCHEPTION (Lot and Block Numbers, Tax Pascel Number, Logal Description, etc.) STATE ZIP CODE SA229 PROPERLY RESCRIPTION (Lot and Block Numbers, Tax Pascel Number, Logal Description, etc.) BULIDING SIZE C.P. Residering, Non-residering, Addition, Accessory, etc. Use a Comments area, if necessary, BULIDING SIZE C.P. Residering, Non-residering, Addition, Accessory, etc. Use a Comments area, if necessary, BULIDING SIZE C.P. Residering, Non-residering, Addition, Accessory, etc. Use a Comments area, if necessary, BULIDING SIZE C.P. Residering, Non-residering, Addition, Accessory, etc. Use a Comments area, if necessary, BELIDING SIZE C.P. Residering, Non-residering, Addition, Accessory, etc. Use a Comments area, if necessary, BELIDING SIZE C.P. Residering, Non-residering, Addition, Accessory, etc. Use a Comments area, if necessary, BELIDING SIZE C.P. Residering, Non-residering, Addition, Accessory, etc. Use a Comments area, if necessary, BELIDING SIZE C.P. Residering, Non-residering, Addition, Accessory, etc. Use a Comments area, if necessary, BELIDING SIZE C.P. Residering, Addition, Accessory, etc. Use a Comments area, if necessary, BELIDING SIZE C.P. Residering, Addition, Accessory, etc. Use a Comments area, if necessary, BELIDING SIZE C.P. Residering, Addition, Accessory, etc. Use a Comments area, if necessary, BELIDING SIZE C.P. Residering, Addition, Accessory, etc. Use a Comments area, if necessary, BELIDING SIZE C.P. Residering, Addition, Accessory, etc. Use a Comments area, if necessary, and addition,			SECTION A -	PROPERTY OWNER INFORM	ATION	For Insurance Company Use;
THE ALL OF COMMENT OF BLACK COMMENT COUNTY STATE STATE 3429 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) UNITS 98 & 44 BLACKSULPR POINT MARINA VILLAGE CONDOMINIUM BUILDING SIDE (E.g. Presidential, Norm-residential, Addison, Accessory, etc.) UNITS 98 & 44 BLACKSULPR POINT MARINA VILLAGE CONDOMINIUM BUILDING SIDE (E.g. Presidential, Norm-residential, Addison, Accessory, etc.) LATTICGELORITUDE (OPTIONAL) (#F-#F-#F-#BARFO * #8.####*) HORIZONTAL DATUM: SCUINTY NAME SCUINTY NAME SOURCE GPS (Type): UNITS 98 & 44 BLACKSULPR POINT NAME SOURCE GPS (Type): UNITS 98 & 44 BLACKSULPR POINT NAME SOURCE GPS (Type): UNITS 98 & 44 BLACKSULPR POINT NAME SOURCE GPS (Type): UNITS 98 & 44 BLACKSULPR POINT NAME SOURCE GPS (Type): UNITS 98 & 44 BLACKSULPR POINT NAME SOURCE GPS (Type): UNITS 98 & 44 BLACKSULPR POINT NAME SOURCE GPS (Type): UNITS 98 & 44 BLACKSULPR POINT NAME SOURCE GPS (Type): UNITS 98 & 54 BLACKSULPR POINT NAME SOURCE GPS (Type): UNITS 98 & 54 BLACKSULPR POINT NAME SOURCE GPS (Type): SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION BS SOURCE GPS (Type): UNITS 98 & 54 BLACKSULPR POINT NAME SANSOTA BS RACKSULPR POINT NAME SANSOTA STATE SANSOTA SANSOTA			LLAGE, LLC			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Comparison Com	BUILDING STREET ADD 1116 & 1118 BEACHOO	ORESS (Including MBER COURT	Apt., Unit, Suite, and/or B	lldg. No.) OR P.O. ROUTE AND	BOX NO.	Company NAIC Number
PROPERTY DESCRIPTION Lot and Block Number, Tax Paucel Number, Legal Description, etc.)						
BULDING USE (e.g., Residerfield, Non-residerfield, Addition, Accessory, etc. Use a Comments area, if necessary.) ADDITION OF CONTINUE (SPINOR) Non-residerfield, Addition, Accessory, etc. Use a Comments area, if necessary.) ADDITION OF CONTINUE (SPINOR) Non-residerfield, Non-residerfield, Addition, Additio	PROPERTY DESCRIPT	ION (Lot and Block	k Numbers, Tax Parcel N	umber Legal Description etc.\	54225	,
LATITUDE/CONGITUDE (CPTPCNAL) HORIZONTAL DATUM: SOURCE GPS (Type); USGS Quad Map Other: MAD 1927 NAD 1928 USGS Quad Map Other: MAD 1927 USGS Quad Map Other: MAD 1927 USGS Quad Map Other: MAD 1927 USGS Quad Map Other: USGS Quad Map USGS Quad Map Other: USGS Quad Map USGS	BUILDING USE (e.g., Re				f necessary.)	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		(OPTIONAL)	HODIZON	TAL DATUBA	201120	
ESCOUNTY NAME & COMMUNITY NAME & COMMUNITY NAMES B2. COUNTY NAME SAPASOTA COUNTY (15)44 B3. SUFFIX B4. SUFFIX B5. SUFFIX B5. SUFFIX B6. FRM NDCX DATE SAPASOTA COUNTY (15)44 B6. SUFFIX B6. SUFFIX B6. FRM NDCX DATE SAPASOTA COUNTY (15)44 B7. SUFFIX B6. SUFFIX B6. SUFFIX B6. FRM NDCX DATE SAPASOTA COUNTY (15)44 B7. SUFFIX B6. SUFFIX B6. SUFFIX B6. SUFFIX B7. SUFFIX B6. SUFFIX B6. SUFFIX B7. SUFFIX	(##° - ##' - ##.##" or ##	f.#####°)	NAD 1927	NAD 1983		/pe): Quad Map
SARASOTA COUNTY 125144 SARASOTA SARASO	10			SURANCE RATE MAP (FIRM)	INFORMATION	
NAMBER S. SUFFIX S. FIRM NDCK NATE SFECTIVERENSSD DATE S. FLOOD ZONES Gran AD, us depth of boding)		& COMMUNITY NUM	10.00			2.07
SEPORTOR SIFEM Community Determined Other (Describe):	NUMBER 125 144 0236	D	9/3/92	EFFECTIVE/REVISED DATE 7-71/5-84		(Zone AO, use depth of flooding)
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. 28. 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.) 28. Bevarions - 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 C3et 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 6, as appropriate, to document the datum conversion. Datum NGVD29 Conversion/Comments Bevarion reference mark used 157F Does the elevation reference mark used appear on the FIRM? Yes No a) Top of bottom floor (including basement or enclosure) 13. 3.ft(m) b) Top of next higher floor c) Bottom of lowest horizontal structural member (V zones only) 13. 0.ft(m) d) Altached garage (top of slab) 13. 0.ft(m) d) Altached garage (top of slab) 13. 0.ft(m) d) I) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 13. 0.ft(m) d) I) I) I by the building (Describe in a Comments area) 13. 0.ft(m) d) I) I by the building (Describe in a Comments area) 13. 0.ft(m) d) I) I by the building (Describe in a Comments area) 13. 0.ft(m) d) I) I by the building (Describe in a Comments area) 13. 0.ft(m) d) I) I by the building (Describe in a Comments area) 13. 0.ft(m) d) I) I by the building (Describe in a Comments area) 13. 0.ft(m) d) I) I by the building (Describe in a Comments area) 13. 0.ft(m) d) I by the building (Describe in a Comments area) 13. 0.ft(m) d)	FIS Profile B11. Indicate the elevation dat	☑ FIRM turn used for the BFI a Coastal Barrier Re	☐ Community Determ E in B9: ☑ NGVD 1929 sources System (CBRS) a	ined Other (Desc NAVD 1988 rea or Otherwise Protected Area (OF	Other (Describe): _PA)?	Designation Date
*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, AF/AO Complete Items C3ai- 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. Deatum NGVD29 Conversion/Comments Detail or Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion. Datum NGVD29 Conversion/Comments Bevation reference mark used 15/FE Does the elevation reference mark used appear on the FIRM? Yes No a) Top of bottom floor (including basement or enclosure) b) Top of next higher floor 24. 9.ft (m) c) Bottom of lowest horizontal structural member (V zones only) NAft (m) d) Attached garage (top of slab) 13. 9.ft (m) d) Attached garage (top of slab) 13. 9.ft (m) g) Highest adjacent (finished) grade (LAG) 12. 4.ft (m) g) Highest adjacent (finished) grade (LAG) 12. 1.ft (m) g) Highest adjacent (finished) grade (LAG) 13. 0.ft (m) g) Highest adjacent (finished) grade (LAG) 14. 0.ft (m) g) Highest adjacent (finished) grade (LAG) 15. 1.ft (m) g) Highest adjacent (finished) grade (LAG) 16. 1.ft (m) g) Highest adjacent (finished) grade (LAG) 17. 1.ft (m) g) Highest adjacent (finished) grade (LAG) 18. 1.ft (m) g) Highest adjacent (finished) grade (LAG) 19. 10.ft (m) EECTION 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 Sect		SEC	TION C - BUILDING EL	EVATION INFORMATION (SUI	RVEY REQUIRED)	- 24
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 MARK E. BASSETT LICENSE NUMBER 4394 TITLE PROFESSIONAL SURVEYOR & MAPPER COMPANY NAME BASSETT SURVEYING & MAPPING, INC. ADDRESS CITY STATE ZIP CODE 1899 Porter Lake Dr., #105 SARASOTA FL 34240 DATE TELEPHONE	*A new Elevation Certifica C2. Building Diagram Number accurately represents the C3. Elevations – Zones A1-A3 Complete Items C3a-i be Section B, convert the date Section D or Section G, as Datum NGVD29 Convert Elevation reference mark to a) Top of bottom floor (b) Top of next higher fix c) Bottom of lowest hor d) Attached garage (top e) Lowest elevation of r servicing the buildin f) Lowest adjacent (finis g) Highest adjacent (finis h) No. of permanent op	te will be required w 1 (Select the buildin building, provide a s 0, AE, AH, A (with B elow according to the um to that used for the sappropriate, to doc sion/Comments used 157F Does the including basement oor izontal structural me o of slab) machinery and/or eq g (Describe in a Cor shed) grade (LAG) ished) grade (HAG) enings (flood vents) anent openings (flood	then construction of the building diagram most similar to the ketch or photograph.) IFE), VE, V1-V30, V (with Big building diagram specified the BFE. Show field measurement the datum conversional elevation reference mark usor enclosure) Import (V zones only) Inipiment (V zones only)	ding is complete. The building for which this certificate is set building for which this certificate is set. TE), AR, AR/A, AR/AE, AR/A1-A30, in Item C2. State the datum used. If the ements and datum conversion calculation. The sed appear on the FIRM? Yes 13. 3 ft.(m) 14. 0 ft.(m) 13. 0 ft.(m) 13. 0 ft.(m) 12. 4 ft.(m) 12. 4 ft.(m) 12. 7 ft.(m) 12. 7 ft.(m) 13 grade N/A (sq. cm)	AR/AH, AR/AO the datum is different from lation. Use the space pro	n the datum used for the BFE in wided or the Comments area of
Title Professional Surveyor & Mapper Company Name Bassett Surveying & Mapping, Inc. Address Surveyor & Mapper Company Name Bassett Surveying & Mapping, Inc. City State State Dr., #105 Signature Date Telephone	T11 - 10 - 1 - 1 - 1					
CERTIFIER'S NAME MARK E. BASSETT LICENSE NUMBER 4394 TITLE PROFESSIONAL SURVEYOR & MAPPER COMPANY NAME BASSETT SURVEYING & MAPPING, INC. ADDRESS 1899 Porter Lake Dr., #105 SARASOTA DATE TELEPHONE	I certify that the information I understand that any false	in Sections A, B, statement may be	and C on this certificate i	represents my best efforts to inter	pret the data available	rmation.
ADDRESS 1899 Porter Lake Dr., #105 SIGNATURE DATE TELEPHONE	CERTIFIER'S NAME MARK	E. BASSETT		3.5.5540,)4
1899 Porter Lake Dr., #105 SARASOTA FL 34240 SIGNATURE DATE TELEPHONE	TITLE PROFESSIONAL SUI	RVEYOR & MAPPE	ER	COMPANY NAME B	ASSETT SURVEYING &	MAPPING, INC.
SIGNATURE DATE TELEPHONE			,			
	SIGNATURE Who	9. Du	ut	DATE	TELEPH	HONE

EVILL DING STREET ADDRESS (IN	ices, copy the corresponding information fo cluding Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE	rom Section A.		For Insurance Company Use:
1116 & 1118 BEACHCOMB	ER COURT	UTE AND BOX NO.		Policy Number
CITY OSPREY		STATE FL	ZIP CODE 34229	Company NAIC Number
	SECTION D - SURVEYOR, ENGINEER, O		7-100-57	ED)
Copy both sides of this Elevation	Certificate for (1) community official, (2) insurance		The second secon	
COMMENTS		3	(-) canaligorition	
This certificate id for a duplex villa				
C3 (e) Elevation shown is on ext	erior AC equipment support slab			
		El .		Check here if attachme
SECTION E - BUI	LDING ELEVATION INFORMATION (SURV	EY NOT REQUI	RED) FOR ZONE AO AND ZO	ONE A (WITHOUT BFE)
For Zone AO and Zone A (without	BFE), complete Items E1 through E4. If the Elevation	on Certificate is int	ended for use as supporting inform	ation for a LOMA or LOMR-F.
Section C must be completed.				
Building Diagram Number_(S	elect the building diagram most similar to the buildin	ig for which this ce	ertificate is being completed - see p	ages 6 and 7. If no diagram accurat
represents the building, provid	e a sketch or photograph.)			75 ms
2. The top of the bottom floor (incl	luding basement or enclosure) of the building is	_ft.(m)in.(cm) [above or below (check one) the highest adjacent grade. (Use
natural grade, if available).	coorings (see page 7) the part higher floor as also		11 (4 1 4 4 4 6 4 4 4	
grade. Complete items C3.h a	openings (see page 7), the next higher floor or elevend C3 i on front of form	ated floor (elevation	on b) of the building isft.(m)	in.(cm) above the highest adjacent
	ninery and/or equipment servicing the building is	ft (m) in (cm) [Tahous or □ balow (abody and	A the highest ediseast and a Mile
natural grade, if available).		icini)icicin) L	_ above or below (crieck orie) the highest adjacent grade. (Use
5. For Zone AO only: If no flood of	depth number is available, is the top of the bottom flo	or elevated in acc	ordance with the community's floor	blain management ordinance?
Yes No Unkno	wn. The local official must certify this information in	Section G.		
	SECTION F - PROPERTY OWNER (OR O	WNER'S REPR	RESENTATIVE) CERTIFICATION	N
The property owner or owner's au	thorized representative who completes Sections A,	B, C (Items C3.h a	and C3.i only), and E for Zone A (w	
issued BFE) or Zone AO must sig	n here. The statements in Séctions A, B, C, and E	are correct to the	best of my knowledge.	
PROPERTY OWNER'S OR OW	NER'S AUTHORIZED REPRESENTATIVE'S NAM	ΙE		
ADDRESS	=	CITY	OT A	TE 710 0005
		GIT	STAT	TE ZIP CODE
SIGNATURE	H.	DATE	TELE	PHONE
COMMENTS	·			3
		15.		Check here if attachmer
	SECTION G - COMMUNIT			
ne local official who is authorized b	by law or ordinance to administer the community's flo	odplain managen	nent ordinance can complete Section	ons A, B, C (or E), and G of this Elev
ertificate. Complete the applicable	e item(s) and sign below.	a standard and and		
or local law to certify elevat	C was taken from other documentation that has bee ion information. (Indicate the source and date of the	n signed and emb	the Comments area below?	neer, or architect who is authorized
2. A community official comple	eted Section E for a building located in Zone A (with	out a FEMA-issuer	d or community-issued BFF) or 7or	ne AO
The following information (It	ems G4-G9) is provided for community floodplain m	nanagement purpo	ises.	
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE OF COM	DI INNCENCICI IDANICY ISSUED
-consecut contrators (Contrators CV)	(2005) (2005) (2005)		STATE OF THE OTHER OWN	DINOLOGO PANOT ISSUED
7. This permit has been issued for	: New Construction Substantial Improvem	ent		
8. Elevation of as-built lowest floor	(including basement) of the building is:		ft.(m)	Datum:
9. BFE or (in Zone AO) depth of flo	ooding at the building site is;		ft.(m)	Datum:
LOCAL OFFICIAL'S NAME		TIT	le .	
COMMUNITY NAME		TE	LEPHONE	
SIGNATURE		DA	A	
COMMENTS			6	
* 1				
				2-24
				Check here if attachmen
MA Form 81-31, January 200	03			Replaces all previous edit

Replaces all previous editions