8502080

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

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

lmportant: Read th	e instructions on pages	s 1 - 7.	* .
≥ SECTION A - PROPE	RTY OWNER INFORMATI	ON	For Insurance Company Use:
BUILDING OWNER'S NAME  L. RICHARD J. SIMPSON			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg.	No LOR DO DOUTE NID DO	NY 110	
2910 CASEY KEY ROAD	NO.) OR P.O. ROUTE AND BC	)F	Company VAIC Nighter
O NOKOMIS	STATE		ZI GODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number	PLA,		···
THE MILE OF PARCECULAR CONSTRUCTOR		No	tTo Be Removed
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, しというしていている。	etc. Use Comments section if	necessary.)	SARASOTA COUNTY
C LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATI	JM: SOURCE: LIC	ن نے اللہ SPS (Type):	EVELOPMENT SERVICES
○ (##°-##'-##.##' or ##.#####')		JSGS Quad Ma	Other
SECTION B - FLOOD INSURA	NCE RATE MAP (FIRM) I	NFORMATIO	N. Company
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COL	JNTY NAME		B3, STATE
	HLASOTA		PLA,
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX	B7. FIRM PANEL	B8. FLOOD	B9. BASE FLOOD ELEVATION(S)
	ECTIVE/REVISED DATE	ZONE(S)	(Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data of	5/1/84	AIZ	<u> </u>
LIFIS Profile X FIRM L Community Deten	r base 11000 depth entered nined Other (Desci	IN 69	
B11. Indicate the elevation datum used for the BFE in B9: XI NG	//D 1920       NAVO 1988	1 LOther (D	possiba):
B12. Is the building located in a Coastal Barrier Resources System	(CBRS) area or Otherwise	Protected Ar	ea (OPA)?   IYes   INo
Designation Date:		or rottotted ye	24 (O. X): [] 165 [] 140
SECTION C - BUILDING ELEVA	TON INFORMATION (SUE	VEX DEOUIS	IT DA
C1. Building elevations are based on: Construction Drawings*			
*A new Elevation Certificate will be required when construction	Building Under C	onstruction*	<u></u> <b>K</b> IFInished Construction
C2. Building Diagram Number 8 (Select the building diagram	not the building is complete	). #kt_b #t	
pages 6 and 7. If no diagram accurately represents the buildi	must similar to the bullding or provide a skatch or phot	for which this	certificate is being completed - see
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V3	D V (with BEE) AR AR/A	ABIAF ABIA	I-430AB/AH AB/AO
Complete Items C3a-i below according to the building diagram	specified in Item C2. State	the datum us	ed If the datum is different from
the datum used for the BFE in Section B, convert the datum to	that used for the BFE. Sho	ow field measu	rements and datum conversion
calculation. Use the space provided or the Comments area of	Section D or Section G, as	appropriate,	o document the datum conversion.
Datum Conversion/Comments			and the second second
Elevation reference mark used STATE DNR Does			r on the FIRM? LIYes XINo
a) Top of bottom floor (including basement or enclosure)	11 1	_fL(m) 🥫 [	
<ul><li>b) Top of next higher floor</li><li>c) Bottom of lowest horizontal structural member (V zones</li></ul>		_ft.(m) 🖁 📗	
d) Attached garage (top of slab)	*	- ft.(m) 👸 🚡	
e) Lowest elevation of machinery and/or equipment	10.5	ft.(m)	6
servicing the building	n c	ا و ∡	N·LW
f) Lowest adjacent grade (LAG)		Lr(m) Against	11 1
g) Highest adjacent grade (HAG)		_ ft.(m)—[6]	
Q h) No. of permanent openings (flood vents) within 1 ft. above	/e adiacent grade ₽/A	(, [6]	17
<ul> <li>i) Total area of all permanent openings (flood vents) in C3h</li> </ul>		sq. cm)	<b>\</b>
SECTION D - SURVEYOR, ENG	•		ON!
This certification is to be signed and sealed by a land surveyor, e I certify that the information in Sections A, B, and C on this certific	ngineer, or architect author	ized by law to	ceruity elevation information,
I understand that any false statement may be punishable by fine	ot impresents my best en Of imprisonment under 18 l	uns la interpre	n the data avaliable.
		SE NUMBER	4015
TITLE P.S.M.	V (V ) 1 - 4 V		10 SUMBLING INC.
ADDRESS 1960 MAIN ST.	CITY SARASOTA		FLA. ZIP CODE 34236
SIGNATURE	DATE 7 FEB. 20		DNE (241) 954-4473
	I TEU, DO		- ( 124 - Azt 17

IMPORTANT: In those	acces convetto access		
. BOILDING STREET ADDRESS	aces, copy the corresponding Information from S (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O.	n Section A.	For Insurance Company Use:
CITY		KOOTE AND BOX NO.	Policy Number
)	STATE	ZIP CODE	Company NAIC Number
<u> </u>			
SE	CTION D - SURVEYOR, ENGINEER, OR ARCHI	TECT CERTIFICATION (CO	TINUED)
Copy both sides of this Elev	ration Certificate for (1) community official, (2) insu	rance agent/company, and (	) building owner.
COMMENIS			· · · · · · · · · · · · · · · · · · ·
1 ·			· · · · · · · · · · · · · · · · · · ·
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)			
SECTION E - BUILDING	G ELEVATION INFORMATION (SURVEY NOT R	FOURTO FOR ZONE AO	Check here if attachment
( or zone AO and Zone A (M)	thout BhE), complete items E1 through E3 . <i>If the</i>	Elevation Certificate is intens	led for use so sussetting
THE PERSON TO BE LOWING OF LC	ZWIN-F, Section & thust be completed	and the second s	•
see pages 6 and 7. If no	r(Select the building diagram most similar	to the building for which this	certificate is being completed -
E2. The top of the bottom flor	diagram accurately represents the building, provi or (including basement or enclosure) of the building		n.(cm)  above or  below
(check one) the highest a	adjacent grade.		
E3. For Zone AO only: If no t	flood depth number is available, is the top of the b	ottom floor elevated in accord	fance with the community's
noodplain management c	ordinance / Yes No Unknown. Th	e local official must certify thi	s information in Section G
The property owner or owner	CTION F - PROPERTY OWNER (OR OWNER'S I	REPRESENTATIVE) CERTIF	ICATION
- community-issued BFE) of 2	Lone AO must sign here.	Chery B, and E lot Zone A	Milliodica PEMPHISSUEG OF
PROPERTY OWNER'S OR OW	Zone AO must sign here.  VNER'S AUTHORIZED REPRESENTATIVE'S NAME		Milliout a PEMM-Issued of
- community-issued BFE) of 2	Lone AO must sign here.	STATE	
PROPERTY OWNER'S OR OW	VNER'S AUTHORIZED REPRESENTATIVE'S NAME		ZIP CODE
PROPERTY OWNER'S OR OW ADDRESS	/NER'S AUTHORIZED REPRESENTATIVE'S NAME	STATE	ZIP CODE
PROPERTY OWNER'S OR OW ADDRESS SIGNATURE	/NER'S AUTHORIZED REPRESENTATIVE'S NAME	STATE	ZIP CODE
PROPERTY OWNER'S OR OW ADDRESS SIGNATURE	VNER'S AUTHORIZED REPRESENTATIVE'S NAME  CITY  DATE	STATE	ZIP CODE
PROPERTY OWNER'S OR OW ADDRESS SIGNATURE COMMENTS	CONE AO MUST SIGN HERE.  VNER'S AUTHORIZED REPRESENTATIVE'S NAME  CITY  DATE  SECTION G - COMMUNITY INFORM	STATE TELEPH  MATION (OPTIONAL)	ZIP CODE  ONE  Check here if attachment
PROPERTY OWNER'S OR OW ADDRESS SIGNATURE COMMENTS	CITY  DATE  SECTION G - COMMUNITY INFORMATIZED BY Law or ordinance to administer the community law or ordinance	STATE TELEPH  MATION (OPTIONAL)	ZIP CODE  ONE  Check here if attachment
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