

Revised

05-440131

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name JOHN THOMAS	For Insurance Company Use.
	Policy Number
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 307 CHANNEL LANE	Company NAIC Number
City NOKOMIS State FL ZIP Code 34275	

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 13, LESS THE NORTH 10', CHANNEL ACRES SUB., TAX PARCEL I.D. # 0171-04-0030.

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL
 A5. Latitude/Longitude: Lat. N 27° 7.733 ' Long. W 82° 27.835 ' Horizontal Datum: NAD 1927 XNAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 6

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s)	<u>352</u> sq ft	A9. For a building with an attached garage, provide:	a) Square footage of attached garage	<u>N/A</u> ±	sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	<u>2</u>		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	<u>N/A</u>	
c) Total net area of flood openings in A8.b	<u>660</u> sq in		c) Total net area of flood openings in A9.b	<u>N/A</u>	sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number SARASOTA COUNTY 125144	B2. County Name SARASOTA	B3. State FLORIDA
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B4. Map/Panel Number 125144 0239	B5. Suffix D	B6. FIRM Index Date 5-01-84	B7. FIRM Panel Effective/Revised Date 09-03-92	B8. Flood Zone (s) A-12	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) + 11.00 FEET
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile X FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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)?
 Designation Date _____ CBRS OPA Yes No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* X Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. 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 C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized ELEVATIONS REFER TO SAR. CO. B.M. NO. 171, PUB. ELEV. = + 4.914'. Vertical Datum N.G.V.D.

Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>7.0</u>	Xfeet	(STORAGE AREA & CARPORT)
b) Top of the next higher floor	<u>16.9</u>	Xfeet	(LIVING AREA)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	feet	
d) Attached garage (top of slab)	<u>N/A</u>	Xfeet	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>12.0</u>	Xfeet	
f) Lowest adjacent (finished) grade (LAG)	<u>5.8</u>	Xfeet	
g) Highest adjacent (finished) grade (HAG)	<u>6.5</u>	Xfeet	

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 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.

XCheck here if comments are provided on back of form.X



Certifier's Name DANIEL E. LEMONDE License Number 2909

Professional Surveyor and Mapper Company Name LEMONDE MORTGAGE SURVEYS, INC.
 Address 4821 BONITA RD City VENICE State FL ZIP Code 34293

Signature *[Signature]* Date 10-3-2008 Telephone (941) 493-8000

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

307 CHANNEL LANE

City NOKOMIS

State FL ZIP Code 34275

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments 1) HOME BUILT IN 2008 PER SAR CO. TAX. DEPT.

2) LOWEST ELEVATION OF MACHINERY SERVICING THE BUILDING IS BASED ON ELECTRICAL AT 5' ABOVE FIRST FLOOR ELEVATION.

3) FIRST FLOOR SLAB & LATTICE ENCLOSURE WITH ENCLOSED STORAGE AREA WITH FLOW THRU'S, (NO EQUIP. AT FLOOR LEVEL.)

Signature

Date 10-3-2008

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATIONThe property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

DANIEL E. LEMONDE

Address 4821 BONITA RD

City VENICE

State FL

ZIP Code 34293

Signature

Date 10-3-2008

Telephone (941) 493-8000

Comments

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 307 CHANNEL LANE	For Insurance Company Use: Policy Number
City NOKOMIS State FL ZIP Code 34275	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.



FRONT VIEW 10-3-2008



REAR VIEW 10-3-2008