TO: 4923108 BUP2000-11094

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number George & Caryl Pennell BUILDING STREET ADDRESS (Including Apl., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 601 Colonial Bay Drive STATE ZIP CODE Nokomis FL 34275-2770 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1; Colonial Bay Acres BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: LI GPS (Type) (##° - ##' - ##. ##" or ##. #####") □ NAD 1927 **EINAD 1983** USGS Quad Map 11 Other N/A SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE Unincorporated Areas 125144 Sarasola Florida B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B9. BASE FLOOD ELEVATION(S) **B7. FIRM PANEL** B8. FLOOD NUMBER DATE EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) 125144 - 0331 F 9-3-92 9-3-92 AE 11 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9 FIS Profile **MFIRM** Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9:

■ NGVD 1929 □ NAVD 1988 □ Other (Describe): 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 7 (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, 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 N/A Conversion/Comments None Elevation reference mark used County. Does the elevation reference mark used appear on the FIRM? Tyes No a) Top of bottom floor (including basement or enclosure) 16 4 ft. Seal b) Top of next higher floor N/A __ft. Embossed . c) Bottom of lowest horizontal structural member (V zones only) N/A d) Attached garage (top of slab) (7. Oft. e) Lowest elevation of machinery and/or equipment Ucense Number, Signature, servicing the building (A/C Deck) 16 . 1 ft. (LAG) t) Lowest adjacent grade (LAG) 6.5 ft. Del Wallayner PSN

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

6.5ft.

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 Del W. Hayner LICENSE NUMBER LS 4058

TITLE Professional Surveyor and Mapper COMPANY NAME LandMark Land Consultants ADDRESS

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 12

i) Total area of all permanent openings (flood vents) in C3h 1348 sq. in.

STATE ZIP CODE 4526 North Access Road Englewood FL TELEPHONE 34224 SIGNATURE DATE 941-475-5651

g) Highest adjacent grade (HAG)

Individual: LS 4058

Business: LB 6655