

BUP2004-23427

066369

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME JOHN & GAIL WROLDSEN		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 5539 CONTENTO DRIVE		Company NAIC Number	
CITY SARASOTA	STATE FL	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 259 SIESTA ISLES UNIT NO. 8			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or #####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SARASOTA COUNTY 125144		B2. COUNTY NAME SARASOTA		B3. STATE FL	
B4. MAP AND PANEL NUMBER 125144 0143	B5. SUFFIX E	B6. FIRM INDEX DATE 09/29/96	B7. FIRM PANEL EFFECTIVE/REVISED DATE 09/03/92	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 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, AR/AO
Complete Items C3-a-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 NGVD Conversion/Comments _____

Elevation reference mark used 156 Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) _____ 10.2 ft.(m)
- o b) Top of next higher floor _____ N/A ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) _____ N/A ft.(m)
- o d) Attached garage (top of slab) _____ 8.4 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ 10.0 ft.(m) A/C UNIT
- o f) Lowest adjacent (finished) grade (LAG) _____ 7.5 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) _____ 7.8 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 3 *
- o i) Total area of all permanent openings (flood vents) in C3.h 720 sq. in. (sq. cm)

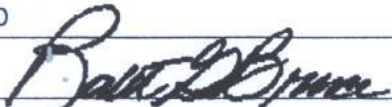
License Number, Embossed Seal, Signature, and Date



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 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 ROBERT G. BRUCE LICENSE NUMBER 4519

TITLE OWNER	COMPANY NAME RED STAKE SURVEYORS INC.		
ADDRESS 7123 PROCTOR ROAD	CITY SARASOTA	STATE FL	ZIP CODE 34241
SIGNATURE 	DATE 02/15/2006	TELEPHONE 941-923-9997	