

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

1969

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME: JAMES R. PERKINS
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 1015 CONTENTIO STREET
CITY: SARASOTA STATE: FLORIDA ZIP CODE: 34242
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 246 - SIESTA ISLES UNIT 8
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.):

Policy Number:

Company NAIC Number:

LATITUDE/LONGITUDE (OPTIONAL)
(#° - #' - ##.##" or ##.###")

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

SOURCE: GPS (Type):
 USGS Quad Map Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: UNINC AREA 125144 B2. COUNTY NAME: SARASOTA B3. STATE: FLORIDA
B4. MAP AND PANEL NUMBER: 125144 OH3 B5. SUFFIX: E B6. FIRM INDEX DATE: 9-29-96 B7. FIRM PANEL EFFECTIVE/REVISED DATE: 9-3-92 B8. FLOOD ZONE(S): AE B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): EL10

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes 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 _____ (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 _____ Conversion/Comments _____
Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

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

License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed 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: DAVID S. ... LICENSE NUMBER: PSM# 5671
COMPANY NAME: FLORIDA COAST SURVEYING
ADDRESS: 2411 ... AVENUE WEST CITY: BRADENTON STATE: FL ZIP CODE: 34205
SIGNATURE: _____ DATE: 8-16-02 TELEPHONE: 941-744-9245