BUP2004-19440

## NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7

O.M.B. No. 3067-0077 Expires December 31, 2005

	miportant. It	cad the instructions on pages	-1.		
	SECTION A	- PROPERTY OWNER INFORM	ATION	For Insurance Company Use:	
BUILDING OWNER'S NAME MICHAEL W. FAULS AND FLO	Policy Number				
BUILDING STREET ADDRESS (Included) 563 CRANE PRAIRIE WAY	Company NAIC Number				
CITY SARASOTA		STATE FL	ZIP COI 34229	DE	
PROPERTY DESCRIPTION (Lot and E LOT 84, WILLOWBEND, PHASE 4.	Block Numbers, Tax Parcel N		54225		
BUILDING USE (e.g., Residential, Non- RESIDENTIAL	residential, Addition, Access	ory, etc. Use a Comments area, if	necessary.)		
LATITUDE/LONGITUDE (OPTIONAL)	HODIZON	ITAL DATUM:	SOURCE: GPS (Type		
				USGS Quad Map Other: N/A	
	SECTION B - FLOOD II	SURANCE RATE MAP (FIRM)	INFORMATION		
B1. NFIP COMMUNITY NAME & COMMUNITY I	NUMBER B	2. COUNTY NAME	B	B. STATE	
	5	ARASOTA	FL	-	
B4. MAP AND PANEL NUMBER B5. SUFFIX 125144 0236 D	MAY 1, 1984	-B7, FIRM PANEL EFFECTIVE/REVISED DATE SEPTEMBER 3, 1992	B8. FLOOD ZONE(S) A12	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11.0	
B10. Indicate the source of the Base Flood ⊟e ☐ FIS Profile ☐ FIRM	valion (BFE) data or base flood Community Determ	depth entered in B9. nined Other (Desc	elto):		
B11. Indicate the elevation datum used for the	BFE in B9: NGVD 1929		Other (Describe):		
B12. Is the building located in a Coastal Barrier		a or Otherwise Protected Area (OPA)	?	Designation Date N/A	
		EVATION INFORMATION (SUF			
C1. Building elevations are based on: Cons			Finished Construction		
*A new Elevation Certificate will be require		ina is comolete.	A LINGUAGO COLDINOCIOI		
C2. Building Diagram Number 1 (Select the buil	lding diagram most similar to the	e building for which this certificate is be	ing completed - see pages 6	and 7. If no diagram	
accurately represents the building, provide	a sketch or photograph.)	· ·	o in the configura		
C3. Elevations - Zones A1-A30, AE, AH, A (wit	h BFE), VE, V1-V30, V (with BF	E), AR, AR/A, AR/AE, AR/A1-A30, A/	RIAH, ARIAO		
Complete Items C3a-i below according to	the building diagram specified i	n Item C2. State the datum used. If the	e datum is different from the d	latum used for the BFE in	
Section B, convert the datum to that used to Section D or Section G, as appropriate, to o	or the BFE. Show lield measure	ments and datum conversion calculat	ion. Use the space provided	or the Comments area of	
Datum NGVD 1929 Conversion/Commer		L			
Elevation reference mark used ** Does to		demand to FIDER TO Very 17			
v a) Top of bottom floor (including baseme	ne enevanion renerence mank use ant or enclosure)			14/0 , 1/4	
o b) Top of next higher floor	and encoure	12.9 fL(m)	les //	III MONILA	
o c) Bottom of lowest horizontal structural	mombor N/ monos and A	<u>N/A</u> . fL(m)	8.	w Jill Will	
	inaniba (v zules uniy)	12.9 ft(m)  N/A. ft(m)  12.6 ft(m)  12.3 ft(m)  11.8 ft(m)  12.2 ft(m)  12.2 ft(m)		/	
<ul> <li>v d) Attached garage (top of stab)</li> <li>v e) Lowest elevation of machinery and/or equipment/</li> </ul>		12 . 6 fL(m)	E P	#5283	
servicing the building (Describe in a Comments area)		40 2 8 ()	, 6.	#5283 04/12/25	
v f) Lowest adjacent (finished) grade (LAG)		12.3 fL(m)	net use	-11.15-	
v g) Highest adjacent (finished) grade (HA		11.8 ft.(m)	S S S	04117105	
o h) No. of permanent openings (flood ven		ndo N/A	12.2 ft(m)		
o i) Total area of all permanent openings (f	lood vents) in C3 h N/A en in 19	aue inv	<u> </u>		
		, ENGINEER, OR ARCHITECT (			
This certification is to be signed and sealed certify that the information in Sections A.	ed by a land surveyor, engin	eer, or architect authorized by law	to certify elevation inform	ation.	
I understand that any false statement ma	, b, and C on this certificate v he nunishable by fine or in	represents my best errorts to inter	pret the data available.		
CERTIFIER'S NAME WILLIAM J. MCALLIS	STER	iprisoriinerit under 10 U.S. Code,	LICENSE NUMBER 528	3	
TITLE PRESIDENT		COMPANY NAME	DARRELL E. GERKEN		
ADDRESS .		CITY	STATE	ZIP CODE	
5730A JASON LEE PLACE		SARASOTA	FL	34233	
SIGNATURE / //	callet	DATE	TELEPHO		
AMM Y. MI	411110	04/12/05	(941)-924-		

	y the corresponding information from Se			For Insurance Company Use:	
.9UILDING STREET ADDRESS (Including Apt., 563 CRANE PRAIRIE WAY	Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BO	O. ROUTE AND BOX NO.		Policy Number	
CITY SARASOTA	STATE FL	E	ZIP CODE 34229	Company NAIC Number	
SECT	TION D - SURVEYOR, ENGINEER, OR AF	RCHITECT	CERTIFICATION (CONTINUE	D)	
Copy both sides of this Elevation Certificate	for (1) community official, (2) insurance agent/cor	mpany, and (	3) building owner.		
COMMENTS ** ELEVATIONS SHO BASED ON SARASOTA COUNTY I	OWN HEREON ARE RELATIVE TO TH BENCH MARK 157 B WITH A PUBLISH	E NATION HED ELEV	AL GEODETIC VERTICAL D'ATION OF 16.38 FEET.	ATUM (N.G.V.D.) OF 1929	
				*	
				Check here if attachments	
SECTION E - BUILDING E	ELEVATION INFORMATION (SURVEY NO	OT REQUIE	RED) FOR ZONE AO AND ZO		
	plete Items E1 through E4. If the Elevation Certific				
Section C must be completed.					
	ilding diagram most similar to the building for whi	ch this certifi	cate is being completed - see page	s 6 and 7. If no diagram accurately	
represents the building, provide a sketch of	or photograph.) ment or enclosure) of the building isft.(m)	in (cm)	] about or [] balaw (about ana)	the highest enforcent areado. (I lea	
natural grade, if available).	_ iding		Jabole of Discontinuous dies	lie ilgilestadjace it grace. (ose	
	see page 7), the next higher floor or elevated floo	r (elevation b	of the building isft.(m)in.(d	m) above the highest adjacent	
grade. Complete items C3.h and C3.i on t					
E4. The top or the platform or machinery and/o natural grade, if available).	r equipment servicing the building isft.(m)	in.(cm) [_	above or Delow (check one)	the highest adjacent grade. (Use	
	er is available, is the top of the bottom floor eleval	ted in accord	ance with the community's floodpla	in management ordinance?	
Yes No Unknown. The lo	cal official must certify this information in Section	G.			
	ON F - PROPERTY OWNER (OR OWNE				
51 27 35	oresentative who completes Sections A, B, C (Ite e statements in Sections A, B, C, and E are corre			ut a FEMA-issued or community-	
PROPERTY OWNER'S OR OWNER'S AUT	THORIZED REPRESENTATIVE'S NAME				
ADDRESS		CITY	STA	TE ZIP CODE	
SIGNATURE	GNATURE DA		TELEPHONE		
COMMENTS			9		
4 TE 20 U				Check here if attachments	
The Harrison	SECTION G - COMMUNITY INF	ORMATIC	N (OPTIONAL)		
	finance to administer the community's floodplain	managemer	nt ordinance can complete Sections	A, B, C (or E), and G of this Elevation	
Certificate. Complete the applicable item(s) and					
	n from other documentation that has been signed fion. (Indicate the source and date of the elevation		the first of the property of t	er, or architect who is authorized by state	
	n E for a building located in Zone A (without a FE			AO.	
G3. The following information (Items G4-G	9) is provided for community floodplain managen	nent purpose	s.		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE OF COM	PLIANCE/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 is:			ft.(m)	Datum:	
G9. BFE or (in Zone AO) depth of flooding at th	e building site is:		fL(m)	Datum:	
LOCAL OFFICIAL'S NAME		TII	Œ		
COMMUNITY NAME		TE	LEPHONE		
SIGNATURE		DA	TE	8	
COMMENTS					
\$ .				But I say	