

FEDERAL EMERGENCY MANAGEMENT AGENCY

NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1-7.

Sup 2004-26876

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME ERNEST H. ROMANO AND DIANE R. ROMANO		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 594 CRANE PRAIRIE WAY		Company NAIC Number	
CITY SARASOTA	STATE FL.	ZIP CODE 34229	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 120, WILLOWBEND, PHASE 4.			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or ###.####) N/A		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: <u>N/A</u>			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SARASOTA 125144		B2. COUNTY NAME SARASOTA		B3. STATE FL.	
B4. MAP AND PANEL NUMBER 125144 0236	B5. SUFFIX D	B6. FIRM INDEX DATE 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 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 N/A

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-l 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 1929 Conversion/Comments N/A
 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)	12.7 ft.(m)
b) Top of next higher floor	N/A . ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	N/A . ft.(m)
d) Attached garage (top of slab)	12.3 ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	12.2 ft.(m)
f) Lowest adjacent (finished) grade (LAG)	11.8 ft.(m)
g) Highest adjacent (finished) grade (HAG)	12.2 ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	N/A
i) Total area of all permanent openings (flood vents) in C3.h	N/A sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

William J. McAllister
 #5283
 09/29/05

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 WILLIAM J. MCALLISTER		LICENSE NUMBER 5283	
TITLE PRESIDENT	COMPANY NAME DARRELL E. GERKEN, PSM, INC.		
ADDRESS 5730A JASON LEE PLACE	CITY SARASOTA	STATE FL.	ZIP CODE 34233
SIGNATURE <i>William J. McAllister</i>	DATE 08/29/05	TELEPHONE (941)-924-7465	