

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. NO. 3065-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

OWNER'S NAME: Robert & Marilyn Zalowski
 ADDRESS: 667 Alvarado
 CITY: North Port STATE: Florida ZIP CODE: 34287

PROPERTY DESCRIPTION: Lot 667, La Casa Mobile Home Park, Sarasota County, Florida
 Residential (Mobile Home)

LATITUDE/COORDINATE (OPTIONAL):
 SOURCE: GPS USGS Quad Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

FIRM COMMUNITY NAME & COMMUNITY NUMBER Sarasota County 125144		COUNTY NAME Sarasota		STATE FL	
BA MAP AND PANEL NUMBER 125144-0375	BS BFE FC D	BE FIRM ISSUE DATE 03-03-92	BF FIRM PANEL EFFECTIVE/ISSUE DATE 05-01-94	BB FLOOD ZONE A 9	BC BASE FLOOD ELEVATION (State AD, see item 10 of form) 8 feet

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B5.
 FIS Profile FIRM Community Determined Other (Describe):
- B11. Indicate the elevation datum used for the BFE in B5: NOVD 1928 NAVD 1988 Other (Describe):
- B12. Is the building located in a Coastal Barrier Resource 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 this 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, ARIA, ARIAE, ARIK1-A30, ARIAH, ARIAD
 Complete items C3a-f 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: MSL Conversion/Comments:
 Elevation reference mark used: RM 39

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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	8.5	ft.
<input type="checkbox"/> b) Top of next higher floor	N/A	ft.
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A	ft.
<input type="checkbox"/> d) Attached garage (top of slab)	N/A	ft.
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	8.1	ft.
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	7.8	ft.
<input type="checkbox"/> g) Highest adjacent grade (HAG)	7.8	ft.
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	N/A	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in CBRS	N/A	sq. ft.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect 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.

SURVEYOR/ENGINEER/ARCHITECT: Alan K. Fish LICENSE NUMBER: 3941
 TITLE: Professional Surveyor and Mapper COMPANY NAME: Van Buskirk/Fish & Associates, Inc.
 ADDRESS: 12450 Yamont Trail, Unit D CITY: North Port STATE: Florida ZIP CODE: 34287
 PHONE: (941) 428-0881 DATE: 11-28-01

FEMA Form 81-31, AUG 99 SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITIONS

IMPORTANT: In these spaces, copy the corresponding information from Section A.

For Insurance Company Use

BUILDING STREET ADDRESS (Building Apt. 104, Suite, and/or Bldg. No.) OR P.O. BOXES AND BOX NO.

007 Alvarado

Policy Number

CITY North Port

STATE FL

ZIP CODE 34287

Company A&O Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information to a LOMA or LOMR-P, Section C must be completed.

- E1. 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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft. _____ in. above or below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft. _____ in. above the highest adjacent grade.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, E, and F for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE'S SIGNATURE

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable items and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4 - G9) is provided for community floodplain management purposes.

OR PERMIT NUMBER

OR DATE PERMIT ISSUED

OR DATE CERTIFICATE OF COMPLIANCE/CONFORMANCE ISSUED

G4. This permit has been issued for: New Construction Substantial Improvement

G5. Elevation of as-built lowest floor (including basement) of the building is _____ ft. Datum: _____

G6. BFE or (Zone AO) depth of flooding at the building site is _____ ft. Datum: _____

LOCAL OFFICIAL'S NAME

TITLE

CONTACT NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments