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. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME SUSAN L. SALTALAMACCHIA Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3816 FLAMINGO AVE. STATE ZIP CODE FL SARASOTA PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) **METES & BOUNDS** BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL HORIZONTAL DATUM: SOURCE: GPS (Type): LATITUDE/LONGITUDE (OPTIONAL) USGS Quad Map Other: □ NAD 1927 ☒ NAD 1983 (##° - ##' - ##.##" or ##.####") SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B3. STATE** B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME FLORIDA** SARASOTA SARASOTA COUNTY B9. BASE FLOOD ELEVATION(S) **B7. FIRM PANEL B4. MAP AND PANEL** (Zone AO, use depth of flooding) B8. FLOOD ZONE(S) **B5 SUFFIX B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE NUMBER 11 05/01/84 A13 125144 0141 09/03/92 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): Community Determined FIS Profile **⊠** FIRM ☐ NAVD 1988 ☐ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 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) ☐ Building Under Construction* C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the building is complete. 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 Does the elevation reference mark used appear on the FIRM? Yes No Elevation reference mark used 11 . 6 ft.(m) o a) Top of bottom floor (including basement or enclosure) icense Number, Embossed Seal 21.6 ft.(m) o b) Top of next higher floor N/A ft.(m) o c) Bottom of lowest horizontal structural member (V zones only) 6 .9 ft.(m) and o d) Attached garage (top of slab) o e) Lowest elevation of machinery and/or equipment Signature, 11.5 ft(m) A/C UNIT servicing the building (Describe in a Comments area) 3 fL(m) f) Lowest adjacent (finished) grade (LAG) 6.3 fL(m) o g) Highest adjacent (finished) grade (HAG) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 10 * _sq. in. (sq. cm) 1,280 50. IACHES o i) Total area of all permanent openings (flood vents) in C3.h _ 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. LICENSE NUMBER 4519 CERTIFIER'S NAME ROBERT G. BRUCE RED STAKE SURVEYORS INC. COMPANY NAME TITLE OWNER ZIP CODE STATE CITY ADDRESS 34241 SARASOTA FL 7123 PROCTOR ROAD TELEPHONE alt Dome DATE SIGNATURE 941-923-9997

06/11/2004

IMCORTANT: In these spaces, cop	py the corresponding information from Se	ection A.		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt.	, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BO			Policy Number
3816 FLAMINGO AVENUE CITY SARASOTA	STATE FL	ZIP O	ODE	Company NAIC Number
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COMMENTS	the for (1) continuinty brildar, (2) insurance agento	oripary, and (o) building owner		* · · · · · · · · · · · · · · · · · · ·
	RATE MAP (FIRM) INFORMATION TO BE VERIF	FIED AT LOCAL F.E.M.A. CON	TROL OFFICE	•
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