

OMB No. 1860-0008
Expires February 28, 2009

ELEVATION CERTIFICATE

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

Important: Read the instructions on pages 1-8.

05 433 521

FILE # 05-02-10

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

A1. Building Owner's Name
MARK J. PILNY

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
428 HACIENDA ST.

City
NORTH PORT

State
FLORIDA

ZIP Code
34287

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 11, BLOCK C, WARM SPRINGS, TPID # 0768-11-003D

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 27 03 30.45' N Long. 82 15 51.35' W (##-##-### or ###.###) Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 1

A8. For a building with a crawl space or enclosure(s), provide:
a) Square footage of crawl space or enclosure(s) N/A sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A8.b N/A sq in

A9. For a building with an attached garage, provide:
a) Square footage of attached garage 400 sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A9.b N/A sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name and Community Number
SARASOTA COUNTY

B2. County Name
SARASOTA COUNTY

B3. State
FLORIDA

B4. Map Sheet Number

B5. FIRM Index Date
05-01-84

B7. FIRM Panel Effective/Revised Date
05-01-84

B8. Flood Zone(s)
AE

B9. Base Flood Elevation(s) (Zone AE, use base flood depth)
8

B10. Indicate if the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:
 Community Determined Other (Describe)

B11. Indicate if the BFE in Item B9:
 NGVD 1929 NAVD 1988 Other (Describe)

B12. Is the building in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?
 CBRS OPA No

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. 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 C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized SARASOTA COUNTY BENCHMARK #768-A Vertical Datum ELEVATION = 10.1215' (NGVD 1929)

Conversion/Comments

		Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>12.70</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>12.13</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>14.33</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>11.9</u>	<input checked="" type="checkbox"/> feet	<input checked="" type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>12.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

INSURER, ENGINEER, OR ARCHITECT CERTIFICATION

This certificate is based on information provided by the insured. I understand that I am responsible for the accuracy of the information provided.

Check the information provided in this certificate against the actual data available. Section 1001.

Certifier's Name: ROBERT B. STRAYE, JR.

Address: 763 SHAWNEE

Signature: [Signature]

State: FL ZIP Code: 34283

Date: 05/08/07 Telephone: (841) 497-1290

ROBERT B. STRAYE, JR.
P.S.M. #5027
05/08/07