OFU I ---- W OU - I FI . . -FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

ELEVATION CERTIFICATE

			Read the instructi				620
SECTION A - PROPERTY OWNER INFORMATION						For Insurance Company Use:	
BUILDING OWNER'S NAME Linda M. Elliott						Policy Number	
BUILDING STREET ADDR	ESS (Including Ar	ot Unit Suite and	/or Bldg: No \ OR P C	ROLITE AND BO	OX NO	Company NAJ	ONumber
865 Harmony Lane	Loo (including A)	or, om, oute, and	701 Blug. No.) OK F.C	. ROUTE AND BO	DA NO.	Company NAI	s indinper
CITY			STATE ZIP CODE			4 4 3	
Englewood PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Pa			FL 34223				
Lot 17, Artist Acres, Saraso	n (Lot and Block i ta County	Numbers, Tax Pard	el Number, Legal Des	cription, etc.)		1.	The said
BUILDING USE (e.g., Resid		ential, Addition, Ac	cessory, etc. Use Cor	nments section if	necessary.)	1/1	
Residential Permit # 200		HODIZON	AL DATUM	0011005		- '\	(C 2)
LATITUDE/LONGITUDE (C		□ NAD 1927	AL DATUM: NAD 1983	SOURCE	∷ ☐ GPS (Type ☐ USGS Q		er O
90 1000% 110% Waldardware 00000 0000000		Service Servic	TOTAL TOTAL CONTROL OF THE STATE OF THE STAT				
			INSURANCE RAT	E MAP (FIRM) I	NFORMATIC	ON	
B1. NFIP COMMUNITY NAME & COMMUNI Sarasota County Florida 125144		TY NUMBER	B2. COUNTY NAME Sarasota	YNAME		B3. STATE Florida	
					- 1	Fiorida	
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX		(1) (2) (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	B8. FLOOD		OOD ELEVATION(S
0451	D	DATE 9-29-96	EFFECTIVE/RE 5-1-8	CONTRACTOR	ZONE(S) A-12	(Zone AO, u	se depth of flooding) 12'
310. Indicate the source of					132-97-50		1.77
	⊠ FIRM	74-17		Other (Descri			
311. Indicate the elevatio						escribe).	
312. Is the building locate							Ves M No
Designation Date	d iii a ooastai t	James Resource	o oystem (obito) a	lea of Otherwise	e i Totecteu A	ilea (OFA) !	les M IVO
			ELEVATION INFO				
Building elevations ar			The state of the s	The second secon	A DESCRIPTION OF THE PROPERTY		truction
*A new Elevation Cer							
C2. Building Diagram Nur	nber 1 (Select t	he building diagr	am most similar to t	he building for v	which this cert	tificate is being c	ompleted - see
pages 6 and 7. If no	diagram accura	tely represents t	he building, provide	a sketch or pho	otograph.)		
 Elevations – Zones A 	1-A30, AE, AH,	A (with BFE), VI	E, V1-V30, V (with E	FE), AR, AR/A,	AR/AE, AR/A	A1-A30, AR/AH,	AR/AO
Complete Items C3a-							
the datum used for the	e BFE in Section	n B, convert the	datum to that used	for the BFE. Sh	ow field meas	surements and d	atum conversion
calculation. Use the			s area of Section D	or Section G, a	s appropriate	, to document the	e datum conversion
Datum Conv		The state of the s					
Elevation reference r						Yes 🛛 No 👡	1.
o a) Top of bottom fl	oor (including b	asement or enclo	osure) <u>13</u> .	2_ft.(m)	<u>a</u>		>,7
o b) Top of next higher floor o c) Bottom of lowest horizontal structural member (V zones only) o d) Attached garage (top of slab) o e) Lowest elevation of machinery and/or equipment							7
o c) Bottom of lowes	t horizontal stru	ctural member (zones only) NA.	ft.(m)	sse	1	6)
o d) Attached garage	e (top of slab)		<u>12</u> .	7_ft.(m)	od br	7 2	₫.
o e) Lowest elevatio	n of machinery	and/or equipmer	t		<u>т</u> е	- X	
servicing the b	uilding		12.	<u>7</u> ft.(m)	License Number,	di.	O
o f) Lowest adjacent	grade (LAG)		11	. <u>7_ft.(m)</u>	Nuig	1 / 7,	9
o g) Highest adjacer	nt grade (HAG)		12	<u>5</u> ft.(m)	use	3 (1)	0
o h) No. of permane	nt openings (flo	od vents) within	1 ft. above adjacent	grade NA	Lice	S OF A	
o i) Total area of all	permanent oper	nings (flood vent	s) in C3h NA sq. in.	(sq. cm)		2 4 21	IN COLUMN
	SECTION	ON D - SURVEY	OR, ENGINEER, O	R ARCHITECT	CERTIFICAT	TION	37114353
This certification is to be			- In the second second second second second				n information.
I certify that the informa							
I understand that any fa							STATE OF THE STATE
	arren A. McLeod	- paraorida	, , , , , , , , , , , , , , , , , , , ,		ISE NUMBER	4855	
TITLE Professional Sur	veyor & Mapper		COMPA	NY NAME DM	K Group Inc.	Job # 01-798	
ADDRESS		- / X	CITY		STATE	ZIP C	ODE
4315 McCall Road	-		Englewe	ood	FL	34224	
SIGNATURE	Aun.	MA	DATE 7/9/01		TELEP 941-47		
		12	1				
FEMA Form 81-31, AUG	99	SEE RE	VERSE SIDE FOR	CONTINUATIO	N RE	PLACES ALL PF	REVIOUS EDITION