## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

## **ELEVATION CERTIFICATE**

BUP Z003 -Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number PETER & KAREN JACKSON BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 172 ISLAND CIRCLE CITY STATE ZIP CODE SARASOTA FL PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 2 & W 1/2 OF LOT 3 BLOCK 7 SARASOTA BEACH BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##°-##-####" or #######") □ NAD 1927 ☒ NAD 1983 Other:\_ USGS Quad Map SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE SARASOTA COUNTY 125144 SARASOTA FLORIDA R4 MAP AND PANEL B7. FIRM PANEL B9. BASE FLOOD ELEVATION(S) **B5. SUFFIX B6. FIRM INDEX DATE** NUMBER EFFECTIVE/REVISED DATE **B8. FLOOD ZONE/SI** (Zone AO, use depth of flooding) 125144 0143 F 09/03/92 09/03/92 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 X 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 the building is complete. uilding Diagram Numbe (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 Elevation reference mark used A.2. Does the elevation reference mark used appear on the FIRM? The Section No. o a) Top of bottom floor (including basement or enclosure) 5.7 ft.(m) 0.2 PLANFIRST LIVING o b) Top of next higher floor Embossed c) Bottom of lowest horizontal structural member (V zones only) o d) Attached garage (top of stab) Bud o e) Lowest elevation of machinery and/or equipment Joense Number, 10.1 flm) A/C UNIT servicing the building (Describe in a Comments area) o f) Lowest adjacent (finished) grade (LAG) o g) Highest adjacent (finished) grade (HAG) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 10 o i) Total area of all permanent openings (flood vents) in C3.h 360 sq. in. (sq. cm) 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 ROBERT G. BRUCE LICENSE NUMBER 4519 TITLE OWNER COMPANY NAME RED STAKE SURVEYORS INC. RESS CITY STATE ZIP CODE 7123 PROCTOR ROAD SARASOTA FI 34241 SIGNATURE DATE VI DOMOR TELEPHONE. 05/06/05 941-923-9997

BUILDING STREET ADDRESS (Including Apt.,					r Insurance Company Use:
172 ISLAND CIRCLE	Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE	AND BOX NO.		Po	licy Number
CITY SARASOTA		STATE FL	ZIP CODE	Co	ompany NAIC Number
SECT	10N D - SURVEYOR, ENGINEER, O	OR ARCHITECT C	ERTIFICATION (CONT	NUED)	
opy both sides of this Elevation Certificate	e for (1) community official, (2) insurance a	agent/company, and	3) building owner.		
COMMENTS SECTION B FLOOD INSURANCE RATE	MAP (FIRM) INFORMATION TO BE VE	RIFIED AT LOCAL F	EMA FLOOD CONTRO	OL OFFICE	
FILE#01081038					
SECTION E. RUII DING E	ELEVATION INFORMATION (SURV	EV MOT DEOL IIDI	EN EOR ZONE AO AN		Check here if attachment
or Zone AO and Zone A (without BFE), con					
ection C must be completed.	Tiplete tiet is E1 titlough E4. If the Elevation	on Ceruncate is inten	ned for use as supporting i	niormation for a	A LOMA OF LOMR-F,
Building Diagram Number_(Select the I	building diagram most similar to the buildin	na for which this certif	icate is being completed -	see names 6 a	nd 7. If no diagram accurated
represents the building, provide a sketch		g or madrate data	out of boning out protoco	occ pages v a	ini i. Il lo dografi accuate
2. The top of the bottom floor (including bas	sement or enclosure) of the building is	ft.(m)in.(cm)	above or Delow (che	ck one) the high	hest adjacent grade. (Use
natural grade, if available).				15 A 16 A	
<ol><li>For Building Diagrams 6-8 with openings</li></ol>	s (see page 7), the next higher floor or elev	rated floor (elevation	b) of the building isft.(	m)in.(cm) a	bove the highest adjacent
grade. Complete items C3.h and C3.i o		863 · · · · ·			1 (A) EMI
<ol><li>The top of the platform of machinery and natural grade, if available).</li></ol>	pror equipment servicing the building is _	_π.(m)in.(cm) [_]	above or U below (che	ck one) the hig	hest adjacent grade. (Use
natural grade, if available). 5. For Zone AO only: If no flood depth num	nher is available is the top of the hottom (	nor elaustad in a	tance with the community	'e Conthin	onagoment andman of
☐ Yes ☐ No ☐ Unknown. The	local official must certify this information in	Section G	dance with the community	s noodplain ma	magement ordinance?
	ION F - PROPERTY OWNER (OR O		SENTATIVE) CERTIE	CATION	
The property owner or owner's authorized					- MA issued or community
issued BFE) or Zone AO must sign here.				er (mundia)	Live-ssued of Continuity-
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ADDRESS SIGNATURE COMMENTS				5160) (516 <b>5</b> )	
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SIGNATURE				TELEPHONE	
SIGNATURE	SECTION G - COMMUNI	DATE	N (OPTIONAL)	TELEPHONE	
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SIGNATURE  COMMENTS  he local official who is authorized by law or ertificate. Complete the applicable item(s)	ordinance to administer the community's and sign below.	DATE TY INFORMATION floodplain manageme	ent ordinance can complete	TELEPHONE	Check here if attachment , C (or E), and G of this Eleva
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