

**Sarasota County Planning and Development Services  
 Inspection and Permitting Services  
 (Office copy not to be removed from office)**

*Marty*

**PLEASE PUT PERMIT # ON ALL ATTACHED DOCUMENTS**

**Plan Change/Correction**      **Date:** 5 / 07 / 15

**Property Address:** 490 Island Ci

13 - 123486 00 - B1

MAY 07 2015  
  
JS  
Date Stamp

**Contact Person's Name:** Jeff Tucker

**Contact Phone Number:** 941-993-3181      **Fax Number:** tucker1098@msn.com  
EMAIL

**CHECK ONE:**

- Plan Change (Prior to Permit Issuance)
- Plan Change (After Permit Issued)
- Corrections Requested by Reviewer
- Other requested by Marty Durkin - Final inspection is scheduled for tomorrow.

**Description of correction or change requested:** Scheduled for tomorrow.

**Applicant Must Check Plan Review Section(s) Needing To See This  
 Change/Correction**  
 (Plan Changes to Property Located on a Barrier Island, i.e., Siesta Key or Casey Key will be Routed  
 to Building and Zoning)

Building     Zoning     Drainage     Res Prot     Env Health     History

**CHECK, IF APPLICABLE:**

Affordable Housing     Smart Proj     Green Building     Other

**For Office Use Only**

**Additional Fees for Services, Computed & Added by Plans Examiner(s)**      \$ \_\_\_\_\_

Each Reviewer is to Immediately Pass this form and the revised plans along to the next reviewer when completed. Each reviewer is to note date and time of completion.

| Reviewer:<br>(Circle One) | Building | Zoning | Drainage | Resource<br>Protection | Env. Health | Other: |
|---------------------------|----------|--------|----------|------------------------|-------------|--------|
| Date/Time<br>Completed    |          |        |          |                        |             |        |
| Additional<br>Fees Added  |          |        |          |                        |             |        |

13 12348600 B1

# ELEVATION CERTIFICATE

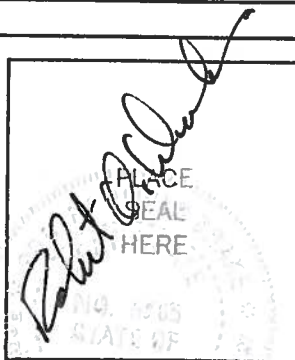
IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008  
Expiration Date: July 31, 2015

| SECTION A - PROPERTY INFORMATION   |                 | FOR INSURANCE COMPANY USE  |
|--|-----------------|--|
| A1. Building Owner's Name <b>Anesthesia Healthcare Partners</b>  |                 | Policy Number:   |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br><b>490 Island Circle File # 12090450</b>                |                 | Company NAIC Number:   |
| City <b>Sarasota</b>   | State <b>FL</b> | ZIP Code <b>34242</b>  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br><b>Property ID # 0082-11-0072</b>                                |                 |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>Residential</b>  |                 |  |
| A5. Latitude/Longitude: Lat. <b>27 271018 N.</b> Long. <b>82 557425 W.</b> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 <b>6</b>   |                 |  |
| A8. For a building with a crawlspace or enclosure(s):  |                 | A9. For a building with an attached garage:  |
| a) Square footage of crawlspace or enclosure(s) <b>2,800</b> sq ft   |                 | a) Square footage of attached garage <b>596</b> sq ft  |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>14</b>   |                 | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>3</b> |
| c) Total net area of flood openings in A8.b <b>2,800</b> sq in   |                 | c) Total net area of flood openings in A9.b <b>600</b> sq in   |
| d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                 | d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |                        |  |  |                                |   |
|---|------------------------|--|--|--------------------------------|---|
| B1. NFIP Community Name & Community Number<br><b>Sarasota County 125144</b>   |                        | B2. County Name<br><b>Sarasota</b>       |  | B3. State<br><b>FL</b>         |   |
| B4. Map/Panel Number<br><b>125144 0143</b>  | B5. Suffix<br><b>E</b> | B6. FIRM Index Date<br><b>09/03/2013</b> | B7. FIRM Panel Effective/Revised Date<br><b>09/03/2013</b> | B8. Flood Zone(s)<br><b>AE</b> | B9. Base Flood Elevation(s) (Zone AO, use base flood depth)<br><b>10 &amp; 11</b> |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____         |                        |  |  |                                |   |
| B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |                        |  |  |                                |   |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date: _____ / _____ / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA |                        |  |  |                                |   |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  |  |
|---|--|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction<br>*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-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.<br>Benchmark Utilized: <b>FDOT B.M. 17 84 A - 28 REF MK?</b> Vertical Datum: <b>NGVD 1929</b><br><b>SL = 6.24'</b><br>Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____<br>Datum used for building elevations must be the same as that used for the BFE. |  |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | <b>5.2</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters      |
| b) Top of the next higher floor   | <b>14.6</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters     |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | <b>N/A</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters      |
| d) Attached garage (top of slab)  | <b>8.0</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters      |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)  | <b>A/c 11.0</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <b>4.3</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters      |
| g) Highest adjacent (finished) grade next to building (HAG)   | <b>7.8</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters      |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support  | <b>N/A</b> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters      |

| 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 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. |  |  |   |                          |
| <input checked="" type="checkbox"/> Check here if comments are provided on back of form.  |  | Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |                          |
| <input checked="" type="checkbox"/> Check here if attachments.  |  |  |   |                          |
| Certifier's Name<br><b>Robert O. Drake</b>  | License Number<br><b>5965</b>                    |  |  |                          |
| Title<br><b>Project Manager</b>   | Company Name<br><b>Red Stake Surveyors, Inc.</b> |  |   |                          |
| Address<br><b>7123 Proctor Road</b>   | City<br><b>Sarasota</b>                          | State<br><b>FL</b>   |   | ZIP Code<br><b>34241</b> |
| Signature<br><i>Robert O. Drake</i>   | Date<br><b>05/07/2015</b>                        | Telephone<br><b>(941) 923-9997</b>   |   |                          |
|   |  |  |   |                          |

**ELEVATION CERTIFICATE, page 2**

|  |             |                   |                                  |  |
|--|-------------|-------------------|----------------------------------|--|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>  |             |                   | <b>FOR INSURANCE COMPANY USE</b> |  |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>490 Island Circle File # 12090450 |             |                   | Policy Number:                   |  |
| City<br>Sarasota   | State<br>FL | ZIP Code<br>34242 | Company NAIC Number:             |  |

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

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

Comments Section B- Flood insurance rate map (FIRM) information to be verified at local F.E.M.A. control office

**A9. INTERIOR GRADE 8.0' & EXTERIOR GRADE 4.5' OPENINGS FOR GARAGE ARE WITHIN 1 FOOT OF INTERIOR GRADE. (2E.) AIR CONDITIONER**

Signature *Robert D. [Signature]*

Date 05/07/2015

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

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.

E5. 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, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name \_\_\_\_\_

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 item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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–G10) is provided for community floodplain management purposes.

|                         |                              |   |
|-------------------------|------------------------------|---|
| G4. Permit Number _____ | G5. Date Permit Issued _____ | G6. Date Certificate Of Compliance/Occupancy Issued _____ |
|-------------------------|------------------------------|---|

G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments.



Front View



REAR VIEW

8 - View