

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Permit # BUP 2004-20020

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME KEITH E. FARLOW AND LAURIE W. FARLOW			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 302 LAKE TAHOE COURT			Company NAIC Number	
CITY ENGLEWOOD	STATE FL	ZIP CODE 34223		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 29 BLOCK "G" - STILLWATER UNIT ONE				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -###.###" or ###.#####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type) _____ <input type="checkbox"/> USGS Quad Map _____ <input checked="" type="checkbox"/> Other: _____

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 Not to be Removed
 Sarasota County Department of Public Safety

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SARASOTA COUNTY 125144	B2. COUNTY NAME SARASOTA	B3. STATE FLORIDA

B4. MAP AND PANEL NUMBER 125144 0454	B5. SUFFIX D	B6. FIRM INDEX DATE 5-1-84	B7. FIRM PANEL EFFECTIVE/REVISED DATE 0454 5-1-84	B8. FLOOD ZONE(S) A-12	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12
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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 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.

C2. 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 _____ Conversion/Comments _____

Elevation reference mark used SEE COMMENTS. Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 13.05 ft.
- o b) Top of next higher floor N/A ft.
- o c) Bottom of lowest horizontal structural member (V zones only) N/A ft.
- o d) Attached garage (top of slab) 12.51 ft.
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) AC PAD 13.02 ft.
- o f) Lowest adjacent (finished) grade (LAG) 11.9 ft.
- o g) Highest adjacent (finished) grade (HAG) 12.1 ft.
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- o i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in.

License Number, Embossed Seal, Signature, and Date

BGR

B. GREGORY RIETH
 P.S.M. 5228
 05/04/05

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 B. GREGORY RIETH		LICENSE NUMBER P.S.M. # 5228	
TITLE PROFESSIONAL SURVEYOR		COMPANY NAME STRAYER SURVEYING & MAPPING, INC.	
ADDRESS 335 TAMiami TRAIL	CITY PORT CHARLOTTE	STATE FL	ZIP CODE 33953
SIGNATURE <u>BGR</u>	DATE 5/4/2005	TELEPHONE (941) 624-4900	