FEDERAL EMERGENCY MANAGEMENT AGENCY

NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number J. ZLAMAL CHRISTOPHER BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number LANDFALL DRIVE STATE ZIP CODE NOKOM13 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 7-7A AND 8-8A LAUREL LANDINGS ES.
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) LANDINGS ESTATES RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ##' - ##.##" or ##.####") □ NAD 1927 □ NAD 1983 USGS Quad Map Other. SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE FLA B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME SARASOTA 0245 125144 NOKOMIS B4, MAP AND PANEL **B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) B5. SUFFIX **B6. FIRM INDEX DATE** B8. FLOOD ZONE(S) NUMBER EFFECTIVE/REVISED DATE (Zone AO, use depth of flooding) 5-1-84 125144-0245 9-3-92 11.00 A-12 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Community Determined FIS Profile X FIRM 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 / (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 29 Conversion/Comments Elevation reference mark used P.B.M. Does the elevation reference mark used appear on the FIRM? Yes X No o a) Top of bottom floor (including basement or enclosure) 1/10 ft(m) Embossed Seal, and Date o b) Top of next higher floor ____ft(m) __ft.(m) o c) Bottom of lowest horizontal structural member (V zones only) 8 ft(m) o d) Attached garage (top of slab) o e) Lowest elevation of machinery and/or equipment Joense Number, Signature, // 3 ft(m). servicing the building (Describe in a Comments area) 9 .00 ft.(m) o f) Lowest adjacent (finished) grade (LAG) o g) Highest adjacent (finished) grade (HAG) 9.5 ft(m) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade /O o i) Total area of all permanent openings (flood vents) in C3.h[280 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. LICENSE NUMBER CERTIFIER'S NAME 2387 TITLE COMPANY NAME EDC. BOLOT **ADDRESS** CITY STATE ZIP CODE 34232 SARASOTA TELEPHONE SIGNATURE DATE 7-21-04 941-371-6007

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IMPORTANT: In these space	es, copy the corresponding information from	Section A.		Carlibration Carlibration
BUILDING STREET ALDUNESS (INDU	iding Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND	BOX NO.		For Insurance Company Use: Policy Number
CITY	VOFALL DRIVE STA	TE .		4.1
NOKOMIS	FLA.		ZIP CODE	Company NAIC Number
	SECTION D - SURVEYOR, ENGINEER, OR A	RCHITECT CER	TIFICATION (CONTINU	JED)
Copy both sides of this Elevation (Certificate for (1) community official, (2) Insurance agent	company, and (3) b	uliding owner.	
COMMENTS				
	*			
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	19			Пана
SECTION E - BUILI	DING ELEVATION INFORMATION (SURVEY N	OT REQUIRED)	FOR ZONE AO AND 7	Check here if attachm
- SHO WO BIG SHIP WILL DOLL DE	FE), complete Items E1 through E4. If the Elevation Ce	rtificate is intended f	or use as supporting inform	Stim for a LOVA ~ LOVE E
represents the building, provide:	ect the building diagram most similar to the building for a	which this certificate	is being completed - see p	ages 6 and 7. If no diagram accur
	ding basement or enclosure) of the building isft.(m			
3				
i. For Building Diagrams 6-8 with o	penings (see page 7), the next higher floor or elevated f	foor (elevation b) of t	the building is #/m)	in (cm) show the blob and auticome
Comment of the contract of the	a coa on none or tonic			
 The top of the platform of machin natural grade, if available). 	ery and/or equipment servicing the building isft.(m)	_in.(cm) _ abov	e or 🔲 below (check one	i) the highest adjacent grade. (Use
3 1	oth number is available, is the top of the bottom floor ele			
☐ Yes ☐ No ☐ Unknown	n. The local official must certify this information in Section	waled in accordance on G	with the community's floor	lplain management ordinance?
	SECTION F - PROPERTY OWNER (OR OWNE	R'S REPRESENT	TATIVE) CERTIFICATION	ON .
he property owner or owner's author	orized representative who completes Sections A. R. C./	Home (2 h and (2)	and mad E for Tone A Aus	thout a FEMA legand or assessment
and a series to those sign	THE SIGNATURE IN SOCIOUS A, D, C, and E are CO	mect to the best of n	ny knowledge.	broat at Charlesded of Continunity
ROPERTY OWNER'S OR OWNE	R'S AUTHORIZED REPRESENTATIVE'S NAME		T (400 (600 (600 (700 (700 (700 (700 (700 (7	
DORESS		CITY	OT 13	
IONATI IDE		Cili	STAT	TE ZIP CODE
IGNATURE		DATE	TELE	PHONE
OMMENTS				
	OF COMMENTS OF COM			Check here if attachmer
bond official who is on the dead but he	SECTION G - COMMUNITY INF	ORMATION (OP	TIONAL)	
ificate. Complete the applicable its	aw or ordinance to administer the community's floodplat	in management ordi	nance can complete Sectio	ns A, B, C (or E), and G of this Elex
☐ The information in Section C w	vas taken from other documentation that has been signs	ed and embossed by	a licensed surveyor envir	spor or ambituativities to authorities (1)
or local law to certify elevation	I INFORMATION. (INDICATE the source and date of the eleva	tion data in the Com	mente area helow)	Vi Single
□ A community official completes	d Section E for a building located in Zone A (without a F	EMA-issued or com	munity-issued BFE) or Zone	e AO.
	ns G4-G9) is provided for community floodplain manage	ment purposes.		
I. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. D/	ATE CERTIFICATE OF COMP	LIANCE/OCCUPANCY ISSUED
This permit has been issued for [New Construction Substantial Improvement			
Elevation of as-built lowest floor (In	cluding basement) of the building is:	5002 48	fL(m)	Detun
BFE or (in Zone AO) depth of flood	sing at the building site is:		fL(m)	Datum:
CAL OFFICIAL'S NAME		TITLE		
MMUNITY NAME				2
		TELEPHON	E	,
GNATURE		DATE		
XMMENTS				
				Check here if attachments