

ELEVATION CERTIFICATE

Important: Read the instructions on pages 6 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME
TERRENCE SHORT

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
2452 LEMON BAY AVENUE

CITY
ENGLEWOOD

STATE
FLORIDA

ZIP CODE
34223

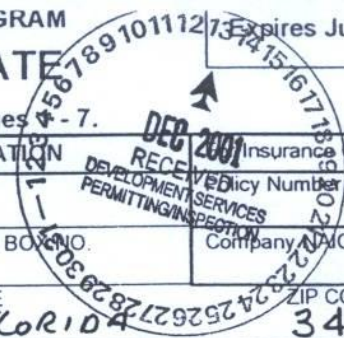
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 10, BIK. 19, MANASOTA LAND & TIMBER CO. / TAX PARCEL # 0475-140007

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####")

HORIZONTAL DATUM: NAD 1927 NAD 1983

SOURCE: GPS (Type): USGS Quad Map Other:



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 0343	B5. SUFFIX E	B6. FIRM INDEX DATE 9-3-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) "AE"	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) + 12.00

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 C3a-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

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>12.6</u> ft
<input type="checkbox"/> b) Top of next higher floor	_____ ft
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	<u>9.4</u> ft
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>12.6</u> ft
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>4.3</u> ft±
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>8.2</u> ft±
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>9</u>
<input checked="" type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>736</u> sq. in. ±

STATE OF FLORIDA
P.S.M. # 2909

[Signature]
12-13-01

License Number, Embossed Seal, Signature, and Date

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 **DANIEL E. LEMONDE** LICENSE NUMBER **# 2909**

TITLE **PROFESSIONAL SURVEYOR & MAPPER** COMPANY NAME **LEMONDE AND COMPANY, INC.**

ADDRESS **2210 S. TAMIAH TRAIL, SUITE B** CITY **VENICE** STATE **FL.** ZIP CODE **34293**

SIGNATURE *[Signature]* DATE **12-13-01** TELEPHONE **941-493-8000**

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