



Putnam

FORM NO. :

Jun. 22 2008 07:45PM P1

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3087-0077
 Expires December 31, 2008

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME WILLIAM & CLAUDIA STORMS		Forming of Company/Unit Policy Number*	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 160 LOOKOUT POINT DRIVE		Company NAIC Number	
CITY NOKOMIS	STATE FL	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Number, Tax Parcel Number, Legal Description, etc.) LOT 328, SOUTH BAY YACHT & RACQUET CLUB			
BUILDING USE (e.g., Residential, Non-residential, Access, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (NAD 83 - NAD 83 or NAD 83)		HORIZONTAL DATUM <input type="checkbox"/> NAD 1983 <input checked="" type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type) <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER SARASOTA COUNTY 125144		B2. COUNTY NAME SARASOTA	B3. STATE FLORIDA
B4. MAP AND PANEL NUMBER 125144 0238	B5. SUFFIX 0	B6. FIRM INDEX DATE 04/28/02	B7. FIRM PANEL EFFECTIVE/REVISED DATE 05/01/04
		B8. FLOOD ZONE(S) A12	B9. BASE FLOOD ELEVATION(S) (Zero AG, use depth of flooding) 11

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 1983 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)

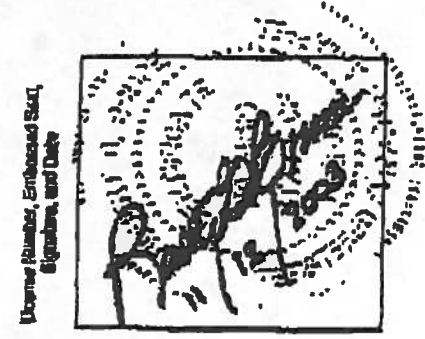
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

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, AR1, AR1AE, AR1A1-A30, AR1AH, AR1AO
 Complete items C3-a) 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: Yes No. Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 11.6 ft(m)
- b) Top of next higher floor N/A ft(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A ft(m)
- d) Attached garage (top of slab) 9.6 ft(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 9.2 ft(m) A/C UNIT
- f) Lowest adjacent finished grade (LAG) 9.0 ft(m)
- g) Highest adjacent finished grade (HAG) 9.4 ft(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
- i) Total area of all permanent openings (flood vents) in C3h 0 sq. ft. (sq. in)



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.	
ADDRESS 7125 PROCTOR ROAD	CITY SARASOTA	STATE FL	ZIP CODE 34241
SIGNATURE <i>Robert Bruce</i>	DATE 11/27/03	TELEPHONE 861-823-9887	