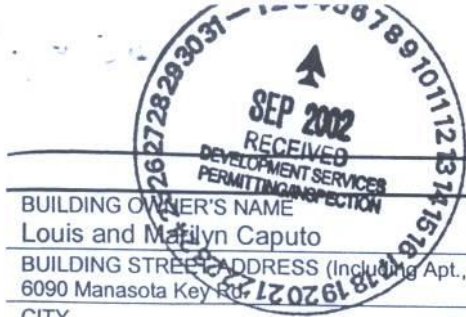


ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

2001-00706
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SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME Louis and Marilyn Caputo		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 6090 Manasota Key Rd.		Company NAIC Number
CITY Englewood	STATE FL	ZIP CODE 34223
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1, Tropical Breeze Estates		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential - Building Permit # 2001-00406		
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 type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Sarasota 125144		B2. COUNTY NAME Sarasota	B3. STATE Florida
B4. MAP AND PANEL NUMBER 0453	B5. SUFFIX E	B6. FIRM INDEX DATE 9-3-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9-3-92
B8. FLOOD ZONE(S) AE		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL=12'	

- 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 7 (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 Site Bench Mark. Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 12.0 ft.(m)
- o b) Top of next higher floor 23.0 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) NA. ft.(m)
- o d) Attached garage (top of slab) 10.7 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building 12.4 ft.(m)
- o f) Lowest adjacent grade (LAG) 8.3 ft.(m)
- o g) Highest adjacent grade (HAG) 11.8 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 14
- o i) Total area of all permanent openings (flood vents) in C3h 1,572 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Warren (Barry) McLeod
P.S.M. #4835
9.4.02

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 Warren (Barry) McLeod LICENSE NUMBER 4855

TITLE: Professional Surveyor and Mapper COMPANY NAME DMK Group, Inc. Job # 01-1127

ADDRESS 4315 McCall Rd CITY Englewood STATE FL ZIP CODE 34224
 SIGNATURE *Warren (Barry) McLeod* DATE 9-04-02 TELEPHONE 941-475-6596

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1: In these spaces, copy the corresponding information from Section A.
 STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
 Minnesota Key Road

For Insurance Company Use:	
Policy Number	
Company NAIC Number	

STATE: FL ZIP CODE: 34223

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

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

Check here if attachments

one AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.
 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.)
 The top of the bottom floor (including basement or enclosure) of the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade.
 For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade.
 For 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

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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 TITLE _____ DATE _____ TELEPHONE _____
 COMMENTS _____

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

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.
 The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
 Community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
 The following information (Items G4-G9) is provided for community floodplain management purposes.

PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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Permit has been issued for: New Construction Substantial Improvement
 Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
 or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

OFFICIAL'S NAME _____ TITLE _____
 CITY NAME _____ TELEPHONE _____
 ADDRESS _____ DATE _____
 COMMENTS _____

Check here if attachments