

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

BUP2000-00069

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME John & Allison B. Geist		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7185 North Manasota Key Road		Policy Number	
CITY englewood		STATE FL	ZIP CODE 34223
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Metes & Bounds, Section 27, Township 40 South, Range 19 East, Sarasota County			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential Permit # 2000-00069			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####°)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

RECEIVED
BY: DEC 28 2000

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Sarasota County Florida 125144		B2. COUNTY NAME Sarasota		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 0432	B5. SUFFIX D	B6. FIRM INDEX DATE 9-29-96	B7. FIRM PANEL EFFECTIVE/REVISED DATE 5-1-84	B8. FLOOD ZONE(S) A-12	B9. BASE FLOOD ELEVATION(S) (Zone AO, 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 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.

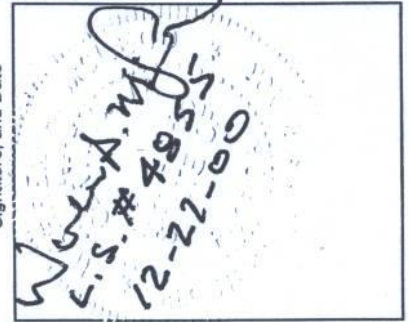
C2. Building Diagram Number 7 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 _____ Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 6.5 ft.(m)
- o b) Top of next higher floor 16.8 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) NA ft.(m)
- o d) Attached garage (top of slab) 6.1 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building 11.0 ft.(m)
- o f) Lowest adjacent grade (LAG) 4.0 ft.(m)
- o g) Highest adjacent grade (HAG) 5.0 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 *** sq. in. (sq. cm)

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 Warren (Barry) McLeod		LICENSE NUMBER 4855	
TITLE Professional Surveyor & Mapper	COMPANY NAME DMK Group Inc.	Job # 2000-1059	
ADDRESS 4315 McCall Road	CITY Englewood	STATE FL	ZIP CODE 34224
SIGNATURE <i>Warren McLeod</i>	DATE 12/27/00	TELEPHONE 941-475-6596	

BUP2000-00069

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7185 North Manasota Key Road			Policy Number
CITY Englewood	STATE FL	ZIP CODE 34224	Company NAIC Number

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

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

COMMENTS The subject structure contains three garages and one entry storage area. The southerly garage has three (3) vents in the garage door containing 540 square inches more or less. The middle garage has four (4) vents in the garage door containing 720 square inches more or less. The northerly garage has four (4) vents in the garage door containing 720 square inches more or less. Garage door area's are total vent size areas. One of the 14 permanent vents are flow thru between garage areas.

C3 i) 3584 sq.in.(sq.cm)

Check here if attachments

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

For Zone 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.

- E1. 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.)
- E2. 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.
- E3. 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.
- E4. 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

The 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

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The 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.

- G1. 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.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE