Permit# 18UP 2002-06588

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the i	nstructions on pages 1 - 7	7.	3
	ERTY OWNER INFORMA		For Insurance Company Use:
BUILDING OWNER'S NAME RONALD F. & DEBORAH A. HARTMAN			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No. 1050 MORNINGSIDE DRIVE) OR P.O. ROUTE AND BO	X NO.	Company NAIC Number
CITY	STATE FL	ZIP COI 34223	
ENGLEWOOD PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number,		0.1820	
METES & BOUNDS IN SE. 33-40-20			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. ACCESSORY	Use a Comments area, if nec	essary.)	
LATITUDE/LONGITUDE (OPTIONAL) (##* - ## - ## .## or ## .#####*) NAD 1927 NAD 1983	ATUM: SC USGS Q	OURCE: GPS (Type used Mep GPS (Type	
SECTION B - FLOOD INSURA	NCE RATE MAP (FIRM) IN	FORMATION	
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUN		77.	3. STATE
SARASOTA COUNTY, FLORIDA 125144 SARASOT	A		LORIDA
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX DATE MAY 1, 1984	B7, FIRM PANEL FFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use dispth of flooding)
125144 0454 D	MAY 1, 1984	A12	120'
310. Indicate the source of the Base Flood Elevation (BFE) data or base flood de	Other (Descri	be): (Describe): _	
311. Indicate the elevation datum used for the BFE in B9: NGVD 1929 312. Is the building located in a Coastal Barrier Resources System (CBRS) area			Designation Date
SECTION C - BUILDING ELEVAT	TON INCODMATION (SI IE	VEY PEOUIPEDI	
All A. desired and the first of	-	Finished Construction	see pages 6 and 7. If no diagram
*A new Elevation Certificate will be required when construction of the building	is complete.	ata la balun assumbitad	and name 6 and 7. If no diagram
2. Building Diagram Number 1 (Select the building diagram most similar to the	ne building for which this certific	ate is being completed -	see pages o and /. If no dagram
accurately represents the building, provide a sketch or photograph.)			
3. Elevetions - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARVA, ARVAE, ARVAT-A	SU, ARVAH, ARVAU	have the debug wood for the DEE in
Complete Items C3e-I below according to the building diagram specified in I	tern C2. State the deturn used.	It the datum is different i	rom the datum used for the Brit in
Section B, convert the deturn to that used for the BFE. Show field measurem	ents and datum conversion ca	iculation. Use the space	provided or the Comments area or
Section D or Section G, as appropriate, to document the datum conversion.			
Deturn NGVD 1929 Conversion/Comments			
	ence mark used appear on the F	FIRM? Yes No	
 a) Top of bottom floor (including besement or enclosure) 		_ [T. 150
The distribution distribution	N/A ft.(m)	8	
o c) Bottom of lowest horizontal structural member (V zones only)	N/A_ft.(m)	Q #	
	WA ft.(m)	or, Embor al, and Date	1 2. 6 4.
o e) Lowest elevation of machinery and/or equipment		Soul, Fre, an	WAYNE C. MYERS
	ft.(m)	icense Number, Seul, Signature, an	Professional Land Surveyor
	.0 ft.(m)	2 5	Floride Certificate No. 5012
	2_ ft.(m)	E 60	Date: MAY 28, 2003
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent		3	of Page 1
	n. (sq. cm)		
		CERTIFICATION	
SECTION D - SURVEYOR, EN			formation
This certification is to be signed and sealed by a land surveyor, engineer, I certify that the information in Sections A, B, and C on this certificate rep	resents my best efforts to int	terpret the data availab	le.
I understand that any false statement may be punishable by fine or impris	sonment under 18 U.S. Code	, Section 1001.	EM 2
CERTIFIER'S NAME WAYNE C. MYERS		LICENSE NUMBER	OU12
TITLE PROFESSIONAL LAND SURVEYOR	COMPANY NAME	BRITT SURVEYING,	INC.
ADDRESS	CITY	STATE	
606 CYPRESS AVENUE	VENICE	FL	34292
SIGNATURE	DATE MAY 28, 2003	TELEF (941) 493	HONE 1396

ion A.		For Insurance Company Use:	
MPORTANT: In these spaces, copy the corresponding information from Section A. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO.		Policy Number	
	710,000	Company NAIC Number	
	A STATE OF THE PARTY OF THE PAR	Company 14-00 140/104	
TECT CERTIFICA))	
1-11-11			
		Check here if attachments	
EQUIRED) FOR	ZONE AO AND ZOI		
icate is intended for	use as supporting infor	metion for a LOMA or LOMR-F,	
which this certificate	is being completed - se	se pages 6 and 7. If no diagram	
_in.(cm) above	or below (check or	ne) the highest adjacent grade. (Use	
r (alcustion h) of the	huilding is # (m)	in (cm) above the highest adjacen	
(GIOAGGCII D) CI GIG	remaind to Tirtus	" = r(att) moto ato tilator ariano.	
ated in accordance	with the community's fix	odplain management ordinance?	
1 G.			
REPRESENTAT	IVE) CERTIFICATIO	Ж	
ms C3.h and C3.i on rect to the best of m	nly), and E for Zone A (with the knowledge.	ithout a FEMA-issued or community	
		WO CARE	
ΠY	STATI	E ZIP CODE	
ATE	TELE	PHONE	
		2 - 4000 N. A	
		Check here if attachmen	
RMATION (OPTI	ONAL)		
management ordine	ance can complete Sect	ions A, B, C (or E), and G of this Elea	
ed and embossed by	/ a licensed surveyor, el	miguest, or stormson who is additioned.	
FEMA-issued or co	mmunity-issued BFE) o	r Zone AO.	
ement purposes.	rainany source or Ly		
	E CERTIFICATE OF COM	WPLIANCE/OCCUPANCY ISSUED	
J. 5.			
	N-SHEEK AA	v 200400-00	
	ft.(m)	Deturn:	
	ft.(m)	Deturn:	
TITLE	A. Carrier		
TELEPHON		7	
DATE			
DATE			
DATE			
	TECT CERTIFICA Inperry, and (3) build REQUIRED) FOR Ideale is intended for which this certificate in.(cm) above or (elevation b) of the eled in accordance or (elevation b) of the rect to the best of m extra to th	TECT CERTIFICATION (CONTINUED OPEN), and (3) building owner. REQUIRED) FOR ZONE AO AND ZONE is intended for use as supporting information this certificate is being completed—series in accordance with the community's firm of the best of my knowledge. THE STATE RIMATION (OPTIONAL) TELE RIMATION (OPTIONAL) THE COMMUNICATE OF CO	