

NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

ELEVATION CERTIFICATE

BUP2004-21281

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

Form for Section A: BUILDING OWNER'S NAME (Augustine and Ellen Christian), BUILDING STREET ADDRESS (449 Morrison Ave), CITY (Englewood), STATE (FLORIDA), PROPERTY DESCRIPTION (North 1/2 lot 1 B1K 54 Plat of Englewood Plat Book 1 Page 130), BUILDING USE (RESIDENTIAL), HORIZONTAL DATUM (NAD 1983), SOURCE (GPS Type).

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Form for Section B: B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER (Charlotte County 125144), B2. COUNTY NAME (Charlotte), B3. STATE (FLORIDA), B4. MAP AND PANEL NUMBER (1201SC 0451), B5. SUFFIX (D), B6. FIRM INDEX DATE (1 May 1984), B7. FIRM PANEL EFFECTIVE/REVISED DATE (1 May 1984), B8. FLOOD ZONE(S) ("A12"), B9. BASE FLOOD ELEVATION(S) (CEL12).

OFFICE COPY NO. TO BE REMOVED FROM SARASOTA COUNTY RECORDS

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Form for Section C: C1. Building elevations are based on: [X] Finished Construction, C2. Building Diagram Number (1), C3. Elevations - Zones A1-A30 (with BFE), Elevation reference mark used (SARASOTA COUNTY RECORDS), Does the elevation reference mark used appear on the FIRM? [X] Yes, [ ] No.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Certification text: This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. CERTIFIER'S NAME (KEITH L. CLEVELAND, PSM), LICENSE NUMBER (4137), TITLE (PRESIDENT), COMPANY NAME (TRI-COUNTY SURVEY, INC), ADDRESS (675 TAMiami TRAIL, UNIT 6), CITY (PORT CHARLOTTE), STATE (FL), ZIP CODE (33953), SIGNATURE, DATE (NOV 03 2005), TELEPHONE ((941) 627-5733).

ENG 2004-21281

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		For Insurance Company Use:
CITY	STATE	Policy Number
	ZIP CODE	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 C3. e) CONCRETE A/C PAD

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 E5. 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. (Use natural grade, if available.)
- 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. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_\_\_ ft. (m) \_\_\_\_\_ in. (cm) \_\_\_\_\_ above or \_\_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

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
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- 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
COMMENTS _____	

Check here if attachments