

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME JAMES MORANDI		For Insurance Company Use	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 148 MYAKKA DRIVE		Policy Number	
CITY VENICE	STATE FL.	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 30, PLAMORE SUBDIVISION, PLAT BOOK 8, PAGE 30, SARASOTA COUNTY, FL.		ZIP CODE 34293-7503	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential			
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	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NEIP COMMUNITY NAME & COMMUNITY NUMBER SARASOTA 125144		B2. COUNTY NAME SARASOTA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 0375	B5. SUFFIX D	B6. FIRM INDEX DATE MAY 1, 1984	B7. FIRM PANEL EFFECTIVE/REVISED DATE MAY 1, 1984	B8. FLOOD ZONE(S) A B	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL 8

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)

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 1 (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 B.M. EL. = 4.92 ft. Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____	4.15	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____	.	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	.	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	.	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____	.	ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____	3.65	ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____	3.87	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____		sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Jim Fossness
1-31-01

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 GAYLE FOSNESS	LICENSE NUMBER 4197
TITLE SARASOTA COUNTY SURVEYOR	COMPANY NAME SARASOTA COUNTY DEVELOPMENT SERVICES, SURVEY
ADDRESS 1301 CATTLEMEN ROAD	CITY SARASOTA
SIGNATURE <i>Gayle Fossness</i>	STATE FL
	ZIP CODE 34232
	TELEPHONE 941-378-6865
	DATE 1-31-01