

GUEST HOUSE ONLY

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE

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

9502842

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME  
**MURRAY AND RENE SILVERSTEIN**

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.  
**316 NORTH CASEY KEY ROAD**

CITY **OSPREY** STATE **FLA.** ZIP CODE

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**M E B PARCEL IN SEC. 2-38-18**

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)  
**GUEST HOUSE**

LATITUDE/LONGITUDE (OPTIONAL) (e.g., 28°-00'-00.00" or 00.000000) HORIZONTAL DATUM: SOURCE:  GPS (Type)  USGS Quad Map  Other:  
 NAD 1927  NAD 1983

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER  
**SARASOTA COUNTY, FLORIDA**

B2. COUNTY NAME  
**SARASOTA**

B3. STATE  
**FLA.**

B4. MAP AND PANEL NUMBER <b>1251440236</b>	B5. SUFFIX <b>"D"</b>	B6. FIRM INDEX DATE <b>3 SEPT. 1992</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>1 MAY 1984</b>	B8. FLOOD ZONE(S) <b>A1Z</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, less depth of flooding) <b>11.0</b>
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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-f 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 **DATE MON. 3-02-0** Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<b>10</b>	<b>1</b>	R.(m)
<input type="checkbox"/> b) Top of next higher floor	<b>18</b>	<b>6</b>	R.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<b>---</b>	<b>---</b>	R.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<b>---</b>	<b>---</b>	R.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<b>13</b>	<b>3</b>	R.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<b>10</b>	<b>0</b>	R.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<b>13</b>	<b>3</b>	R.(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)		

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 **THOMAS E. ROBINSON, P.S.M.** LICENSE NUMBER **FLA. CERT. 4075**

TITLE **PROF. SURVEYOR AND MAPPER** COMPANY NAME **ROBINSON LAND SURVEYING, INC.**

ADDRESS **1705 1<sup>ST</sup> ST.** CITY **SARASOTA** STATE **FLA.** ZIP CODE **34236**

SIGNATURE **[Signature]** DATE **31 MAY 2000** TELEPHONE **(941) 554-4473**

Handwritten notes and signatures on the right margin, including "9502842" and "9502842".

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page 2

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ROBINSON SURVEYING EI

PAGE 02

**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. 316 NORTH CASHY LUT		POLY NUMBER
CITY OSPREY	STATE FLA.	ZIP CODE 34239
		COMPLETION 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

**THIS CERTIFICATE IS FOR THE GUEST HOUSE ONLY / SUBJECT BUILDING MAY BE PRE-FIRM**

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 E3. 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 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 verify 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: <input type="checkbox"/> New Construction <input type="checkbox"/> 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

REPLACES ALL PREVIOUS EDITIONS