

Bup2000-08274



FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

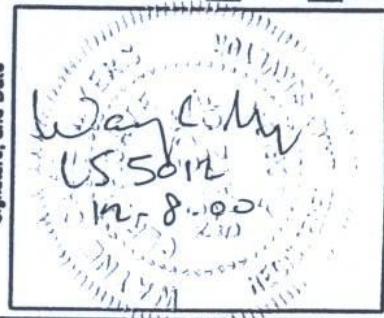
Form fields for Section A: BUILDING OWNER'S NAME (STEPHEN P. and SUSAN E. McDONALD), BUILDING STREET ADDRESS (640 CYPRESS ROAD), CITY (VENICE), STATE (FLORIDA), ZIP CODE (34293), PROPERTY DESCRIPTION (LOT 18 MYAKKA RIVER TRAILS), BUILDING USE (RESIDENTIAL), LATITUDE/LONGITUDE, HORIZONTAL DATUM, SOURCE.

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Form fields for Section B: B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER (SARASOTA COUNTY, FLORIDA 125144), B2. COUNTY NAME (SARASOTA), B3. STATE (FLORIDA), B4. MAP AND PANEL NUMBER (125144 0375), B5. SUFFIX (D), B6. FIRM INDEX DATE (SEPT. 3, 1992), B7. FIRM PANEL EFFECTIVE/REVISED DATE (SEPT. 3, 1992), B8. FLOOD ZONE(S) (A8), B9. BASE FLOOD ELEVATION(S) (8.0'), B10. Source of BFE (FIRM checked), B11. Elevation datum (NGVD 1929 checked), B12. Coastal Barrier Resources System (No checked).

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Form fields for Section C: C1. Building elevations based on (Finished Construction checked), C2. Building Diagram Number (1), 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. Includes table for elevations: a) Top of bottom floor (10.1 ft(m)), b) Top of next higher floor (17.9 ft(m)), c) Bottom of lowest horizontal structural member (V zones only) (- ft(m)), d) Attached garage (top of slab) (8.6 ft(m)), e) Lowest elevation of machinery and/or equipment servicing the building (8.6 ft(m)), f) Lowest adjacent grade (LAG) (7.9 ft(m)), g) Highest adjacent grade (HAG) (8.2 ft(m)), h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade, i) Total area of all permanent openings (flood vents) in C3h.



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. 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 (WAYNE C. MYERS), LICENSE NUMBER (L.S. 5012), TITLE (LAND SURVEYOR and MAPPER), COMPANY NAME (BRITT SURVEYING INC.), ADDRESS (606 CYPRESS AVE), CITY (VENICE), STATE (FLORIDA), ZIP CODE (34292), SIGNATURE (Wayne C. Myers), DATE (DEC. 8, 2000), TELEPHONE ((941) 493-1396).

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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. 640 RIVER ROAD			Policy Number
CITY VENICE	STATE FLORIDA	ZIP CODE 34293	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

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
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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