

3/08834

O.M.B. NO. 3065-0077
Expires December. 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Ron Spector		For Insurance Company Use:
BUILDING STREET ADDRESS(Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 430 New Pond Court		Policy Number
CITY North Port	STATE Florida	Company NAIC Number
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 109, Riverwalk Mobile Home Village, Sarasota County, Florida		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential (Mobile Home)		
LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -###.###" or ##.#####°)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

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Sarasota County Development Svcs

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Sarasota County 125144		B2. COUNTY NAME Sarasota		B3. STATE FL	
B4. MAP AND PANEL NUMBER 125144-0375	B5. SUFFIX D	B6. FIRM INDEX DATE 09-03-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 05-01-84	B8. FLOOD ZONE(S) A 8	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 8 feet

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 Resource 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 6 (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 NGVD-29 Conversion/Comments _____
Elevation reference mark used RM-29 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>6.5</u>	ft.
<input type="checkbox"/> b) Top of next higher floor	<u>9.5</u>	ft.
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u>	ft.
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u>	ft.
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building. (Describe in comments area)	<u>9.1</u>	ft.
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>6.4</u>	ft.
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>7.3</u>	ft.
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>9</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>2,650</u>	sq. in.

License Number, Embossed Seal, Signature, and Date

[Signature]
L.S. 3941
7-10-03

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect 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 Alan K. Fish	LICENSE NUMBER 3941
TITLE Professional Surveyor and Mapper	COMPANY NAME Van Buskirk/Fish & Associates, Inc.
ADDRESS 12450 Tamiami Trail, Unit D	CITY North Port
	STATE Florida
SIGNATURE <i>[Signature]</i>	DATE 7-10-03
	TELEPHONE (941) 426-0681