

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1-7.

BUF 2003-22588

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNERS NAME: JIM LECLAIRE

STREET ADDRESS (including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 531 OXFORD DRIVE

CITY: SARASOTA STATE: FLORIDA ZIP CODE: 34236

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 31 SIESTA BEACH BLOCK 24

BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.): RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (#°-##'-###" or ##.####): _____

HORIZONTAL DATUM: NAD 1927 NAD 1983

SOURCE: GPS (Type): _____ USGS Quad Map _____ Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIP COMMUNITY NAME & COMMUNITY NUMBER: Cal. Co. Fla. 125144

B2. COUNTY NAME: SARASOTA

B3. STATE: FLORIDA

B4. MAP AND PANEL NUMBER: <u>125144 043</u>	B5. SUFFIX: <u>E</u>	B6. FIRM INDEX DATE: <u>9/3/92</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE: <u>9/3/92</u>	B8. FLOOD ZONE(S): <u>A1</u>	B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding): <u>10.0</u>
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIRM 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. Zones - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIA/E, ARIA1-A30, ARIA/H, ARIA/O

Section B, convert the datum to that used for the BFE in B9. State the datum used. If the datum is different from the datum used for the BFE in Section D or Section G, as appropriate, to document the datum conversion. Use the space provided or the Comments area of the form.

Conversion Comments: None

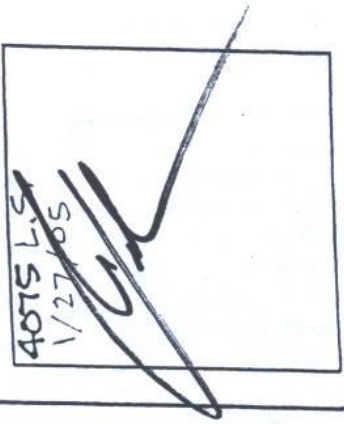
Does the elevation reference mark used appear on the FIRM? Yes No

Elevation reference mark used 5.5 ft. (m) above adjacent grade 5 ft. (m) above adjacent grade

- a) Top of bottom floor (including basement or enclosure): 7.0 ft. (m) GARAGE
- b) Top of next higher floor: 11.0 ft. (m)
- c) Bottom of lowest horizontal structural member (V zones only): _____ ft. (m)
- d) Attached garage (top of slab): 7.0 ft. (m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area): _____
- f) Lowest adjacent (finished) grade (LAG): 11.0 ft. (m)
- g) Highest adjacent (finished) grade (HAG): 5.0 ft. (m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade: 5
- i) Total area of all permanent openings (flood vents) in C3.h: 140 sq. ft. (sq. cm)

License Number, Embossed Seal, Signature, and Date

4075 L.S.
1/27/05



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 LICENSE NUMBER: 4075

TITLE: LAND SURVEYOR COMPANY NAME: ROBINSON LAND SURVEYING INC.

ADDRESS: 1960 MAIN STREET CITY: SARASOTA STATE: FLORIDA ZIP CODE: 34236

DATE: 1/27/05 TELEPHONE: (941) 954-4473

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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. 5131 OXFORD DRIVE	For Insurance Company Use:
CITY SARASOTA	Policy Number
STATE FLORIDA	Company NAIC Number
ZIP CODE 34236	

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
GARAGE FLOOR ELEV. = 7.00'. THERE ARE NO EQUIPMENT PADS ON SITE AT THIS TIME.

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. (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