FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

	Important:	Read the Instruction		
	SECTION A	Read the instructions on pa	ges 1 - 7.	The state of the s
BUILDING OWNE	R'S NAME	PROPERTY OWNER INFORM	ATION	For Insurance Company Use:
	KOIVE MAIN	ALYSON KING		Policy Number
CITY	T ADDRESS (Including Apt., Unit, Suite, and	d/or Bldg. No.) OR P.O. ROUTE AND	BOX NO.	Company NAIC Number
ND	KOLLIC	STATE		ZIP CODE
1 OTS	RIPTION (Lot and Block Numbers, Tax Parc	cel Number, Legal Description, etc.)		34275
BUILDING USE (g., Residential, Non-residential, Addition, Ac	cessory, etc. Use a Comments area	HEIGHT	5
CATHODE/LONG	ILUDE (OPTIONAL)	AL DATUM:	if necessary.)	144
(##° - ##' - ##.##'	or ##.####") NAD 1927	_ NAD 1983 SOURCE: _	GPS (Type): USGS Quad Map	NA
	SECTION B - FLOOD	INSURANCE RATE MAP (FIRM		Other NA
B1. NFIP COMMU	NITY NAME & COMMUNITY NUMBER	HOSKANGE KATE WAP (FIRM) INFORMATION	
1251-	44	B2. COUNTY NAME	I B3	B. STATE
B4. MAP AND PA	Ne	SARASOTA		FLORIDA
	NEL B5. SUFFIX B6. FIRM INDEX	B7. FIRM PANEL	Do El com	
245	D 4754	EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
B10. Indicate the s	ource of the Base Flood Elevation (BFE) data or base flood depth entere	H-12	11.00
B11. Indicate the e	evation datum used for the DET to be	Determined Other (Des	cribe):	
B12. Is the building	located in a Coastal Barrier Resources	System (CDDS)	8 Other (Desc	ribe):
Designation [located in a Coastal Barrier Resources	System (CBRS) area or Otherwi	se Protected Area	(OPA)? _ Yes X No
C1. Building elevati	ons are based on: I Constant	LEVATION INFORMATION (SU	RVEY REQUIRED)
*A new Elevation				
C2. Building Diagra	on Certificate will be required when cons	truction of the building is comple	te.	71. mished construction
pages 6 and 7.	m Number (Select the building di If no diagram accurately represents the	agram most similar to the building	g for which this cer	tificate is being completed - sac
C3. Elevations - 70	If no diagram accurately represents the	building, provide a sketch or pho	otograph.)	to boiling completed - see
				30. AR/AH AR/AO
the datum used	C3.a-i below according to the building of the BFE in Section B, convert the date	diagram specified in Item C2. Sta	te the datum used.	If the datum is different from
calculation Lie	for the BFE in Section B, convert the da a the space provided or the Comments	atum to that used for the BFE. Sh	low field measurem	nents and datum conversion
Datum A/(-1/	the space provided or the Comments : Conversion/Comments	area of Section D or Section G, a	s appropriate, to de	ocumentative datum conversion
Elevation refere	D24 Conversion/Comments	NA	The chimical to d	oddinent the datum conversion.
D a) Top of bar	nce mark usedNA	Does the elevation reference m	ark used appear	n the EIDM2 IVes IVE
a) Top of bot	tom floor (including basement or enclosi	ure) O		n the FIRM? Yes No
u b) top of ne	kt higher floor	NI TE	_ ft.(m)	
C) Bottom of	lowest horizontal structural member (V	cones only)NA	0 0 0 -	OV
a d) Attached (Jarage (top of slab)	9 3	Tr.(m) ss ta	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
u e) Lowest ele	vation of machinery and/or equipment		m) a a a	12/1
servicing	he building (Describe in a Comments ar	ea.) 9 5	Str.(w) Signature,	
(i) Lowest adj	acent (finished) grade (LAG)	7 . 7	ft.(m) = tes	1-1-1-1-1-1
g) Highest ac	jacent (finished) grade (HAG)	3	1 ft (m) 2 is /	W 774 V
h) No. of peri	nanent openings (flood vents) within 1 fl	above adjacent grade A	ft.(m)	VX
i) Total area	of all permanent openings (flood vents) i	n C3.h NA sq. in. (sq. cm)		
		, ENGINEER, OR ARCHITECT		
This certification is	to be signed and sealed by a land survey	Vor engineer or probitest author		
The second second second	y false statement may be punishable by	fine or imprisonment under 48 L	orts to interpret the	data available.
CERTIFIER'S NAME	PALLADAD T RELL	CALD IS LICENS	SE NUMBER	1001.
TITLE PRES	DENT	COMPANY NAME D		(0)10
ADDRESS 710	61/01/12 -11 12	CITY	IGHAM =	URVEYING, INC.
SIGNATURE	SHAMROCK BLVI	DATE 3/12/20	STATE Z	ZIP CÓDE 34293
- Alla	my to fall	3/12/03	TELEPHONE	941-493-4430
MA Form 81-31/Ja	nuary 2003 See i	reverse side for continuation.		Replaces all previous editions

BUILDING STREE	- ope	ces, copy the correspond	ing information from	om Section A		
		tricidding Apt., Unit, Suite, and	l/or Bldg. No.) OR P.(D. ROUTE AND BOX	NO	For Insurance Company Use
CITY		ECAN ST.	STATE	- THE BOX	NO.	Policy Number
- NOK		>	· 1-1		347 5295	Company NAIC Number
C 1	SEC	CTION D - SURVEYOR, ENG	SINEER, OR ARCI	IITECT CEDTICIO	4.71.011	TINUED
Copy both sides	of this Eleva	ation Certificate for (1) comm	unity official, (2) in:	surance agent/com	nany and /3	huilding average
COMMENTS	İ			3011,0011	party, and (5	building owner.
		Oldo-36				*
^		200 20				4
				4		
SECTION	DIIII DINIO					I Charleberry
For Zone AO and	Zono A (with	ELEVATION INFORMATIO	N (SURVEY NOT I	REQUIRED) FOR	ZONE AO AN	Check here if attac
information for a Le	DMA or I ON	MR-F Section C must be	ii. dilougii E5. II (li	e Elevation Certific	cate is intend	ed for use as supporting
= 1. Building Diagra	am Number	(Salact the building of				- appoining
see pages 6 a	nd 7. If no c	diagram accurately represent	ts the building, prov	ide a sketch or ph	which this ce	ertificate is being completed
(check one) th	e highest ac	finctuding basement or encl djacent grade. (Use natural g	osure) of the buildi	ng is _ ft. (m) _ in. (d	cm) I labove or I lbelo
zs. For Building Di	lagrams 6-8	With openings (see page 7)	Ab 1111 -			a to the
_ _ ft. (m)	_ _ in. (cn	n) above the highest adjacer	nt grade. Complete	or elevated floor	(elevation b)	of the building is
(check one) the	platform of n	machinery and/or equipment jacent grade. (Use natural g	servicing the buildi	ng is _ ft. (m) lin. (a	TORM.
5. For Zone AO of	hly: If no flo	od denth number is available	- l- 11			
floodplain man	agement ord	ood depth number is available dinance? Yes No	J Unknown Ti	oottom floor elevation	ed in accorda	nce with the community's
71	SECT	ION F - PROPERTY OWNE	R (OR OWNER'S	REPRESENTATIV	F) CERTIFIC	nformation in Section G.
ine property owner without a FFMA-ic	r or owner's	authorized representative with minimum and authorized series and series authorized s	vho completes Sec	ions A, B, C (Item	C3.h and C	3 i only) and E for Zono A
ne best of my kno	wledge		made digit flot	e. The statement	s in Sections	A, B, C, and E are correct
PROPERTY OWNER	S'S OR OWN	ER'S AUTHORIZED REPRESE	NTATIVE'S NAME			
ADDRESS			CITY			
SIGNATURE	-			- A - C	STATE	ZIP CODE
COMMENTS			DATE		TELEPHON	IE .
CIVIIVILIVIS		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		5	
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				INTICK TOP HON		
e local official who	is authorize	ed by law or ordinance to ad-				rdinanaa aan aan l
e local official who ctions A, B, C (or	E), and O of	ed by law or ordinance to add	minister the commu	ınity's floodplain m	anagement o	rdinance can complete
· The informa engineer, or	ion in Section architect w	ed by law or ordinance to add f this Elevation Certificate. C on C was taken from other d ho is authorized by state or l	minister the commu Complete the applic	inity's floodplain m able item(s) and si	anagement o gn below.	
engineer, or elevation da	ion in Section architect w	ed by law or ordinance to add f this Elevation Certificate. Co on C was taken from other do ho is authorized by state or I	minister the commu Complete the applic locumentation that local law to certify e	inity's floodplain m able item(s) and si has been signed a levation informatio	anagement o gn below. nd embossed n. (Indicate i	by a licensed surveyor, he source and date of the
engineer, or elevation da A community	ion in Section architect w	ed by law or ordinance to add f this Elevation Certificate. Co on C was taken from other do ho is authorized by state or I	minister the commu Complete the applic locumentation that local law to certify e	inity's floodplain m able item(s) and si has been signed a levation informatio	anagement o gn below. nd embossed n. (Indicate i	by a licensed surveyor, he source and date of the
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