

BSVP 2002-00180

1977

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

PROPERTY OWNER'S NAME COOPER AND JACINTA T. ABBOTT		For Insurance Company Use:	
PROPERTY STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 55 ROBERTS BAY LAKE (1335)		Policy Number	
STATE FLA.		Company NAIC Number	
ZIP CODE 34242			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 14 NORTH HARBOR SUBD.			
PROPERTY USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL			
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:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

FIRM COMMUNITY NAME & COMMUNITY NUMBER FLORIDA CO. 125144		B2. COUNTY NAME SARASOTA		B3. STATE FLA.	
MAP AND PANEL NUMBER 5144-0144	B5. SUFFIX E	B6. FIRM INDEX DATE 9/3/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/3/92	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10
Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date:					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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.
 Building Diagram Number **8** (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.)
 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 _____ Conversion/Comments _____
 Elevation reference mark used **CO. BENCH MARK** Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure)	<u>10.3</u> ft.(m)
b) Top of next higher floor	<u>N/A</u> ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
d) Attached garage (top of slab)	<u>6.6</u> ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building	<u>6.5</u> ft.(m)
f) Lowest adjacent grade (LAG)	<u>4.7</u> ft.(m)
g) Highest adjacent grade (HAG)	<u>6.7</u> ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>
i) Total area of all permanent openings (flood vents) in C3h	_____ sq. in. (sq. cm)

P.S.M. 4075
DATE: 17 AUG. 2001

[Signature]

License Number, Embossed Seal, Signature, and Date.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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, and 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	PROFESSION PSM	LICENSE NUMBER 4075
COMPANY NAME ROBINSON LAND SURVEYING, INC.		
ADDRESS 1960 MAIN ST.	CITY SARASOTA	STATE FLA.
SIGNATURE <i>[Signature]</i>	DATE 17 AUG. 2001	TELEPHONE (941) 954-4473
ZIP CODE 34236		