

L/C 05-08-89

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

#054180240031

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME J.R. MERRITT, INC.		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. # 739 ROMA ROAD		Company NAIC Number
CITY VENICE	STATE FL.	ZIP CODE 34292
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) UNIT NO. 326, VENICE ISLES M.H.P. / TAX PARCEL #0427-01-1326		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL (MANUFACTURED HOME)		
LATITUDE/LONGITUDE (OPTIONAL) (##-##-### or #####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER SARASOTA County 125144		B2. COUNTY NAME SARASOTA	B3. STATE FLORIDA
B4. MAP AND PANEL NUMBER 125144 0939	B5. SUFFIX E	B6. FIRM INDEX DATE 9-3-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE
		B8. FLOOD ZONE(S) "A"	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) NO BASE FLOOD

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): _____ (See Section "E")

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 **5** (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, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIA/H, ARIA/O
 Complete Items C3.-a-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 Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure)
- b) Top of next higher floor
- c) Bottom of lowest horizontal structural member (V zones only)
- d) Attached garage (top of slab)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)
- f) Lowest adjacent (finished) grade (LAG) **15.01 ±**
- g) Highest adjacent (finished) grade (HAG) **16.11 ±**
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **N/A**
- i) Total area of all permanent openings (flood vents) in C3.h **N/A SQ. IN. ±**

**OFFICE OF
SARASOTA COUNTY CONSTRUCTION STANDARDS**

**NOT BE REMOVED
FOR INFORMATION PURPOSES ONLY
SEE SECTION "E"**

License Number, Embossed Seal, Signature, and Date

State of Florida
P.S.M. #2909
DLB
DATE SIGNED: 9/16/05

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: **DANIEL E. LEMONDE** LICENSE NUMBER: **# 2909**

TITLE: **PROFESSIONAL SURVEYOR & MAPPER** COMPANY NAME: **LEMONDE & Co. SURVEYORS LLC**

ADDRESS: **4821 Bonita Road** CITY: **VENICE** STATE: **FL.** ZIP CODE: **34293**

SIGNATURE: **DLB** DATE: **9/16/05** TELEPHONE: **(941) 493-8000**