1802-2252 FIN 107

ADDRESS

SIGNATURE

909 Tamiami Trail

Bup 2003 - 17072

ZIP CODE

34275

STATE

TELEPHONE

941-488-0121

	Read the instructions on pages 1 - 7	f	
SECTION	A-PROPERTY OWNER INFORMAT		For Insurance Company Use:
BUILDING OWNER'S NAME	<i>Je</i>	LUFE CO	Policy Number
Robert H. & Patricia S. Harkins	1055675		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/ 619 South Casey Key Road	for Bldg. No.) OR P.O. ROUTE AND BO		Company NAIC Number
CITY	STATE FL	ZIP CC	34275
Nokomis PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parc	The state of the s		81-
Sarasota Parcel I.D. Number 0174-16-0012			
BUILDING USE (e.g., Residential, Non-residential, Addition, Acc Residential			
DATITODE LOTTODE (OF HOTEL)	ZONTAL DATUM: SC 927 NAD 1983	OURCE: GPS (Ty USGS Q	
SECTION B - FLOOI	D INSURANCE RATE MAP (FIRM) IN	FORMATION	
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Sarasota County - 125144	B2. COUNTY NAME Sarasota		33. STATE FL
B4. MAP AND PANEL NUMBER 125144-0327 B5. SUFFIX B6. FIRM INDEX DAT 9/03/92	B7. FIRM PANEL FE EFFECTIVE/REVISED DATE 9/03/92	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION((Zone AO, use depth of flooding) 11.0
Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the Building Diagram Number 6 (Select the building diagram most similary).	e building is complete.	Finished Construction	nes 6 and 7. If no diagram
Complete Items C3-s.i below according to the building diagram spe	with BFE), AR, AR/A, AR/AE, AR/A1-A30, A ecified in Item C2. State the datum used. If the	R/AH, AR/AO ne datum is different fron	the datum used for the BFE in
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CITY Nokomis

DATE 6/25/04

Calelwal

BUILDING STREET ADDRESS OF	cluding Act 11n3 Code and an Did to 100 and a	OUTC AND DOC			For Insurance Company Use
619 South Casey Key Road	cluding Apt., Unit, Suite, and/or Bldg. No.) OR P.O. R	OUTE AND BOX NO.			Policy Number
CITY Nokomis		STATE FL	ZIP CODE		Company NAIC Number
	SECTION D - SURVEYOR, ENGINE	ER, OR ARCHITECT	CERTIFICATION (CON	TINUED)	
Copy both sides of this Elevation	n Certificate for (1) community official, (2) insura				
COMMENTS		0 , ,,,			_
Lowest Living Floor – 16.87 ft. AC					
AC					
		*		Г	Check here if attachr
SECTION E - BUI	LDING ELEVATION INFORMATION (SE	JRVEY NOT REQUI	RED) FOR ZONE AO AN	ID ZONE A	MITHOUT BFE)
or Zone AO and Zone A (without	BFE), complete Items E1 through E4. If the El	evation Certificate is into	ended for use as supporting i	nformation for	a LOMA or LOMR-F.
ection C must be completed.					
Building Diagram Number_(S	elect the building diagram most similar to the b	uilding for which this ce	ertificate is being completed -	see pages 6	and 7. If no diagram accu
represents the building, provid The top of the bottom floor (incl					
natural grade, if available).	luding basement or enclosure) of the building is	_ ir.(m)ir.(cm) L	_ above or below (ched	k one) the hig	rhest adjacent grade. (Us
	openings (see page 7), the next higher floor or	r elevated floor (elevatio	n b) of the building is the	n) in (cm)	shove the highest adjacen
grade. Complete items C3.h a	and C3.1 on front of form.				
. The top of the platform of mach	inery and/or equipment servicing the building is	sft.(m)in.(cm) [above or below (chec	k one) the hig	hest adjacent grade. (Us
natural grade, if available).					
. For Zone AO only: If no flood of	lepth number is available, is the top of the botto	m floor elevated in acco	ordance with the community's	floodplain ma	anagement ordinance?
TVes TNe TUN-	- TI-1-1-WILL 1 19 11 14 11				
Yes No Unkno	wn. The local official must certify this information	on in Section G.			
∐ Yes ∐ No ∐ Unkno	wn. The local official must certify this information SECTION F - PROPERTY OWNER (O	on in Section G. ROWNER'S REPR	ESENTATIVE) CERTIFIC		
The property owner or owner's au	wn. The local official must certify this information SECTION F - PROPERTY OWNER (O thorized representative who completes Section	on in Section G. ROWNER'S REPRI as A, B, C (Items C3.h a	ESENTATIVE) CERTIFIC		TEMA-issued or commun
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