

2000-08664

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. NO. 3065-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 -7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Ron Spector		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 315 Salt Creek Drive		Policy Number
CITY North Port	STATE FL	Company NAIC Number
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 180, Riverwalk Mobile Home Park, Sarasota County, Florida		ZIP CODE 34287
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential (Mobile 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 NFIP COMMUNITY NAME & COMMUNITY NUMBER Sarasota County 125144		B2. COUNTY NAME Sarasota		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 125144 0375	B5. SUFFIX D	B6. FIRM INDEX DATE 09-03-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 05-01-84	B8. FLOOD ZONE(S) A 8	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 8 feet

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): _____

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 Resource System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

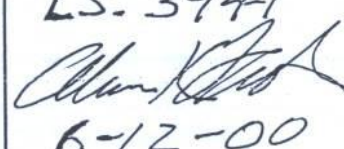
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

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, 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 RM-29 Does the elevation reference mark used appear on the FIRM? Yes No

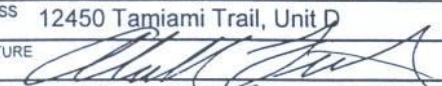
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>9.2</u>	ft.
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u>	ft.
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	ft.
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u>	ft.
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building.	<u>N/A</u>	ft.
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>5.9</u>	ft.
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>5.9</u>	ft.
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____	sq. in.

License Number, Embossed Seal, Signature, and Date

LS-3941

6-12-00

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect 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 Alan K. Fish	LICENSE NUMBER 3941
TITLE Professional Surveyor and Mapper	COMPANY NAME A.L. Van Buskirk Engineers and Planners, Inc.
ADDRESS 12450 Tamiami Trail, Unit D	CITY North Port
SIGNATURE 	STATE Florida
DATE 6-12-00	ZIP CODE 34287
TELEPHONE (941) 426-0681	

15UP 2000-08664

IMPORTANT: In these spaces, copy the corresponding information from Section A.

For Insurance Company Use.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

315 Salt Creek Drive

Policy Number

CITY North Port

STATE FL

ZIP CODE 34287

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS This certificate is issued to replace a previous certificate that incorrectly identified the same mobile home that this certificate was previously prepared for, as Lot 179, 313 Salt Creek Drive.

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. ____ in. above or below (check one) the highest adjacent grade.
- 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. ____ in. above the highest adjacent grade.
- E4. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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 USED	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. Datum: _____

G9. BFE or (Zone AO) depth of flooding at the building site is: _____ ft. Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments