

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

BOOKING 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. 316 Salt Creek Drive		Policy Number
CITY North Port	STATE FL	ZIP CODE 34287

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 187, Riverwalk Mobile Home Park, Sarasota County, Florida

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
Residential (Mobile Home)

LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM SOURCE GPS (Type):
(##° -##' -##" or ##.####) NAD 1927 NAD 1983 USGS Quad Map Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 FIRM COMMUNITY NAME & COMMUNITY NUMBER Sarasota County 125144		B2 COUNTY NAME Sarasota	B3 STATE FL		
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 **6** (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)	6.4 ft.
<input type="checkbox"/> b) Top of next higher floor	8.9 ft.
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A ft.
<input type="checkbox"/> d) Attached garage (top of slab)	N/A ft.
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building.	8.6 ft.
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	6.4 ft.
<input type="checkbox"/> g) Highest adjacent grade (HAG)	6.4 ft.
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	10
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	3600 sq. in.

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 **Afan K. Fish** LICENSE NUMBER **3941**

TITLE **Professional Surveyor and Mapper** COMPANY NAME **A.L. Van Buskirk Engineers and Planners, Inc.**

ADDRESS **12455 Tamiami Trail, Unit D** CITY **North Port** STATE **Florida** ZIP CODE **34287**

SIGNATURE *[Signature]* DATE **8-3-00** TELEPHONE **(941) 426-0681**

RECEIVED
AUG 07 2000

License Number Embossed Seal, Signature and Date

25-3941

[Signature]

8-3-00