

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. 355 Salt Creek Drive	Policy Number
CITY North Port	Company NAIG Number
STATE Florida	
ZIP CODE 34287	

OFFICE COPY

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 141, Riverwalk Mobile Home Village, Sarasota County, Florida

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

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

Not To Be Removed
SARASOTA COUNTY
DEVELOPMENT SERVICES

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP 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 NGVD-29 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>6.9</u>	ft.
<input type="checkbox"/> b) Top of next higher floor	<u>9.6</u>	ft.
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u>	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. (Describe in comments area)	<u>9.0</u>	ft.
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>6.9</u>	ft.
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>7.1</u>	ft.
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>10</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>3,360</u>	sq. in.

License Number, Embossed Seal, Signature, and Date

Alan K. Fish
L.S. 3941
4-24-03

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 **Van Buskirk/Fish & Associates, Inc.**

ADDRESS **12450 Tamiami Trail, Unit D** CITY **North Port** STATE **Florida** ZIP CODE **34287**

SIGNATURE *Alan K. Fish* DATE **4-24-03** TELEPHONE **(941) 426-0681**