O.M.B. No. 3067-0077

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## D INSURANCE PROGRAM Expires December 31, 2005

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: Policy Number BUILDING OWNER'S NAME SERRANO BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 213 SAN LUIS ST. Company NAIC Number ZIP CODE 34187 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) WARH MINERAL BLOCK B SE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) ResiDentia HORIZONTAL DATUM: LATITUDE/LONGITUDE (OPTIONAL) NΑ SOURCE: 1 I GPS (Type): I NAD 1927 | NAD 1983 ( ##"-##" or ##.####") **USGS Quad Map** Other MA SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B3. STATE B2. COUNTY NAME** B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER FLORIDA SARASOTA OUNTY SARASOTA ( B9. BASE FLOOD ELEVATION(S) **B7. FIRM PANEL** B8. FLOOD B4. MAP AND PANEL **B6. FIRM INDEX B5. SUFFIX** ZONE(S) EFFECTIVE/REVISED DATE (Zone AO, use depth of flooding) DATE NUMBER 125144-0375 8.00 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. [\_\_| Community Determined [\_\_] Other (Describe): FIRM I FIS Profile 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 Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: L\_|Construction Drawings\* | |Building Under Construction\* |X |Finished Construction \*A new Elevation Certificate will be required when construction of the building is complete. C2. 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.) 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 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 NBVD 1020 Conversion/Comments Does the elevation reference mark used appear on the FIRM? Elevation reference mark used a) Top of bottom floor (including basement or enclosure) ft.(m) b) Top of next higher floor c) Bottom of lowest horizontal structural member (V zones only) ft.(m) クタft.(m) d) Attached garage (lop of slab) e) Lowest elevation of machinery and/or equipment 11.33 ft.(m) servicing the building (Describe in a Comments area.) 9.80 ft.(m) ☐ f) Lowest adjacent (finished) grade (LAG) g) Highest adjacent (finished) grade (HAG) D h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 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 COMPANY NAME SIGNATURE Replaces all previous aditions See reverse side for continuation.

		, copy the corresponding inforn		141	For Insurance Company Use:
	REET ADDRESS (Inc SAN LUIS	luding Apt., Unit, Suite, and/or Bldg. N		OX NO.	Policy Number
NORT H	PORT	STATE	FLORIDA	3 4287	Company NAIC Number
		N D - SURVEYOR, ENGINEER, (	OR ARCHITECT CERTIF		TINUED)
Copy both side	es of this Elevation	Certificate for (1) community office	ial, (2) insurance agent/o	company, and (3	) building owner.
COMMENTS				M	48/32
		A/C 11.33			14 000
		A/C 11.55			
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O TO TION		TATION NEODMATION (CLOV	CV NOT BEOLUBED) P	OD FONE AO AI	Check here if attachments
		EVATION INFORMATION (SURV			<del></del>
information for a E1. Building Dia see pages E2. The top of t	a LOMA or LOMR- agram Number 6 and 7. If no diag he bottom floor (in	BFE), complete Items E1. through F, Section C must be completed.  (Select the building diagram man accurately represents the building basement or enclosure) of ent grade. (Use natural grade, if a	osl similar to the building ding, provide a sketch o the building is ft	g for which this c r pholograph.)	ertificale is being completed –
E3. For Building    _   ft. (n  E4. The lop of ll  (check one)	Diagrams 6-8 with the platform of mace the highest adjace the highest adjace	n openings (see page 7), the next bove the highest adjacent grade. hinery and/or equipment servicing ent grade. (Use natural grade, if a depth number is available, is the t	higher floor or elevated to Complete Items C3.h ar the building is   _  flooring to the control of the contro	nd C3.i on front o i. (m)   _  in. (	of form. (cm)    above or    below
floodplain m	anagement ordina				information in Section G.
		F - PROPERTY OWNER (OR O			
	A-issued or comm	lthorized representative who comp unity-issued BFE) or Zone AO mu			
		S AUTHORIZED REPRESENTATIVE	S NAME	78	
ADDRESS			CITY	STATE	ZIP CODE
SIGNATURE	<del></del>		DATE	TELEPHO	
COMMENTS					
		9	<del></del>		_  Check here if attachments
		SECTION G - COMMUNIT	<del></del>		**
Sections A, B, C G1.    The infor engineer elevation G2.    A commu Zone AC	(or E), and G of thi mation in Section r, or architect who a data in the Community official complets.	by law or ordinance to administer is Elevation Certificate. Complete C was taken from other document is authorized by state or local law nents area below.) eled Section E for a building locat tems G4-G9) is provided for compressions.	the applicable item(s) a lation that has been sign to certify elevation informed and in Zone A (without a f	nd sign below. ed and embosse mation. (Indicate -EMA-issued or	ed by a licensed surveyor, the source and date of the community-issued BFE) or
G4. PERMIT NUM	BER	G5. DATE PERMIT ISSUED	G6. DATE C	ERTIFICATE OF C	COMPLIANCE/OCCUPANCY
88. Elevation of a	s-built lowest floor	:  _  New Construction  _  (including basement) of the build boding at the building site is:	Substantial Improvemen	<u> </u>	ft. (m) Datum: ft. (m) Datum:
LOCAL OFFICIAL	S NAME		TITLE		
COMMUNITY NAME			TELEPHONE		
SIGNATURE		-	DATE		
COMMENTS					
					Check here if attachments