BUP2003-20239

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 *Expires December 31, 2005

2 7897077 Important: Read the instructions on pages 1 - 7. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION **BUILDING OWNER'S NAME** Policy Number O O Pavel and Ana Brastean 03-8810 (1) 6 BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 320 San Marino Ave. CITY (DZIP CODE STATE elo North Port FL pme PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 27, Block 11 Warm Mineral Springs Unit No. 81, Sarasota County BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) 0 S ☐ GPS (Type):_____ LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: Other: (##° - ##' - ##.##" or ##.####") NAD 1927 ■ NAD 1983 SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1.NFIP COMMUNITY NAME & NUMBER B2. COUNTY NAME B3. STATE** Florida Sarasota County 125144 Sarasota **B4. MAP AND PANEL B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) **B5. SUFFIX B6. FIRM INDEX DATE** B8. FLOOD ZONE(S) NUMBER EFFECTIVE/REVISED DATE (Zone AO, use depth of flooding) 125144 0375 05/01/84 05/01/84 A-8 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): ☐ FIS Profile X FIRM ☐ Community Determined ☐ NAVD 1988 ☐ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes XNo Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:
Construction Drawings* ■ Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 1 (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. Conversion/Comments Elevation reference mark used 8.76 Does the elevation reference mark used appear on the FIRM? Yes X No o a) Top of bottom floor (including basement or enclosure) 12. 2 ft.(m) Seal o b) Top of next higher floor <u>n/a</u>. __ft.(m) Embossed S and Date o c) Bottom of lowest horizontal structural member (V zones only) n/a. ft(m) R.J. Strickland, Jr., PSM o d) Attached garage (top of slab) 11. 8ft(m) #6144/Florida e) Lowest elevation of machinery and/or equipment Signature, servicing the building (Describe in a Comments area) 11.9ft(m) Number, o f) Lowest adjacent (finished) grade (LAG) 10.6ft(m) 06/03/04 o g) Highest adjacent (finished) grade (HAG) 11. 0 ft.(m) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade None o i) Total area of all permanent openings (flood vents) in C3.h n/a sq. in. (sq. cm) 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. LICENSE NUMBER 6144/Florida CERTIFIER'S NAME R. J. Strickland, Jr. TITLE Professional Surveyor & Mapper COMPANY NAME The Phoenix Surveying Company, Inc. **ADDRESS** CITY STATE ZIP CODE 33952 3466 DePew Circle Port Charlotte SIGNATURE DATE TELEPHONE 941-629-6801 06/03/04

IMPORTANT: In these spaces, copy the corresponding information from Section A.			and the first of	For Insurance Company Use:	
BUILDING STREET ADDRESS (Including 320 San Marino Ave.	ng Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROU	ITE AND BOX NO.	TV - 9	Policy Number	
CITY North Port		STATE FL	ZIP CODE 33952	Company NAIC Number	
	SECTION D - SURVEYOR, ENGINEE	R, OR ARCHITECT CE	RTIFICATION (CONTINUED	0)	
	rtificate for (1) community official, (2) insurance	e agent/company, and (3) b	ouilding owner.	to dear the second	
COMMENTS	TO THE PARTY OF TH		40000		
	2 2 2				
				Called a special for	
			E CTE L TRE P	Check here if attachment	
	DING ELEVATION INFORMATION (SU				
or Zone AO and Zone A (without BFE	E), complete Items E1 through E4. If the Eleva	ation Certificate is intended	for use as supporting information	for a LOMA or LOMR-F, '	
Section C must be completed.	t the building discovery most similar to the build	Englandish this seat Costs	in both an annual start	0 17 %	
represents the building, provide a s	t the building diagram most similar to the build sketch or photograph.)	aing for which this certificate	e is being completed – see pages	6 b and 7. If no diagram accurately	
		ft.(m) in.(cm) at	bove or D below (check one) t	he highest adjacent grade. (Use	
natural grade, if available).	,		oore a death (around any)	no ingricor adjaconic grado. (Odo	
For Building Diagrams 6-8 with ope	enings (see page 7), the next higher floor or ek	evated floor (elevation b) of	the building isft.(m)in.(a	m) above the highest adjacent	
grade. Complete items C3.h and (
 The top of the platform of machiner natural grade, if available). 	y and/or equipment servicing the building is	_ ft.(m)in.(cm) at	oove or <u>l</u> below (check one) t	he highest adjacent grade. (Use	
	number is available, is the top of the bottom	floor elevated in accordance	e with the community's floodolair	n management ordinance?	
Yes No Unknown.	The local official must certify this information	in Section G.	o more of the many of moodpless	The logoritorit ordinarios	
	SECTION F - PROPERTY OWNER (O	ROWNER'S REPRESE	ENTATIVE) CERTIFICATION	N	
The property owner or owner's author	rized representative who completes Sections	A, B, C (Items C3.h and C3	B.i only), and E for Zone A (withou	t a FEMA-issued or community-	
	ere. The statements in Sections A, B, C, and		f my knowledge.	With the State of	
PROPERTY OWNER'S OR OWNER	R'S AUTHORIZED REPRESENTATIVE'S N	AME		man M.F.	
ADDRESS	SS		STAT	E ZIP CODE	
SIGNATURE			TCIC	PHONE	
AND CONTRACT OF THE PARTY OF TH		DATE	ide	PHONE	
COMMENTS					
				Check here if attachment	
	SECTION G - COMMU	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME			
	aw or ordinance to administer the community's	s floodplain management or	rdinance can complete Sections	A, B, C (or E), and G of this Elevation	
ertificate. Complete the applicable iten in The information in Section C.w.	m(s) and sign below. as taken from other documentation that has b	een signed and embossed	hy a licensed surveyor enginee	r or ambitant who is a albadrant by sta	
or local law to certify elevation	information. (Indicate the source and date of	the elevation data in the Co	omments area below.)	, or archited who is additionized by sid	
A community official completed	Section E for a building located in Zone A (w	ithout a FEMA-issued or co		10.	
The following information (Items	s G4-G9) is provided for community floodplain	n management purposes.			
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G	6. DATE CERTIFICATE OF COMP	PLIANCE/OCCUPANCY ISSUED	
7 This comit has been been for	New Coords of the Control		<u> </u>		
 I his permit has been issued for: L Elevation of as-built lowest floor (inc 	New Construction Substantial Impro	vernent	ft.(m)	Detario	
of Elevation of the ballit leavest floor (in the			ft.(m)	Datum: Datum:	
	-	TITLE	See Land West	500111	
9. BFE or (in Zone AO) depth of flood		111	TELEPHONE		
9. BFE or (in Zone AO) depth of flood LOCAL OFFICIAL'S NAME	1	TOTAL	DUONE		
S9. BFE or (in Zone AO) depth of flood LOCAL OFFICIAL'S NAME COMMUNITY NAME		WANT A	William State College		
69. BFE or (in Zone AO) depth of flood LOCAL OFFICIAL'S NAME COMMUNITY NAME SIGNATURE	1	TELEF	William State College	3.1	
S9. BFE or (in Zone AO) depth of flood LOCAL OFFICIAL'S NAME COMMUNITY NAME		WANT A	William State College		

Replaces all previous editions

FEMA Form 81-31, January 2003