

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

BUP2001-07416

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME

MICHAEL JENSEN/SUE STROBER

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

7858 SANDERLING ROAD (PHASE II)

CITY
SARASOTA

STATE
FLA.

ZIP CODE
34242

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

LOT 2 AND PART OF 3 SECTION E, SIESTA PROPERTIES

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

RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)
(##°-##'-##.##" or ##.#####)

HORIZONTAL DATUM:

SOURCE: GPS (Type):

NAD 1927 NAD 1983

USGS Quad Map Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER

SARASOTA CO. 125144

B2. COUNTY NAME

SARASOTA

B3. STATE

FLA.

B4. MAP AND PANEL NUMBER

125144-0207

B5. SUFFIX

"E"

B6. FIRM INDEX DATE

9/3/92

B7. FIRM PANEL EFFECTIVE/REVISED DATE

9/3/92

B8. FLOOD ZONE(S)

AE

B9. BASE FLOOD ELEVATION(S)
(Zone AO, use depth of flooding)

12.0

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 Resources 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 7 (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 1929 Conversion/Comments:

Elevation reference mark used STATE D.M.R. DATUM Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 8.0 ft.(m)
- b) Top of next higher floor 10.0 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) 19.1 ft.(m)
- d) Attached garage (top of slab) 8.0 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building 12.0 ft.(m)
- f) Lowest adjacent grade (LAG) 8.0 ft.(m)
- g) Highest adjacent grade (HAG) 5.4 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4
- i) Total area of all permanent openings (flood vents) in C3h 1628 sq. in. (sq. cm)

License Number, Expiration Date, Signature, and Date

P.S.M. FLA. # 4075
5 JUNE 2003



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 THOMAS E. ROBINSON, P.S.M. LICENSE NUMBER 4075

TITLE P.S.M. COMPANY NAME ROBINSON LAND SURVEYING, INC.

ADDRESS 1960 MAIN ST. CITY SARASOTA STATE FLA. ZIP CODE 34236

SIGNATURE  DATE 5 JUNE 2003 TELEPHONE (941) 954-4473

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

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

For Insurance Company Use:

Policy Number

CITY

STATE

ZIP CODE

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS

GARAGE ELV. = 8.0

A/C EQUIP ROOM ELV. = 12.0

EQUIP. STORAGE ROOM ELV. = 10.0

FIRST LIVING AREA ELV. = 21.5

SHOWER ROOM ELV. = 12.0

LAUNDRY ROOM ELV. = 12.0

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.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- 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.(m) ___ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. 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, C (items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNERS 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 ISSUED

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

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.(m)

Datum: ___

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

___ ft.(m)

Datum: ___

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS