

1969

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.

SECTION A - PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME RAEL FELIX	For Insurance Company Use: Policy Number
PROPERTY STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. SANDY SHORE DRIVE (5029)	Company NAIC Number
CITY SARASOTA	STATE FL
ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 4, SARA SANDS SUBDIVISION, UNIT NO. 4	
PROPERTY USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary) RESIDENTIAL	
LATITUDE/LONGITUDE (OPTIONAL) ###-###.### or ##.#####	
HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
SOURCE OF GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

2003-04117
BUP

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

FIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF SARASOTA 125144	B2. COUNTY NAME SARASOTA	B3. STATE FLORIDA
MAP AND PANEL NUMBER 0143	B5. SUFFIX E	B6. FIRM INDEX DATE
B7. FIRM PANEL EFFECTIVE/REVISED DATE 09/03/92	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10

Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

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)

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.

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.)

Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, etc. (see page 30 for details)

Complete Items C3a-i below according to the building diagram specified in Item C2. State 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.

Item NGVD Conversion/Comments _____

Elevation reference mark used ____ Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure)	<u>8.8</u> ft.(m)
b) Top of next higher floor	<u>N/A</u> ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
d) Attached garage (top of slab)	<u>8.2</u> ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building	<u>8.4</u> ft.(m)
f) Lowest adjacent grade (LAG)	<u>6.9</u> ft.(m)
g) Highest adjacent grade (HAG)	<u>7.9</u> ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>0</u>
i) Total area of all permanent openings (flood vents) in C3h	<u>0</u> sq. in. (sq. cm)

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Not To Be Removed
SARASOTA COUNTY
DEVELOPMENT SERVICES

License Number, Embossed Seal, Signature, and Date

Robert G. Bruce
11/13/2002

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 ROBERT G. BRUCE
 LICENSE NUMBER 4519

OWNER	COMPANY NAME RED STAKE SURVEYORS, INC.
ADDRESS DOCTOR ROAD	CITY SARASOTA
STATE FL	STATE FL
ZIP CODE 34241	ZIP CODE 34241
DATE	TELEPHONE

Robert G. Bruce