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

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

CERTIFICATE 05 -421035-00-B1

Important: Read the instructions on pages 1-7.	1000-101
SECTION A - PROPERTY OWNER INFORMATION	For insulance Company Use
BUILDING OWNERS NAME PENNY A. H.I.	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number
CITY ZUPO	ODE
PROPERTY DESCRIPTION (Lot and Block Numbers Tax Parcel Number, Legal Description, etc.)	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)	
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (T)	
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (T) (##°-##-##### or ########) WAD 1927 NAD 1983	Quad Map Other
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1. NEIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME	B3.SIATE
Darasota 125144 Darasota	Florida
B4. MAP AND PANEL NUMBER B5. SUFFIX B6. FIRM INDEX DATE EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S)
170 D 9-3-1992 5-1-1984 A	(Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	Color State
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe); ☐ B11. Indicate the elevation datum used for the BFE in B9; ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe);	
DIA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Designation Date
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	Designation Date
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.	
22 Building Diagram Number_(Select the building diagram most similar to the building for which this certificate is being completed - see p	eaces 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 fro	om 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 prescription D or Section G, as appropriate, to document the datum conversion.	rovided or the Comments area of
Detum Conversion/Comments	
Elevation reference mark usedDoes the elevation reference mark used appear on the FIRM? Yes No	
o b) Top of next higher floor	MILABLI
o c) Boltom of lowest horizontal structural member (V zones only)	MOLD DON
o d) Attached garage (top of stab)	14 5538
o e) Lowest elevation of machinery and/or equipment	5/19/06
servicing the building (Describe in a Comments area) of) Lowest adjacent (finished) grade (LAG) of) Lowest adjacent (finished) grade (LAG)	5/10/01
o f) Lowest adjacent (finished) grade (LAG) o g) Highest adjacent (finished) grade (LAG) ft(m)	0/19/06
o g) Highest adjacent (finished) grade (HAG) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	
o I) Total area of all permanent openings (flood vents) in C3.hsq. 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 in	formation.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available	le.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	
CERTIFIERS NAME (LICENSE NUMBER	5538
TITLE COMPANY NAME	
Hesident MSB Surveying	, Inc
ADDRESS ACCORDE Blud Unit H Source of STAT	E ZIPCODE
	PHONE

LIL	m	044	- 44	DOC 4
 IX N		941	- 3411-	-9964
 100		747	247	2204

MPORTANT: In these spaces, copy the corresponding informa				For Insurance Company Use:
RUILDING STREET ADDRESS (Including Apt., Unit, Suite, andlor Bidg. No.) CR.P.O.	ROUTE AND BOX NO.			Policy Number
	STATE	ZIPCOI		Company, NAIC Number
SECTION D - SURVEYOR, ENGIN	FFR. OR ARCHITECT O	FRITIFICATION (CO		
copy both sides of this Elevation Certificate for (1) community official, (2) inst				-
OMMENTS	1	(c) carang cirican	1922-9-17-17-1	
). Elevations Shown hereon	are based	or Ded	- A- T	constantia
enchmary #35, published e	lestion 31	9721 pc	ucpu	Gug DE # You
levation 33.650' NOVO 192	9 2).No	access	otoi	residence.
Lavest chatin of makin		- 00d.	AND ZONE	Check here if attachment
SECTION E - BUILDING ELEVATION INFORMATION (
Zone AO and Zone A (without BFE), complete Items E1 through E4. If the tion C must be completed.	Elevation Certificate is inter	ided for use as support	ng information	for a LOMA or LOMR-F,
Building Diagram Number 1/Select the building diagram most similar to the	e building for which this certi	ficate is being complete	d – see pages	6 and 7. If no diagram accurated
represents the building, provide a sketch or photograph.)	. 11			
The top of the bottom floor (including basement or enclosure) of the buildin natural grade, lift available).	ig is $\underline{\underline{1}}$ fl.(m) $\underline{\underline{1}}$ in.(cm) ($\underline{\underline{X}}$	apove or Lipelaw (check one) the	highest adjacent grade, (Use
For Building Diagrams 6-8 with openings (see page 7), the next higher floo	or or elevated floor (elevation	b) of the building is _	ft.(m)in_(ar	m) above the highest adjacent
grade, Complete items C3.h and C3.i on front of form.	2			
The top of the platform of machinery and/or equipment servicing the building trade, if available),	ng is $\pm t (m) 2 in.(cm) \boxtimes$	above or Delow (check one) the	highest adjacent grade. (Use
For Zone AO only: If no flood depth number is available, is the top of the b	outtorn floor elevated in acco	rdance with the commu	nitv's floodplair	management ordinance?
Yes No Unknown. The local official must certify this inform	mation in Section G.			Time in Garmon Columnia of
	A COR CLIANIA DEPART		WILL A PROPER	
SECTION F - PROPERTY OWNER	R (OR OWNER'S REPRI	ESENTATIVE) CERT	REICATION	
he properly owner or owner's authorized representative who completes Se	ctions A, B, C (Items C3.h a	nd C3.i only), and E for		at a FEMA-issued or community-
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