

BUP 2000 - 02990

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

BUILDING OWNER'S NAME: JOHN A. JENSEN & CHRISTY L. BRUNS

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 153 SHADY PINE LANE

CITY: NOKOMIS STATE: FLORIDA ZIP CODE: 34275

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 34 LAUREL PINES

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

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

HORIZONTAL DATUM: NAD 1927 NAD 1983

SOURCE: GPS (Type): _____ USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: SARASOTA COUNTY FLORIDA 125144

B2. COUNTY NAME: SARASOTA

B3. STATE: FLORIDA

B4. MAP AND PANEL NUMBER: 125144 0239

B5. SUFFIX: D

B6. FIRM INDEX DATE: MAY 1, 1984

B7. FIRM PANEL EFFECTIVE/REVISED DATE: MAY 1, 1984

B8. FLOOD ZONE(S): A12

B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): 11.0'

- 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: _____ (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: PLAT B.M. = 7.75 Does the elevation reference mark used appear on the FIRM? Yes No
- a) Top of bottom floor (including basement or enclosure) _____ ft.(m)
 - b) Top of next higher floor _____ ft.(m)
 - c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
 - d) Attached garage (top of slab) _____ ft.(m)
 - e) Lowest elevation of machinery and/or equipment servicing the building AC PAD _____ ft.(m)
 - f) Lowest adjacent grade (LAG) _____ ft.(m)
 - g) Highest adjacent grade (HAG) _____ ft.(m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
 - i) Total area of all permanent openings (flood vents) in C3h _____ 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.

CERTIFIER'S NAME: WAYNE C. MYERS LICENSE NUMBER: L.S. 5012

TITLE: LAND SURVEYOR & MAPPER COMPANY NAME: BRITT SURVEYING INC

ADDRESS: 606 CYPRESS AVE CITY: VENICE STATE: FLORIDA ZIP CODE: 34292

SIGNATURE: Wayne C. Myers DATE: 10-10-00 TELEPHONE: (941) 493-1396

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