FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

05-059410

	2281	important: Rea	id the instructions on pages 1 -			
		SECTION A -	PROPERTY OWNER INFORMA	ATION	For Insurance Company Use:	
UILDING OWNER'S NAMI					Policy Number	
SOLITUDE LANE, LLO		W		Company NAIC Number		
224 SOLITUDE LANE	THE PROPERTY OF THE PROPERTY O					
ITY ARASOTA			STATE FL	FL		
IETES AND BOUNDS			umber, Legal Description, etc.)			
BUILDING USE (e.g., Reside RESIDENTIAL	ential, Non-resid	dential, Addition, Accesso	ory, etc. Use a Comments area, if	necessary.)		
ATTTUDE/LONGITUDE (OI ##°-##'-###" or ##.##	PTIONAL) #### [*])	17 - 12 VANDO CO (17 TO 18 19)	TAL DATUM: S ☑ NAD 1983	SOURCE: GPS (Type USGS Qua		
	S	ECTION B - FLOOD IN	SURANCE RATE MAP (FIRM) I	NFORMATION		
H. MFIP COMMUNITY NAME & COMMUNITY NUMBER SARASOTA COUNTY 125144 B2. COUNTY SARASOTA			COUNTY NAME RASOTA	AME B3, STA		
B4. MAP AND PANEL NUMBER 125144 0143	B5. SUFFIX E	B6. FIRM INDEX DATE 09/03/02	B7. FIRM PANEL EFFECTIVE/REVISED DATE 09/03/02	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11	
D. Indicate the source of the Barrier FIS Profile Indicate the elevation datum	FIRM	Community Determ	nined Other (Description	ribe): Other (Describe):		
	Coastal Barrier Re	esources System (CBRS) a	rea or Otherwise Protected Area (OP	A)? Yes No I	Designation Date	
	the Real Property lies and the last lies and the		EVATION INFORMATION (SUF	RVEY REQUIRED)		
Building elevations are based	and the same of th	The state of the s		Finished Construction		
*A new Elevation Certificate	will be required w	hen construction of the buil	dina is complete			
uilding Diagram Number ()	(Select the buildin	ng diagram most similar to t	he building for which this certificate is	being completed - see page	s 6 and 7. If no diagram	
uilding Diagram Number () accurately represents the but	(Select the buildin ilding, provide a s	ng diagram most similar to t sketch or photograph.)	he building for which this certificate is		s 6 and 7. If no diagram	
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uilding Diagram Number 1 (accurately represents the buil Elevations Zones A1-A30, and Complete Items C3a-I below Section B, convert the datum Section D or Section G, as an Datum NGVD Conversion/C Elevation reference mark use of a) Top of bottom floor (included by the control of the co	(Select the building, provide a state, AH, A (with Bow according to the moto that used for tappropriate, to door (Comments seed 10.7 F) Does the cluding basement of contal structural metof slab) acchinery and/or eq (Describe in a Coled) grade (HAG) in grade (HAG) in ment openings (flood vents) ment openings (flood sealed lin Sections A, B, statement may be	ng diagram most similar to the sketch or photograph.) SFE), VE, V1-V30, V (with E e building diagram specified the BFE. Show field measu current the datum conversion are elevation reference mark or enclosure) ember (V zones only) pulpment the mments area) within 1 ft. above adjacent od vents) in C3.h 296sq. CTION D - SURVEYOR by a land surveyor, engire, and C on this certificates	the building for which this certificate is the building for which this certificate is the building for which this certificate is the building for which the certificate is the datum used. If the rements and datum conversion calculon. It used appear on the FIRM? Yes 12.3 ft.(m) It is ft.(m) It	AR/AH, AR/AO the datum is different from the datum is different from the datum. Use the space provides No. Section 1001. LICENSE NUMBER 45	ne datum used for the BFE in ded or the Comments area of 200 200 200 200 200 200 200 200 200 20	

IMPORTANT: In these engage	copy the corresponding information	from Continu		Feet 2	
	Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUT			For Insurance Company Use:	
1224 9OLITUDE LANE	projecting control and	TE AND BOX NO.		Policy Number	
CITY SARASOTA		STATE FL	ZIP CODE	Company NAIC Number	
SE	CTION D - SURVEYOR, ENGINEER	OR ARCHITECT	CERTIFICATION (CONTINUED	0)	
	icate for (1) community official, (2) insurance		The state of the s		
COMMENTS	ATE MAP (FIRM) INFORMATION TO BE V				
FILE # 08071200					
* 0	DENINGS ARE IN	GARAGE	AREA ONLY.		
	and the second of the second o			☐ Check here if attachments	
SECTION E - BUILDIN	G ELEVATION INFORMATION (SUR	EVEY NOT REQUI	RED) FOR ZONE AO AND ZON		
	complete Items E1 through E4. If the Eleva				
Section C must be completed.					
E1. Building Diagram Number_(Select to	the building diagram most similar to the build	ding for which this cer	tificate is being completed – see pag	jes 6 and 7. If no diagram accurately	
represents the building, provide a sk	etch or photograph.)				
natural grade, if available).	basement or enclosure) of the building is				
E3. For Building Diagrams 6-8 with open grade. Complete items C3.h and C3	ings (see page 7), the next higher floor or el 3.i on front of form.	levated floor (elevatio	n b) of the building isft.(m)in.	(cm) above the highest adjacent	
	and/or equipment servicing the building is	ft.(m)in.(cm) [above or below (check one) t	he highest adjacent grade. (Use	
	number is available, is the top of the bottom	floor elevated in acc	ordance with the community's floodal	ain management ordinance?	
Yes No Unknown. 7	he local official must certify this information	in Section G.	or and the first and contributing 5 hoods	air management ordinance:	
	CTION F - PROPERTY OWNER (OR		ESENTATIVE) CERTIFICATION	N	
The property owner or owner's authoriz	red representative who completes Sections	A, B, C (Items C3.h a	and C3.i only), and E for Zone A (with		
issued BFE) or Zone AO must sign her	e. The statements in Sections A, B, C, and	E are correct to the b	est of my knowledge.	,	
P RTY OWNER'S OR OWNER'S	S AUTHORIZED REPRESENTATIVE'S N	AME			
ADDRESS		OIT)/	AT LE		
ADUNESS		CITY	STATE	ZIP CODE	
SIGNATURE		DATE		TELEPHONE	
COMMENTS					
OOMMENTO					
				Check here if attachments	
	SECTION G - COMMUN	NITY INFORMATIO	ON (OPTIONAL)		
The local official who is authorized by law	or ordinance to administer the community's	the same of the sa		is A. B. C (or E), and G of this Flevation	
Certificate. Complete the applicable item	(s) and sign below.				
G1. The information in Section C was	s taken from other documentation that has b	been signed and emb	ossed by a licensed surveyor, engine	eer, or architect who is authorized by state	
or local law to certify elevation in	formation. (Indicate the source and date of	f the elevation data in	the Comments area below.)		
G2. A community official completed S	Section E for a building located in Zone A (w	vithout a FEMA-issue	d or community-issued BFE) or Zone	AO. REC'D OCT 31 200	
	or co, is provided to continuity ilocapian	n management purpo	NGS.		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE OF COMP	LIANCE/OCCUPANCY ISSUED	
C7. This namet has been been found for [7]	New Construction Substantial Improv				
G8. Elevation of as-built lowest floor (incli	1.51	rement	4/	m) Dohum	
G9. BFE or (in Zone AO) depth of floodin			ft.(r	region of the control	
	g ot 0.0 001011.g 010 0.			n) Dauli	
LOCAL OFFICIAL'S NAME			Œ		
COMMUNITY NAME			LEPHONE		
SICHATURE		DA	TE		
CCIENTS					
				Check here if attachments	
				LI CHOOK HOTE IT ALLACTIMENTS	

Replaces all previous editions

FEMA Form 81-31, January 2003