## Bup 2003-05934

## FEDERAL EMERGENCY MANAGEMENT AGENCY

O.M.B. No. 3067-0077 NATIONAL FLOOD INSURANCE PROGRAM

Expires December 31, 2005 **ELEVATION CERTIFICATE** 

	Important: R	icad are instructions on pages i		
	SECTION A	- PROPERTY OWNER INFORM	IATION	For Insurance Company Use:
BUILDING OWNER'S NAME	Policy Number			
NORTH SHELL ROAD & HIGEL A				
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.				Company NAIC Number
3931 SOLYMAR DRIVE			1000	
CITY		STATE	ZIP CO	
SARASOTA PROPERTY DESCRIPTION (Lot and Blod	k Number Tex Person	FL   Number Legal Description etc.)	34240	
LOT 5, SOLYMAR	k Numbers, Tax Parcel	Number, Legal Description, etc.)		
BUILDING USE (e.g., Residential, Non-resi	idential Addition Acces	ssory etc. Use a Comments area	if necessary )	1
RESIDENTIAL	, , , , , , , , , , , , , , , , , , , ,	,		
LATITUDE/LONGITUDE (OPTIONAL)		ONTAL DATUM:	SOURCE: GPS (Ty	
( ##° - ##' - ##.##" or ##.####°)	☐ NAD 192	27 NAD 1983	☐ USGS C	Quad Map Other:
	OF OTHER PLACE	INCLIDANCE DATE MAD (FIDM	INFORMATION	
	SECTION B - FLOOD	INSURANCE RATE MAP (FIRM	) INFORMATION	
B1. NFIP COMMUNITY NAME & COMMUNITY NUI	MBER	B2. COUNTY NAME		B3. STATE
SARASOTA COUNTY - 125144		SARASOTA		FLORIDA
B4. MAP AND PANEL		B7. FIRM PANEL		B9. BASE FLOOD ELEVATION(S)
NUMBER B5. SUFFIX	B6. FIRM INDEX DATE		B8. FLOOD ZONE(S)	(Zone AO, use depth of flooding)
125144- 0141 D	5/1/84	5/1/84	A13	11.00'
10. Indicate the source of the Base Flood Eleva	ation (BFE) data or base f	flood depth entered in B9.		
☐ FIS Profile ☐ FIRM	Community De	termined	scribe):	
11. Indicate the elevation datum used for the BI	FE in B9: NGVD 192	9 NAVD 19	88 Other (Describe):	
12. Is the building located in a Coastal Barrier F				Designation Date
	The second secon	ELEVATION INFORMATION (S	and the second s	
		•	□ Finished Construction	
	ruction Drawings	■ Building Under Construction*	M Finished Constituction	Mary .
*A new Elevation Certificate will be required			Λ,	F10 E.
*A new Elevation Certificate will be required			is being completed -see p	ages 6 and 7. If no diagram
*A new Elevation Certificate will be required	ding diagram most similar		is being completed -see p	ages 6 and 7. If no diagram
*A new Elevation Certificate will be required 22. Building Diagram Number 1 (Select the build accurately represents the building, provide a	ding diagram most similar a sketch or photograph.)	to the building for which this certificate	Sarasot	ages 6 and 7. If no diagram
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	copy the corresponding information from Se			For Insurance Company Use:	
BUILDING STREET ADDRESS (Including / 3931 SOLYMAR DRIVE	Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BO	OX NO.		Policy Number	
STY SARASOTA	STATE FL		ZIP CODE 34240	Company NAIC Number	
SE	ECTION D - SURVEYOR, ENGINEER, OR AR	CHITECT CE	RTIFICATION (CONTINUED)		
copy both sides of this Elevation Certif	ficate for (1) community official, (2) insurance agent/o	ompany, and (3)	building owner.		
COMMENTS PROJECT #03-03-03. THE A/C F	PAD IS AT ELEVATION 11.03'.				
				☐ Check here if attachments	
SECTION E - BUILDIN	IG ELEVATION INFORMATION (SURVEY NO	OT REQUIRED	) FOR ZONE AO AND ZON	E A (WITHOUT BFE)	
	, complete Items E1 through E4. If the Elevation Cer	tificate is intende	ed for use as supporting information	on for a LOMA or LOMR-F,	
ection C must be completed.					
<ul> <li>Building Diagram Number _(Select represents the building, provide a sl</li> </ul>	the building diagram most similar to the building for w ketch or photograph )	which this certification	ate is being completed – see page	≥s 6 and 7. If no diagram accurately	
	g basement or enclosure) of the building isft.(m)	_in.(cm) 🗌 a	bove or below (check one) the	ne highest adjacent grade. (Use	
3. For Building Diagrams 6-8 with oper	nings (see page 7), the next higher floor or elevated fl	loor (elevation b	of the building isft.(m)in.	(cm) above the highest adjacent	
grade. Complete items C3.h and C	3.i on front of form.		Ber (1) - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
	y and/or equipment servicing the building isft.(m)	_in.(cm) 🔲 a	bove or Delow (check one) to	he highest adjacent grade. (Use	
natural grade, if available).  5. For Zone AO only: If no flood depth	number is available, is the top of the bottom floor ele	vated in accord	ance with the community's floodal	ain management ordinance?	
	The local official must certify this information in Section		ятое мин вте сонтнинку в пообри	aiii i ianaya na il ulundile!	
	ECTION F - PROPERTY OWNER (OR OWNE		ENTATIVE) CERTIFICATION	N	
	ized representative who completes Sections A, B, C ere. The statements in Sections A, B, C, and E are co			out a FEMA-issued or community-	
	R'S AUTHORIZED REPRESENTATIVE'S NAME				
ADDDEOG		0.000	07176	700005	
ADDRESS		CITY	STATE	ZIP CODE	
SIGNATURE		DATE	TELEF	TELEPHONE	
COMMENTS					
				Check here if attachments	
	SECTION G - COMMUNITY IN				
he local official who is authorized by la Certificate. Complete the applicable ite	aw or ordinance to administer the community's floodp	lain manageme	nt ordinance can complete Section	ns A, B, C (or E), and G of this Elevation	
	ras taken from other documentation that has been sig	ned and embos	sed by a licensed surveyor engin	neer or architect who is authorized by s	
	information. (Indicate the source and date of the ele			ion, or distilled title to distribute by	
	d Section E for a building located in Zone A (without a			e AO.	
33. The following information (Item	ns G4-G9) is provided for community floodplain mana	gement purpose	s.		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	8	G6. DATE CERTIFICATE OF COMP	PLIANCE/OCCUPANCY ISSUED	
27 This pormit has been issued for F	Now Construction Charlest I I I I				
<ol> <li>I his permit has been issued for: L</li> <li>Elevation of as-built lowest floor (in</li> </ol>	☐ New Construction ☐ Substantial Improvement		. ft.(m)	Datum:	
39. BFE or (in Zone AO) depth of floor			it.(m)	Datum:	
LOCAL OFFICIAL'S NAME	J	TITL	N N N N N		
COMMUNITY NAME		- 10 Oct. 10	EPHONE		
SIGNATURE			DATE		
		DAT			
COMMENTS					
3					
*				Check here if attachments	