B.4P 2004 - 03097

U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008

Federal Emergency Management Agency Notional Flood Incumpes Program

Important: Read the instructions on pages 1-8.

Expires February 28, 2009 045987

MBRIGHT	I Flood Moditines Fit	OBIGIN	Milport-III.			, ,	_	9 012 101	
ILE # 03-12-46 SECTION A - PR					ERTY INFOR	MATION	_	For Insurance Company Use:	
A1. B	Building Owner's Nam	10						Policy Number	
A2. B	JEFFREY ADAMS & PATRICIA ADAMS Building Street Address (Including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.							Company NAIC Number	
	235 STRATFORD ROAD City State Z						ZIPC	ode ;	
F	NGI EWOOD	_			FLORIDA	3.4.	3422	3	
A3. P	roperty Description (VEST 200 FT. OF LOT	Lot and Block Nu 342, ENGLEWOO	mbers, Tax Percel N OD GARDENS, UNIT	umber, Legal Des 11, TPID #0852-06-	cription, etc.) 0010	· · · a	· · ·	7 2	
Western Street					BERNEL	IN "	•./5	GA 12	
A4. B	Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL Latitude/Longitude: Lat. 28-57.638 Long. 82-20.791 (## - ## - ## ## or ## ####) Horizontal Datum: NAC 1927 NAD 1983								
AG. L	Attach at least 2 photographe of the building if the Certificate is being used to obtain flood insurance.								
A7. B	Building Diagram Number 1								
AB. For a building with a crawl space or enclosure(s), provide: A9. For a building with a crawl space or enclosure(s) N/A sq ft a) Square (octage of crawl space or enclosure(s) N/A sq ft a) Square footage of crawl space or enclosure(s) N/A sq ft a) Square footage of crawl space or enclosure(s)								d garage, provide; d garage 375 eq ft	
e)	b) No. of permanent flood openings in the crawl space or								
D ,	enclosure(s) walls	within 1.0 foot at	foot above adjacent grade N/A walls within 1.0 foot at					bove adjacent grade N/A	
c)	Total net area of fl	ood openings in		N/A sq In				enings in A9.b N/A sq in	
		SEC	TION B - FLOOD I			RM) INFORMA	_		
B1. NF	FIP Community Name SARASOTA COUN		nuper	B2. County Name SARASOTA			B3	, State FLORIDA	
B4. N	Aap/Panel Number	B5. Suffix	B8. FIRM Index	Chengality of the Control of the Con	M Panel	B8. Floor		B9. Base Flood Elevation(s) (Z	
	125144 - 0453	ε	Date 09-03-92		tevised Date 03-92	Zone(s) AE		AO, use base flood depth)	
10. In	dicate the source of t	the Base Flood E	levation (BFE) data of	r base flood dept	h entered in ite	m 89.			
	FIS Profile		Community Deter		Other (Describ				
11. In	dicate elevation datu	m used for BFE			NAVD 1988	Other (Des			
2. 18	the building located	in a Coastal Barr	ler Resources System	n (CBRS) wree or	Otherwise Pro	tected Area (OPA	1)7	Yes 🖾 No	
D	esignation Date			_ CBRS	☐ OPA				
		SECTIO	N C - BUILDING E	LEVATION INF	ORMATION	(SURVEY REC	UIREC))	
1 Bul	liding elevations are i				uilding Under C			☑ Finished Construction	
*Ar	new Elevation Cortific	ate will be requir	ed when construction	of the building is	complete.				
2. Ele	vations - Zones A1-	430, AE, AH, A (V	with BFE), VE, V1-V3	O, V (with BFE), A	R, ARIA, ARIA	E, AR/A1-A30, A	R/AH, A	R/AO. Complete Items C2.a-g	
	ow according to the backmark UtilizedS				Vertical Date	m FI EVATIO	N = 9 92	O' (NGVD 1929)	
		ARASO IA GOGINI	I DELIGITION TO THE		_verical batt	III ELETINIS	V- 0.48	UI VIV	
Cor	Conversion/Comments Check the measurement used.								
a)	Top of bottom floor (Including basement, crawl space, or enclosure floo				12.08	✓ feet	☐ met	meters (Puerto Rico only)	
b)	Top of the next high				N/A	⊠ feet	☐ med	ters (Puerto Rico only)	
c)	Bottom of the lower	t horizontal struc	tural member (V Zon	es only)	N/A	⊠ feet	☐ mel	ters (Puerto Rico only)	
d)	Attached garage (to	p of slab)			11, 68	✓ feet	and the second	ers (Puerto Rico only)	
e)	Lowest elevation of (Describe type of ex-		uipment servicing the ments)	building	11.71	⊠ feet	_ met	ers (Puerto Rico only)	
ŋ	Lowest adjacent (fin				8.20	⊠ feet	☐ met	ers (Puerto Rico only)	
9)	Highest adjacent (fi	nished) grade (H	AG)		11.75	⊠ feet	met	ers (Puerto Rico only)	
		SECTIO	N D - SURVEYOR	, ENGINEER, C	R ARCHITE	CT CERTIFICA	MOITA		
Informa	rtification is to be signation. I contify that the stand that any false s	Information on t	his Certificate repres	ents my best effor	ts to interpret to	he data avallable.		11.	
☑ Che	ck here if comments	are provided on	back of form.					1/1/	
Certifie	r's Name TB STRAYER JR	200	,	Lik	P.S.M.#502	7		#11 14	
Title	- ALA		ompany hame		The state of the s		1	FIN De	
	SSIONAL MOENS S	UNKETOR E	RAYER SURVEYING &		ate	ZIP Code			
dress 763 SH	MACHELIA	F. J.	ENICE	F		34293	- 3	BOBERT B. STRAYER, JR.	
Sign au	ire /	17	Date		ephone	112		P:SAM, #5027-	
-	JUSE	RANG	01/02/07	(541)	497-1290			01/02/07	