

Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

UMB No. 1660-0008
Expires February 28, 2008

Important: Read the instructions on pages 1-8.

05 436 049 B1

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name ALAN AND JOANNE BERRY	For Insurance Company Use: Policy Number
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 325 STRATFORD ROAD	Company NAIC Number
City ENGLEWOOD	State FLORIDA
	ZIP Code 34223

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
PORTION OF LOT 337, ENGLEWOOD GARDENS

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **26° 58' 3.96" N**, Long. **82° 20' 48.38" W**. Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **7**

A8. For a building with a crawl space or enclosure(s), provide:

a) Square footage of crawl space or enclosure(s) N/A sq ft	A9. For a building with an attached garage, provide:
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A	a) Square footage of attached garage 496 sq ft
c) Total net area of flood openings in A8.b N/A sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A
	c) Total net area of flood openings in A9.b N/A sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number SARASOTA 125144		B2. County Name SARASOTA		B3. State FLORIDA	
B4. Map/Panel Number 0453	B5. Suffix BE	B6. FIRM Index Date Sept 2, 1992	B7. FIRM Panel Effective/Revised Date Sept 2, 1992	B8. Flood Zone(s) "AE"	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) (EL11)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe)

B11. Indicate elevation datum used for BFE in Item 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)?
Designation Date CBRS OPA Yes No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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. 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 C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized **N.G.S. P.I.D. # A97837** Vertical Datum **NAVD 1988**

Conversion/Comments **CONVERSION USING N.G.S. PROGRAM "VERTCOM"**

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	11.5 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	22.8 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	11.0 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	11.0 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	9.8 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	10.8 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

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 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.

Check here if comments are provided on back of form.

Certifier's Name **KEITH CLEVELAND, PSM** License Number **4137**

Title **PRESIDENT** Company Name **TRI-COUNTY SURVEY INC.**

Address **675 TAMiami TRAIL** City **PORT CHARLOTTE** State **FLORIDA** ZIP Code **33953**

Signature *[Signature]* Date **MAR 06 2007** Telephone **941-627-5733**

PLACE LICENSE NUMBER, SEAL, SIGNATURE, AND DATE HERE

[Signature]

MAR 06 2007