SC DSBC SOUTH

NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077

ELEVATION CERTIFICATE

Expires December 31, 2005

	Important: R	ead the instructions on pa	ges 1-7. Rul 200	1-05224
	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	-PROPERTY OWNER INF		For Insurance Company Use:
BUILDING OWNER'S NAME JAMES J. AND NANCY J. T	Policy Number			
BUILDING STREET ADDRESS (In 430 TOMOKA DRIVE	Company NAIC Number			
CITY	/	STATE FL	ZIP C 34223	
PROPERTY DESCRIPTION (Lot ar LOT 262, PARK FOREST, PHASE	nd Block Numbers, Tax Parcel	Number, Legal Description,	etc.)	
BUILDING USE (e.g., Residential, N RESIDENTIAL		ssory, etc. Use a Comments	area, if necessary.)	
LATITUDE/LONGITUDE (OPTION (##°-##'-##.##°)		DNTAL DATUM: 7 NAD 1983	SOURCE: GPS (T	
9	SECTION B - FLOOD	INSURANCE RATE MAP (FIRM) INFORMATION	
B1. NFIP COMMUNITY NAME & COMMUN	ITY NUMBER . T	B2. COUNTY NAME		B3. STATE
SARASOTA COUNTY - 125144		SARASOTA		FLORIDA
B4, MAP AND PANEL		B7, FIRM PANEL		B9. BASE FLOOD ELEVATION(S)
NUMBER B5. SU		EFFECTIVE/REVISED D		(Zone AO, use depth of flooding)
125144-0451 D	09/03/92	05/01/84	A10	11'
B10. Indicate the source of the Base Floo			2 77	
☐ FIS Profile ☐ FIRM	Community Det		er (Describe):	
B11. Indicate the elevation datum used to			/D 1988 Other (Describe):	
B12. Is the building located in a Coastal B				Designation Date
		ELEVATION INFORMATIO	N (SURVEY REQUIRED)	
C1. Building elevations are based on:	Construction Drawings*	Building Under Construction*	Enished Constitution	4:-
"A new Elevation Certificate will be re	couired when construction of the	ouilding is complete.	1 100	
C2. Building Diagram Number <u>1</u> (Select	he building diagram most similar	to the hullding for which this car	tile to is home Orleton of	names 6 and 7. If no diagram
accurately represents the building, p	made a skatch or shatoward.	The state of the s	and shared and	pages o and r. who dag air
C3. Bevations - Zones A1-A30, AE, AH,	A (WAT BEE), VE, V1-V3U, V (W	THE HE, AR, ARVA, ARVAE, ARV	AT-AJUNATHAPIANCA-TA	
Complete Items C3a-i below accom	ting to the building diagram spec	hed in Item C2. State the datum	n used the daily are different in	om the datum used for the BFE in
Section B, convert the datum to that	used for the BFE. Show field me	asurements and datum convers	ion Cachagos Anse the abace b	rovided or the Comments area of
Section D or Section G, as appropria		rsion.	3 -07	
Datum NGVD 1929 Conversion/Co	rnments <u>NONE</u>	0, 1,	D. C.	
Elevation reference mark used SAR	COBM#851-C, ELEVATION 1	1.02 ft. Questine elevation refet	empermark used appear on the F	TRM? ☐ Yes ☒ No
o a) Top of bottom floor (including b	asement or enclosure)	42 69		
o b) Top of next higher floor	ALMOS - 3-22 (124 ALIIC), 33 (254), - 4 (-), 55(43), - 7 (1)	NA PO	i i i i	
c) Bottom of lowest horizontal stru	ctural member (V zones only)	NA S	ν. P	11.1.1
o d) Attached garage (top of slab)		12.20 ft	Date	1 1 1 1 1
o e) Lowest elevation of machinery	and/or equipment		80	
servicing the building (Describ		12.15 ft	Number, Embos Signatura, and Da	+/1/1
o f) Lowest adjacent (finished) grade		11.4 ft.	(12/1	1/1.1 may 1/
o g) Highest adjacent (finished) grad		11.55	Num	Robert B. Strayer, Jr.
o h) No of permanent openings (flo			@ W	P.S.M. # 5027
o i) Total area of all permanent oper		N/A	Deg .	12/5/005
o y rom a co or m parimira k upa			TEAT ACCUTACATION	
T1 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OR, ENGINEER, OR ARCH		
This certification is to be signed and I certify that the Information In Section I understand that any false statement	ons A, B, and C on this certific	ate represents my best effort	s to interpret the data available	nformation. Je.
CERTIFIER'S NAME Robert B. S	Strayer, Jr.	12 T	LICENSE NUMBER	P.S.M. #5027
TITLE Professional Licensed Survey	tr ·	COMPANY		
ADDRESS	/	/ am/		70,000
763 Sharnrook-Blad	1/	CITY	STAT	
SIGNATURE SIGNATURE	1	Venice DATE	FI	34293
(/ 7 /	11	//	TELE	PHONE 941,497,1290
11/1/1.	1 12 1	12-5-05		941-497-1290

14/2005 14:47 FAX 9	0418613108 SC DSBC	SOUTH		Ø 018/0
MPORTANT: In these spaces, or	opy the corresponding Information from Sec	ction A.		For Insurance Company Use:
JILDING STREET ADDRESS (Including Ap	pt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX	(NO.		Policy Number
30 TOMOKA DRIVE	STATE	FL	ZIP CODE	Company NAIC Number
		HTTOT OF	34223	CO\
	CTION D - SURVEYOR, ENGINEER, OR ARC			EUJ
opy both sides of this Bevation Certific	cate for (1) community official, (2) insurance agent/cor	mpany, and (3) building owner.	
OMMENTS	SISSOTTONIO DI ANCIONI	DUCKT 40	45 6	
ROJECT NUMBER 04-01-64A II	HE BOTTOM BLEVATION OF THE AIC EQU	PMENI 12.	זוכונ	
				* ************************************
				☐ Check here if attachments
SECTION E - BUILDING	ELEVATION INFORMATION (SURVEY NO	T REQUIRE	D) FOR ZONE AO AND Z	ONE A (WITHOUT BFE)
	complete Items E1 through E4. If the Bevation Certi			
ction C must be completed.				
Building Diagram Number_(Select to	he building diagram most similar to the building for w	hich this certific	cate is being completed - see	pages 6 and 7. If no diagram accurately
represents the building, provide a ske	elich or photograph.)			
	basement or enclosure) of the building isft.(m)	_in.(am) [_] a	above or Delow (check of	ne) the highest adjacent grace. (Use
natural grade, if available).	ings (see page 7), the next higher floor or elevated (lo	or (elevation t	o) of the building is fr (m)	in.(cm) above the highest adjacent
grade. Complete items C3.h and C3		- fototranit		
The top of the platform of machinery	and/or equipment servicing the building is _ft.(m)	_in.(om) 🗆	above or Delow (check o	ne) the highest adjacent grade. (Use
natural grade, if available).				
	number is available, is the top of the bottom floor elev		dance with the community's flo	odplain management ordinance?
	The local official must certify this information in Section			TON
	CTION F - PROPERTY OWNER (OR OWNE			
he property owner or owner's authoriz	red representative who completes Sections A, B, C (terns C3.h an	d C3.i only), and E for Zone A	(without a FEMA-issued or community-
	re. The statements in Sections A, B, C, and E are co	ned to the be	st of my knowledge.	
KOPERIT OWNERS OR OWNERS	S AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS		CITY	S	TATE ZIP CODE
NOVE TO THE		DATE	Ti	ELEPHONE
SIGNATURE		DATE		
COMMENTS				
		8		
				Oh-eli ham if offorbroom
			N (COMONIA)	Check here if attachment
	SECTION G - COMMUNITY IN			1 1 2 1 D 1 1 D 1 1 D 1 1 D 1 D 1 D 1 D
	w or ordinance to administer the community's floodpl	ain managem	ent ordinance can complete S	ections A, B, C (or E), and G of this Elevi
ertificate. Complete the applicable ten	n(s) and sign below. as taken from other documentation that has been sign	nord and armity	nesed by a licensed surveyor.	engineer, or architect who is authorized to
or local law to certify elevation i	information. (Indicate the source and date of the ele-	ration data in t	the Comments area below.)	
	Section E for a building located in Zone A (without a			r Zone AO.
	s G4-G9) is provided for community floodplain manag			
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		GE. DATE CERTIFICATE OF	COMPLIANCE/COCUPANCY ISSUED
75 (10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		P	See	
7. This permit has been issued for:	New Construction Substantial Improvement			
8. Elevation of as-built lowest floor (inc			it.(m)	Datum:
9. BFE or (in Zone AO) depth of flood	ing at the building site is:		ft.(m)	Datum:
LOCAL OFFICIAL'S NAME		TIT	LE .	
		TF	LEPHONE	
COMMUNITY NAME		16		
			- Control	
COMMUNITY NAME SIGNATURE		DA	ATE	
SIGNATURE		DA	NTE .	
SIGNATURE		DA	NE	
		DA	NTE	

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