BUP 2004-09302

FEDERAL EMERGENCY MANAGEMENT AGENCY

NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

B1. NFIP COMMUNITY NAME & COMMUNITY NUMS arasota 125144 B4. MAP AND PANEL NUMBER 125144 0228 B10. Indicate the source of the Base Flood Elevat X FIRM B11. Indicate the elevation datum used for the BFB12. Is the building located in a Coastal Barrier Research SEC C1. Building elevations are based on: Construe A new Elevation Certificate will be required where the source of the building Diagram Number 1 (Select the building accurately represents the building, provide at a Coastal Barrier Research Sec	Apt., Unit, Suite, and/ k Numbers, Tax Parc dential, Addition, Acc HORIZ NAD 19 SECTION B - FLOOI BER B6. FIRM INDEX DAT 9/3/92 dion (BFE) data or base Community De E in B9: X NGVD 1929 esources System (CBR	STATE FL pel Number, Legal Description pessory, etc. Use a Comment 20NTAL DATUM: 927 NAD 1983 D INSURANCE RATE MAP B2. COUNTY NAME Sarasota B7. FIRM PANEL EFFECTIVE/REVISED 9/3/923 a flood depth entered in B9. etermined Ott	s area, if necessary. SOURCE:	GPS (Ty	pe):
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servicing the building (Describe in a Co o f) Lowest adjacent (finished) grade (LAG) o g) Highest adjacent (finished) grade (HAG) o h) No. of permanent openings (flood vents) o i) Total area of all permanent openings (flood SE This certification is to be signed and sealed of certify that the information in Sections A, B I understand that any false statement may be		11.8 ft.(m)		and	11-15-06
o f) Lowest adjacent (finished) grade (LAG) o g) Highest adjacent (finished) grade (HAG) o h) No. of permanent openings (flood vents) o i) Total area of all permanent openings (flood SE This certification is to be signed and sealed a certify that the information in Sections A, B	ARCHITECTURE CONTRACTOR CONTRACTO			F. 60	11-15-00
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This certification is to be signed and sealed I certify that the information in Sections A, B I understand that any false statement may b				mia	
I certify that the information in Sections A, B I understand that any false statement may b	CTION D - SURVEY	OR, ENGINEER, OR ARCH	HITECT CERTIFICA	ATION	
I understand that any false statement may b	by a land surveyor, e	engineer, or architect authorize	ed by law to certify e	levation info	rmation.
	and C on this certific	cate represents my best effor	ts to interpret the da	ta available.	
CERTIFIER'S NAME James Burchett		7		NUMBER 5	701
TITLE President		COMPANY	NAME Sampey, But	chett and Kni	ght, Inc.
ADDRESS		CITY		STATE	
1588 Global Court		Sarasota		FL	34240
SIGNATURE				TELEP	
James Burche		DATE		100 march 200 march 200 m	12-0349

DOILDING STREET ADDRESS (INCIDING				
920 Tranquility Circle	g Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTI	E AND BOX NO.		Policy Number
CITY Sarasota		STATE FL	ZIP CODE	Company NAIC Number
S	ECTION D - SURVEYOR, ENGINEER,	OR ARCHITECT CERT	FICATION (CONTINUI	ED)
	tificate for (1) community official, (2) insurance			
	nchmark # 142-J, Elevation = 10.29 per record			8
			A _A	
				Check here if attachments
SECTION E - BUILDIN	NG ELEVATION INFORMATION (SURV), complete Items E1 through E4. If the Elevat	/EY NOT REQUIRED) F	OR ZONE AO AND ZO	ONE A (WITHOUT BFE)
represents the building, provide a s E2. The top of the bottom floor (including natural grade, if available). E3. For Building Diagrams 6-8 with ope grade. Complete items C3.h and C6. E4. The top of the platform of machinery natural grade, if available). E5. For Zone AO only: If no flood depthing Yes No Unknown.	g basement or enclosure) of the building isnings (see page 7), the next higher floor or ele	ft.(m)in.(cm)	e or below (check one he building is ft.(m) below (check one with the community's floor	e) the highest adjacent grade. (Use in.(cm) above the highest adjacent e) the highest adjacent grade. (Use dplain management ordinance?
The property owner or owner's authorissued BFE) or Zone AO must sign-he	ized representative who completes Sections A ere. The statements in Sections A, B, C, and I C'S AUTHORIZED REPRESENTATIVE'S NA	E are correct to the best of n	ny knowledge. STA	
The property owner or owner's author issued BFE) or Zone AO must sign-he PROPERTY OWNER'S OR OWNER ADDRESS SIGNATURE	ized representative who completes Sections A ere. The statements in Sections A, B, C, and I R'S AUTHORIZED REPRESENTATIVE'S NA	E are correct to the best of n ME CITY	ny knowledge. STA	TE ZIP CODE EPHONE
The property owner or owner's author issued BFE) or Zone AO must sign-he PROPERTY OWNER'S OR OWNER ADDRESS SIGNATURE	ized representative who completes Sections A ere. The statements in Sections A, B, C, and I R'S AUTHORIZED REPRESENTATIVE'S NA	E are correct to the best of ri	ny knowledge. STA	TE ZIP CODE
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FEMA Form 81-31, January 2003

Replaces all previous editions