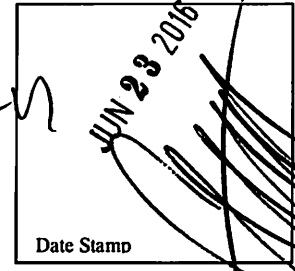


**Sarasota County Planning and Development Services
 Inspection and Permitting Services
 (Office copy not to be removed from office)**

PLEASE PUT PERMIT # ON ALL ATTACHED DOCUMENTS

Plan Change/Correction Date: 6/24/16

Property Address: 1251 North Basin Ln



Marty D

15 - 122889 BA -

Contact Person's Name: Nick Melone

Contact Phone Number: _____ Fax Number: _____

CHECK ONE: 544 5570

- Plan Change (Prior to Permit Issuance)
- Plan Change (After Permit Issued)
- Corrections Requested by Reviewer
- Other Elevation Cert.

Description of correction or change requested:

Applicant Must Check Plan Review Section(s) Needing To See This Change/Correction
 (Plan Changes to Property Located on a Barrier Island, i.e., Siesta Key or Casey Key will be Routed to Building and Zoning)

Building
 Zoning
 Drainage
 Res Prot
 Env Health
 History

Flood

CHECK, IF APPLICABLE:

Affordable Housing
 Smart Proj
 Green Building
 Other__

For Office Use Only

Additional Fees for Services, Computed & Added by Plans Examiner(s) \$ _____

Each Reviewer is to Immediately Pass this form and the revised plans along to the next reviewer when completed. Each reviewer is to note date and time of completion.

Reviewer: (Circle One)	Building	Zoning	Drainage	Resource Protection	Env. Health	Other:
Date/Time Completed						
Additional Fees Added						

U.S. DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008
 Expiration: 11/30/2018

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						FOR INSURANCE COMPANY USE	
A1. Building Owner's Name NICK MELONE						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1251 N BASIN LANE						Company NAIC Number:	
City SIESTA KEY				State FL		Zip Code 34242	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3, SIESTA PROPERTIES INC, UNIT NO. 3, PLAT BOOK 5, PAGE 43, SCR							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL GARAGE							
A5. Latitude/Longitude: Lat. 27D14'44.61" Long. 82D31'44.46" Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 1A							
A8. For a building with a crawlspace or enclosure(s):				A9. For a building with an attached garage:			
a) Square footage of crawlspace or enclosure(s) 770 sq ft				a) Square footage of attached garage N/A sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 4				b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A			
c) Total net area of flood openings in A8.b 376 sq in				c) Total net area of flood openings in A9.b N/A sq in			
d) Engineered flood openings? <input checked="" type="radio"/> Yes <input type="radio"/> No				d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number SARASOTA COUNTY 125144				B2. County Name SARASOTA		B3. State FL	
B4. Map/Panel Number 125144-0207	B5. Suffix E	B6. FIRM Index Date 09-03-1992	B7. FIRM Panel Effective/ Revised Date 09-03-1992	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11'		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____							
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA							
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> 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-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.							
Benchmark Utilized: GPS Vertical Datum: NGVD 1929							
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____							
Datum used for building elevations must be the same as that used for the BFE.						Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 5 . 8						<input checked="" type="radio"/> feet <input type="radio"/> meters	
b) Top of the next higher floor N/A .						<input type="radio"/> feet <input type="radio"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only) N/A .						<input type="radio"/> feet <input type="radio"/> meters	
d) Attached garage (top of slab) N/A .						<input type="radio"/> feet <input type="radio"/> meters	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) N/A .						<input type="radio"/> feet <input type="radio"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG) 5 . 1						<input checked="" type="radio"/> feet <input type="radio"/> meters	
g) Highest adjacent (finished) grade next to building (HAG) 5 . 2						<input checked="" type="radio"/> feet <input type="radio"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A .						<input type="radio"/> feet <input type="radio"/> meters	

ELEVATION CERTIFICATE, page 2

OMB Control Number: 1660-0008
Expiration: 11/30/2018

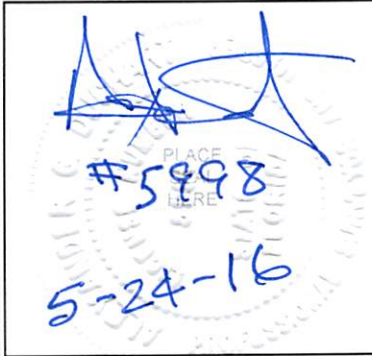
IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1251 N BASIN LANE		Policy Number:	
City SIESTA KEY	State FL	Zip Code 34242	Company NAIC Number:

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 attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?
 Yes No



Certifier's Name ALEXANDER DUCHART		License Number 5998	
Title PSM	Company Name A DUCHART LAND SURVEYING, INC		
Address 2403 VERMONT AVE EAST	City BRADENTON	State FL	Zip Code 34208
Signature <i>[Handwritten Signature]</i>	Date 05-24-16	Telephone 941-896-6811	

Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
ITEM C2(e) REPRESENTS AIR CONDITIONER

Signature *[Handwritten Signature]* Date 05-24-16

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is _____ . _____ feet meters above or below the HAG.

E4. Top of platform of machinery and /or equipment servicing the building is _____ . _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

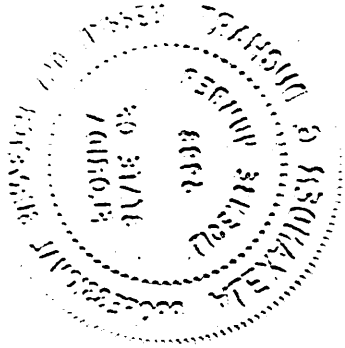
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.



ELEVATION CERTIFICATE, page 3

OMB Control Number: 1680-0008
Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1251 N BASIN LANE		Policy Number:	
City SIESTA KEY	State FL	Zip Code 34242	Company NAIC Number:
SECTION G - COMMUNITY INFORMATION (OPTIONAL)			
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.			
G1. <input type="checkbox"/> The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)			
G2. <input type="checkbox"/> A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.			
G3. <input type="checkbox"/> The following information (Items G4-G10) is provided for community floodplain management purposes.			
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for: <input type="radio"/> New Construction <input type="radio"/> Substantial Improvement			
G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____			
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____			
G10. Community's design flood elevation: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____			
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and location, per C2(e), if applicable)			
<input type="checkbox"/> Check here if attachments.			

BUILDING PHOTOGRAPHS

See instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1251 N BASIN LANE			Policy Number:
City SIESTA KEY	State FL	Zip Code 34242	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front view" and Rear view"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT OF GARAGE 05-23-16



IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1251 N BASIN LANE			Policy Number:
City SIESTA KEY	State FL	Zip Code 34242	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View" and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

REAR OF GARAGE 05-23-16



FLOOD VENT

