

4th of 2001 013  
O.M.B. No. 3067-0077  
Expires July 31, 2002

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 3

0856-12-0019

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Ron F. and Nancy J. Arndt		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) 110 Abercrombie Ave.		Policy Number	
CITY Englewood	STATE FL	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 6, Block "E" Stillwater, Unit one		ZIP CODE 32223	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc.) Residential (Building permit # 2001-08946)		Use Comments section if necessary.	
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	
HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983			

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 125144		B2. COUNTY NAME Sarasota		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 0454	B5. SUFFIX D	B6. FIRM INDEX DATE 9-03-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 5-1-84	B8. FLOOD ZONE(S) A-12	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAD 1988 <input type="checkbox"/> Other (Describe):					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date					

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. 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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-l below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used **\*\*** Does the elevation reference mark used appear on the FIR?  Yes  No

- a) Top of bottom floor (including basement or enclosure) 12.7 ft.(m)
- b) Top of next higher floor NA ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) NA ft.(m)
- d) Attached garage (top of slab) 12.2 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building 12.2 ft.(m)
- f) Lowest adjacent grade (LAG) 10.6 ft.(m)
- g) Highest adjacent grade (HAG) 11.8 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA
- l) Total area of all permanent openings (flood vents) in C3h NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

# 5525

*[Signature]*

10-24-01

## 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 in Sections A, B, and C 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.

CERTIFIER'S NAME Jerome R. McLeod		LICENSE NUMBER 5525	
TITLE Professional Surveyor & Mapper		COMPANY NAME DMK Group, Inc. Job # 01-1323	
ADDRESS 4275 McCall Road	CITY Englewood	STATE FL	ZIP CODE 34224
SIGNATURE <i>[Signature]</i>	DATE 10-24-01	TELEPHONE 941-475-6596	