

Sup 2000 - 12616

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME <u>WILLIAM MEADE AND MARJORIE MEADE</u>	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number

CITY SARASOTA (OSPREY) STATE FL. ZIP CODE A

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 49 BISHOPSCOURT E 10

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##-##-##.### or ##.#####)

HORIZONTAL DATUM: SOURCE: GPS (Type): USGS Quad Map Other Property Stds

NAD 1927 NAD 1983

Received
JAN 2001
Construction &
Property Stds
Dept.

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>SARASOTA 125144-0228</u>	B2. COUNTY NAME	B3. STATE
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B4. MAP AND PANEL NUMBER <u>125144-0228</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>Sept. 3, 1992</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>Sept. 3, 1992</u>	B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>11</u>
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in 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)? Yes 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-i 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 FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>11.4</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>NA</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>11.0</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>11.0</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>9.2</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>10.6</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>NA</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>NA</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

LS 5701
J. B. Burchett
1-19-01

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 JAMES BURCHETT LICENSE NUMBER LS 5701

TITLE PRESIDENT COMPANY NAME SAMPEY AND BURCHETT, INC.

ADDRESS 5971 CATTLEIDGE BLVD. CITY SARASOTA STATE FL. ZIP CODE _____

SIGNATURE J. B. Burchett DATE 1-19-01 TELEPHONE (941) 342-0349