

CERTIFICATE NUMBER: 4137
LICENSE NUMBER: 4137
COMPANY NAME: T&L-COUNTY SURVEY, INC.
CITY: PORT CHARLOTTE STATE FL ZIP CODE: 33953
DATE: [Signature]
TELEPHONE: 941-627-5733

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 understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to impart the data available.

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)
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: [Blank] (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, A4-A70, V1-V30, V (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/A4-A70
Complete items C2a-C2c 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: [Blank]
Conversion/Comments: [Blank]
Does the elevation reference mark used appear on the FIRM? Yes No

Table with 4 columns: B4. MAP AND PANEL NUMBER, B5. SUFFIX, B6. FIRM INDEX DATE, B7. FIRM PANEL EFFECTIVE/REVISION DATE, B8. FLOOD ZONE(S), B9. STATE

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 MVD 1988 Other (Describe): [Blank]
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or otherwise Protected Area (CPA)? Yes No
Designation Date: [Blank]

SECTION A - PROPERTY OWNER INFORMATION
Important: Read the instructions on pages 1-7.
ELEVATION CERTIFICATE
NATIONAL FLOOD INSURANCE PROGRAM
FEDERAL EMERGENCY MANAGEMENT AGENCY

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): [Blank]
BUILDING USE (e.g., Residential, Non-Residential, Accessory, etc. Use Comments section if necessary): [Blank]
RESIDENTIAL
BUILDING USE (LONGITUDE (OPTIONAL))
HORIZONTAL DATUM: NAD 1927 NAD 1983
SOURCE: GPS (Type): [Blank] USGS Quad Map Other: [Blank]

BUILDING OWNER'S NAME: JOHN M. AND STAN I. ROSS
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 21 WINDSOR DRIVE
CITY: ENGLEWOOD
STATE: FLORIDA
ZIP CODE: 34223

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION
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I certify that the information in Sections A, B, and C on this certificate represents my best efforts to impart the data available.

SECTION E - COMMENTS
[Blank]

DATE: MAY 15 2001
[Signature]

Handwritten notes: 2nd Q 2001, PLO 0485-13-0003

Handwritten number: 802000-18033

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

REPLACES ALL PREVIOUS EDITIONS

COMMENTS

SIGNATURE

DATE

LOCAL OFFICIAL'S NAME

TITLE

G9. BFE or (in Zone AO) depth of flooding at the building site is:

G8. Elevation of as-built lowest basement of the building is:

G7. This permit has been issued for: New Construction Substantial Improvement

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G5. DATE PERMIT ISSUED

G4. PERMIT NUMBER

G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or elevation data in the Comments area below.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the Sections A, B, C or E, and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

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.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

PROPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

DATE

SIGNATURE

COMMENTS

Check here if attachments

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.

E3. For 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 the information in Section C.

E2. The top of the bottom floor (including basement or enclosure) of the building is: ft(m) ft(m) above or below see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.

E1. Building Diagram Number: (Select the building diagram most similar to the building for which this certificate is being completed - information for a LOMA or LOMR-F, Section C must be completed.

For Zone AO and Zone A (without BFE), complete items E1 through E3. If the Elevation Certificate is intended for use as supporting

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

Check here if attachments

COMMENTS

Copy both sides of the Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

CITY

STATE

ZIP CODE

BUILDING STREET ADDRESS (including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Professional Seal

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