

2002

WFLA 2002-04457

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

0380-13-0023

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: **SPROUSE CONSTRUCTION**

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: **1610 LANDFALL DR.**

CITY: **NOKOMIS** STATE: **FL**

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): **LOT 6, LAUREL LANDINGS ESTATES**

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

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##" or ##.####): _____ HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: Official Map Other: _____



SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: **SARASOTA 125144**

B2. COUNTY NAME: **SARASOTA**

B3. STATE: **FL**

B4. MAP AND PANEL NUMBER: 1251440245	B5. SUFFIX: D	B6. FIRM INDEX DATE: 09/03/82	B7. FIRM PANEL EFFECTIVE/REVISED DATE: 05/01/84	B8. FLOOD ZONE(S): A12	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): 11'
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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 Determination 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 **NGVD 1929** Conversion/Comments _____

Elevation reference mark used **SARC**. Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) **11.7** ft.(m)
- o b) Top of next higher floor **NA** ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) **NA** ft.(m)
- o d) Attached garage (top of slab) **9.3** ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building **12.0** ft.(m)
- o f) Lowest adjacent grade (LAG) **8.8** ft.(m)
- o g) Highest adjacent grade (HAG) **9.4** ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **6**
- o i) Total area of all permanent openings (flood vents) in C3h **768** sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

C. Branch
10-21-02

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: **C. DREW BRANCH** LICENSE NUMBER **LS 5542**

TITLE: **PRESIDENT, PROFESSIONAL SURVEYOR & MAPPER** COMPANY NAME: **DREW BRANCH SURVEYING & MAPPING, INC.**

ADDRESS: **909 CATTLEMAN RD.** CITY: **SARASOTA** STATE: **FL** ZIP CODE: **34232**

SIGNATURE: *C. Branch* DATE: **10/21/02** TELEPHONE: **941-342-6595**

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
 1610 LANDFALL DR.

CITY
 NOKOMIS

STATE
 FL

ZIP CODE
 34275

For Insurance Company Use:
 Policy Number
 Company NAIC Number

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

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

COMMENTS
 PROJECT# 0210133
 NOTE: FLOOD VENTS LOCATED IN GARAGE.

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number ___ (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.)

E2. The top of the bottom floor (including basement or enclosure) of the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade.

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade.

E4. 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 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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____

ADDRESS _____

SIGNATURE _____

COMMENTS _____

OFFICE COPY
 Not To Be Removed
 DATE: OCT 21 2012
 STATE OF FLORIDA
 COUNTY OF BROWARD
 DEPARTMENT OF CONSTRUCTION

SECTION G - COMMUNITY INFORMATION (OPTIONAL) Check here if attachments

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.

- 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 elevation data in the Comments area below.)
- G2. 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. The following information (Items G4-G9) 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: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

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

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS _____

