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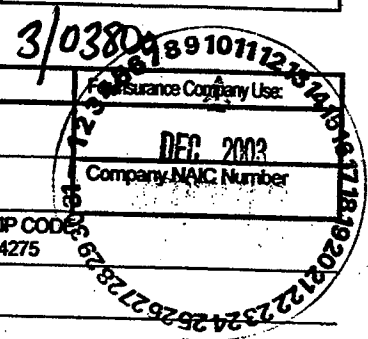
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2003

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077  
Expires December 31, 2005

Important: Read the instructions on pages 1-7.



SECTION A - PROPERTY OWNER INFORMATION  
BUILDING OWNER'S NAME: MICHAEL W. THARP & VICTORIA E. THARP  
BUILDING STREET ADDRESS: 355 RENOR DRIVE  
CITY: NOKOMIS STATE: FL ZIP CODE: 34275  
PROPERTY DESCRIPTION: LOT 71, BLOCK C, SORRENTO SHORES UNIT FOUR  
BUILDING USE: RESIDENTIAL  
LATITUDE/LONGITUDE (OPTIONAL): (#-#-##-## or #####) HORIZONTAL DATUM: [ ] NAD 1927 [ ] NAD 1983 SOURCE: [ ] GPS (Type): [ ] USGS Quad Map [ ] Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION  
B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER: SARASOTA COUNTY - 125144  
B2. COUNTY NAME: SARASOTA B3. STATE: FLORIDA  
B4. MAP AND PANEL NUMBER: 125144 - 0236  
B5. SUFFIX: D B6. FIRM INDEX DATE: 9-3-92  
B7. FIRM PANEL EFFECTIVE/REVISED DATE: 5-1-84  
B8. FLOOD ZONE(S): A12 B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): 11.00'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
[ ] FIS Profile [x] FIRM [ ] Community Determined [ ] Other (Describe):  
B11. Indicate the elevation datum used for the BFE in B9: [x] 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 [x] No Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  
C1. Building elevations are based on: [ ] Construction Drawings\* [ ] Building Under Construction\* [x] 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 C3-a-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 NONE  
Elevation reference mark used SARASOTA COUNTY BM # 161, ELEV. 7.49' Does the elevation reference mark used appear on the FIRM? [ ] Yes [x] No  
o a) Top of bottom floor (including basement or enclosure) 11.41 ft  
o b) Top of next higher floor N/A  
o c) Bottom of lowest horizontal structural member (V zones only) N/A  
o d) Attached garage (top of slab) 11.07 ft  
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 11.00 ft  
o f) Lowest adjacent (finished) grade (LAG) 5.9 ft  
o g) Highest adjacent (finished) grade (HAG) 10.6 ft  
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A  
o i) Total area of all permanent openings (flood vents) in C3.h N/A

License Number, Embossed Seal, Signature, and Date  
Robert B. Strayer, Jr.  
P.S.M. # 5027  
12/02/03

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: Robert B. Strayer, Jr. LICENSE NUMBER: P.S.M. # 5027  
TITLE: Professional Licensed Surveyor COMPANY NAME: Strayer Surveying & Mapping, Inc.  
ADDRESS: 763 Shamrock Blvd. CITY: Venice STATE: FL ZIP CODE: 34293  
SIGNATURE: [Signature] DATE: 12/02/03 TELEPHONE: 941-497-1290

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

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

355 RENOIR DRIVE

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 NUMBER 98-05-117, THE A/C PAD IS AT AN ELEVATION OF 11.00', THERE ARE NO APPARENT FLOW THROUGHS AT THIS TIME.

Check here if attachments

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

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 LOMRF, 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. (Use natural grade, if available).
- 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. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_ ft.(m) \_\_\_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNERS OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

Check here if attachments

**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.

- 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
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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

Check here if attachments