

BUP 2003-05934

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

0078-03-0035

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME NORTH SHELL ROAD & HIGEL AVENUE, A JOINT VENTURE			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3931 SOLYMAR DRIVE			Company NAIC Number	
CITY SARASOTA	STATE FL	ZIP CODE 34240		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 5, SOLYMAR				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -###" or ###.#####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SARASOTA COUNTY - 125144		B2. COUNTY NAME SARASOTA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 125144-0141	B5. SUFFIX D	B6. FIRM INDEX DATE 5/1/84	B7. FIRM PANEL EFFECTIVE/REVISED DATE 5/1/84	B8. FLOOD ZONE(S) A13	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 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, ARIA, ARIA/E, ARIA1-A30, ARIA/H, ARIA/O
 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 PLAT BM NO. 78-A, ELEVATION 6.21'. Does the elevation reference mark used appear on the FIRM? Yes No

o a) Top of bottom floor (including basement or enclosure)	11.35 ft.
o b) Top of next higher floor	12.80 ft.
o c) Bottom of lowest horizontal structural member (V zones only)	N/A
o d) Attached garage (top of slab)	9.00 ft.
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	11.03 ft.
o f) Lowest adjacent (finished) grade (LAG)	8.50 ft.
o g) Highest adjacent (finished) grade (HAG)	8.90 ft.
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	3
o i) Total area of all permanent openings (flood vents) in C3.h	972 sq. inches

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Not to be Removed
Sarasota County
Development Svcs.

License Number, Embossed Seal, Signature, and Date
Robert B. Strayer, Jr.
P.S.M. # 5027
06/03/04

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 	DATE 06/03/04	TELEPHONE 941-497-1290	