

FEDERAL EMERGENCY MANAGEMENT AGENCY

NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077  
Expires December 31, 2008

0156-04-0054

Important: Read the instructions on pages 1-7.

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING OWNER'S NAME  
GEORGE E. GAVIRA

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

CITY SARASOTA STATE FL ZIP CODE 34223

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
LOT 138, WILLOWBEND, PHASE 4

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

LATITUDE/LONGITUDE (OPTIONAL) (##-##-##.## or ##.###) HORIZONTAL DATUM SOURCE:  GPS (Type),  NAD 1927  NAD 1983  USGS Quad Map  Other N/A

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER SARASOTA 125144	B2. COUNTY NAME SARASOTA	B3. STATE FL
B4. MAP AND PANEL NUMBER 125144 0236	B5. SUFFIX D	B6. FIRM INDEX DATE MAY 1, 1994
B7. FIRM PANEL EFFECTIVE/REVISED DATE SEPTEMBER 3, 1992	B8. FLOOD ZONE(S) B & A12	B9. BASE FLOOD ELEVATION (ft) (Zone A0, use depth of loading) 11.0

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 N/A

**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 J (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-A20, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A20, ARIAH, ARIA0  
Complete items C3-a-f 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 N/A

Elevation reference mark used: Does the elevation reference mark used appear on the FIRM?  Yes  No

a) Top of bottom floor (including basement or enclosure)	12.5 ft. (m)
b) Top of next higher floor	N/A ft. (m)
c) Bottom of lowest horizontal structural member (V zones only)	N/A ft. (m)
d) Attached garage (top of slab)	12.0 ft. (m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	11.9 ft. (m)
f) Lowest adjacent (finished) grade (LAG)	11.7 ft. (m)
g) Highest adjacent (finished) grade (HAG)	11.8 ft. (m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A	
i) Total area of all permanent openings (flood vents) in C3h N/A sq. ft. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

*William J. McAllister*  
#5283  
06/28/05

**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 WILLIAM J. MCALLISTER LICENSE NUMBER 5283

TITLE PRESIDENT COMPANY NAME DARRELL E. GERKEN

ADDRESS 5730A JASON LEE PLACE CITY SARASOTA STATE FL ZIP CODE 34223

SIGNATURE *William J. McAllister* DATE 08/28/05 TELEPHONE (941) 924-7485

**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.  
558 CRANE PRAIRIE WAY

CITY STATE ZIP CODE  
SARASOTA FL 34239

**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 = ELEVATIONS SHOWN HEREON ARE RELATIVE TO THE NATIONAL GEODETIC VERTICAL DATUM (N.G.V.D.) OF 1929 BASED ON SARASOTA COUNTY BENCH MARK 157 B WITH A PUBLISHED ELEVATION OF 18.38 FEET.

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 C3h and C3i on front of form.
- E4. The top of the platform of machinery and/or equipment serving 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 C3h and C3i 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 OWNERS AUTHORIZED REPRESENTATIVES 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-G8) 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