

04-046001
065

3rd Q 2005

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

Permit
8-30-05

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

0853-08-0009

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME David R. and Dawn M. Campo			For insurance Company Use: Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 195 Oxford Drive			Company NAIC Number		
CITY Englewood	STATE FL	ZIP CODE 34223			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 610, Englewood Gardens No. 2					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential - Building Permit # 200415782					
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 0454	B5. SUFFIX E	B6. FIRM INDEX DATE 9-3-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9-3-92	B8. FLOOD ZONE(S) A-10	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL=11'

- 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)

1. 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 _____ Conversion/Comments _____

Elevation reference mark used Site Bench Mark. Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 12.5 ft. (m)
- o b) Top of next higher floor 11.5 ft. (m)
- o c) Bottom of lowest horizontal structural member (for zones only) 11.5 ft. (m)
- o d) Attached garage (top of slab) 11.5 ft. (m)
- o e) Lowest elevation of machinery and/or equipment servicing the building 12.8 ft. (m)
- o f) Lowest adjacent grade (LAG) 11.0 ft. (m)
- o g) Highest adjacent grade (HAG) 11.7 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 484 sq. in. (sq. cm)

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SARASOTA COUNTY PERMITS DIVISION
AND PROPERTY STANDARDS DEPT.

License Number, Embossed Seal, Signature, and Date

#5525

10/06/05

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: Jerome R. McLeod LICENSE NUMBER 5525

TITLE: Professional Surveyor & Mapper		COMPANY NAME DMK Associates, Inc. Job # 03-01074	
ADDRESS 4315 S Access Road	CITY Englewood	STATE FL	ZIP CODE 34224
SIGNATURE	DATE 10-8-05	TELEPHONE (941) 475-6596	