

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important! Read the instructions on pages 1-8.

| SECTION A - PROPERTY INFORMATION | | For Insurance Company Use: |
|--|-------------------------|---|
| A1. Building Owner's Name TED AND JULIA CAINE | | Policy Number |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1104 N CASEY KEY ROAD 0146-02-0001 | | Company NAIC Number |
| City OSTREY | State FLORIDA | ZIP Code 34229 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) M&P IN SEC. 9-38-18 | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL | | |
| A5. Latitude/Longitude: Lat. 27° 11.774 Long. 082° 30.301 Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | | |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | |
| A7. Building Diagram Number 7 | | |
| A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) _____ sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A8.b _____ sq ft | | A9. For a building with an attached garage, provide: a) Square footage of attached garage _____ sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A9.b _____ sq ft |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
|--|------------------------|--------------------------------------|--|--------------------------------|--|
| B1. NFIP Community Name & Community Number SARASOTA COUNTY FLA 125144 | | B2. County Name SARASOTA | | B3. State FLORIDA | |
| B4. Map/Panel Number 125144 0008 | B5. Suffix E | B6. FIRM Index Date 9/3/92 | B7. FIRM Panel Effective/Revised Date 9/3/92 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11.0 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) | | | | | |
| B11. Indicate elevation datum used for BFE in item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | |
|--|---|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. | |
| C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, ARIA/E, ARIA1-A30, ARIA/H, ARIA/O. Complete items C2.a-g below according to the building diagram specified in item A7. Benchmark Utilized D.N.R. MON. R-83 Vertical Datum N.G.V.D. (1929) Conversion/Comments _____ | |
| Check the measurement used. | |
| a) Top of bottom floor (including basement, crawl space, or enclosure floor) _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | b) Top of the next higher floor _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | d) Attached garage (top of slab) _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | f) Lowest adjacent (finished) grade (LAG) _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade (HAG) _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) | |

| 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 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. | |
| <input checked="" type="checkbox"/> Check here if comments are provided on back of form. | |
| Certifier's Name THOMAS E. ROBINSON | License Number LS 4075 |
| Title P.S.M. ROBINSON LAND SURVEYING INC. | Company Name |
| Address 160 MAIN ST. SARASOTA FLORIDA 34236 | City State ZIP Code |
| Signature 14 FEB 07 | Date Telephone (941) 934-4473 |

LS 4075 14 FEB 07

PLACE SEAL HERE

| | | |
|---|------------------|----------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A | | For Insurance Company Use: |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1104 N. CASEY KEY ROAD | | Policy Number |
| City SPREY | State FLORIDA | Company NAIC Number |
| ZIP Code 34229 | | |

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 A.C. PAD ELEV. = 11.7 GARAGE FLOOR GUEST HSE. ELEV. = 11.3
LIVING FLOOR GUEST HSE. ELEV. = 21.4

Signature _____ Date 14 FEB 07 Check here if attachments

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

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A items 8 and/or 9 (see page 8 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. 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. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's 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. Check the measurement used in items G8 and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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 sea-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

| | |
|-----------------------------|-----------------|
| Local Official's Name _____ | Title _____ |
| Community Name _____ | Telephone _____ |
| Signature _____ | Date _____ |

Comments _____

Check here if attachments

03-0578
0575 78 B1

Foundation Location and Elevation Certification

Permit Number: ST-1487

Permittee Name: Tedson Michael and Julia Jean Caine

Mail to: Bureau of Beaches and Wetland Resources
Florida Department of Environmental Protection
3900 Commonwealth Boulevard, MS 300
Tallahassee, Florida 32399-3000

This is to certify that all aspects of the location and all elevations of the foundation as constructed are in accordance with both the plans and the project description approved by the Department of Environmental Protection as part of the permit. The foundation location and elevation certification is based upon such surveys as are necessary to determine the actual location, pile tip, pile cap, grade beam, structural and top of pile/pile notch elevations (where applicable), which are specified below for each dwelling:

(1) Distance the seaward pile placed measured perpendicular to the the control line (each dwelling). 200.5 feet

(2) Pile tip elevation: -15'± feet (NGVD)

(3) Top of pile cap and grade beam elevation (if applicable). _____ feet (NGVD)

(4) Structural elevation (bottom of lowest structural member supporting the first habitable floor): 20.4 feet (NGVD)

OR
Top of pile/pile notch _____ feet (NGVD)



Registered Surveyor's Signature/Seal

7 JUNE, 2004
Date

Registered Surveyor's name:
State of Florida Registration Number: 4075

Note: Any deviations from the approved plans and specifications shall be stated as an exception to this certification. No further vertical construction on the permitted structure is authorized until the Bureau of Beaches and Wetland Resources has notified the permittee, in writing, that this foundation certification has been approved.