

06-106856

**SECTION A - PROPERTY INFORMATION**

A1. Building Owner's Name <b>THOMAS RICE</b>	For Insurance Company Use:
	Policy Number
	Company NAIC Number
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>532 BEACH ROAD</b>	
City <b>SARASOTA</b> State <b>FL</b> ZIP Code <b>34242</b>	

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**LOT 4, BLOCK 22, SARASOTA BEACH-PARCEL # 0082-13-0010**

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **27D 16' 12.2"** Long. **82D 33' 33.2"W**

Horizontal Datum:  NAD 1927  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 **6**

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s) **1111** sq ft

b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade **NA**

c) Total net area of flood openings in A8.b **NA** sq in

A9. For a building with an attached garage, provide:

a) Square footage of attached garage **1470** sq ft

b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade **4**

c) Total net area of flood openings in A9.b **181397\*** sq in

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

B1. NFIP Community Name & Community Number <b>SARASOTA COUNTY 125144</b>		B2. County Name <b>SARASOTA</b>		B3. State <b>FL</b>	
B4. Map/Panel Number <b>125144-0143</b>	B5. Suffix <b>F</b>	B6. FIRM Index Date <b>9/3/92</b>	B7. FIRM Panel Effective/Revised Date <b>9/3/92</b>	B8. Flood Zone(s) <b>VE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>14</b>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile  FIRM  Community Determined  Other (Describe) \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item 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 \_\_\_\_\_  CBRS  OPA

**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. 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 C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized **R-52** Vertical Datum **NGVD 1929**

Conversion/Comments **NA**

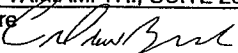
Check the measurement used.

- a) Top of bottom floor (including basement, crawl space, or enclosure floor) **7.5**  feet  meters (Puerto Rico only)
- b) Top of the next higher floor **20.2**  feet  meters (Puerto Rico only)
- c) Bottom of the lowest horizontal structural member (V Zones only) **19.5**  feet  meters (Puerto Rico only)
- d) Attached garage (top of slab) **7.5**  feet  meters (Puerto Rico only)
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) **20.6**  feet  meters (Puerto Rico only)
- f) Lowest adjacent (finished) grade (LAG) **6.5**  feet  meters (Puerto Rico only)
- g) Highest adjacent (finished) grade (HAG) **7.2**  feet  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.

Check here if comments are provided on back of form.

Certifier's Name <b>C. DREW BRANCH</b>		License Number <b>LS 5542</b>	
Title <b>IDENT. PS&amp;M</b>	Company Name <b>DREW BRANCH SURVEYING &amp; MAPPING, INC.</b>		
Address <b>4123 N. TAMiami TR., SUITE 204</b>	City <b>SARASOTA</b>	State <b>FL</b>	ZIP Code <b>34234</b>
Signature 	Date <b>2/22/2008</b>	Telephone <b>941-925-3402</b>	

PLACE SEAL HERE



LS 5542  
2/22/2008