ELEVATION CERTIFICATE
FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

OMB 3067-007 EXPIRES: JUNE 30 1990

This is to be used	for: 1) Post-FIRM				ble for the building site; and on the reverse side.	d 2) Pre-FIRM buildings rate	d using Post-FIRM rules	
Bou	oyer !	ras	100				10	
BUILDING OWNER'S N	9					POLICY NUMBER		
STREET ADDRESS	letoe Lan	e						
AptA/Unit-U Suite-S/	BldgB		NO.		ROUTE	BC	OX NUMBÉR	
Lot 32	/	Corey's	Landing Sub	division				
OTHER DESCRIPTION		nbers., etc.)				numara di terreta de la companya de		
Longboat	Key					Florida	34228	
						STATE	ZIP CODE	
owner, or the owner	s A1-A30, AE, A 's representative	H, A(with BFE should comp to provide flo	E), V1-V30, VE, and plete the information podplain manageme	l V(with BFE) is re n in Section I and ent information ma	equired. In the case of a may also complete the ay also complete this fo	ify elevation information zone AO, the building of certification. Communit rm.	fficial the property	
***************************************		SEC	CTION I BUIL	DING ELEVATI	ON INFORMATION			
1. Using the Flood	Insurance Ma	nual or the N	IFIP Flood Insura	nce Application	-Part 2 Worksheet,	indicate the proper di	agram number 6	
2. FIRM Zones A1 elevation of 12	-A30, AE, AH, • 08 ' feet	and A (with NGVD. (or o	BFE). The top of other datum-see	f the reference #5)	level floor from the s	selected diagram is a	an	
3. FIRM Zones V1	-V30, VE, and	V (with BFE		the lowest hori	zontal structural mer tum-see #5).	mber of the reference	level floor from	
4. FIRM Zone AO. the building (als	The floor use to enter in line about the order is availab	d as the refe 8). This val le, is the bui	erence level from ue must be equa	the selected di I to or greater t or (or reference	agram is Llfeet a	above highest natural od depth number listo ccordance with the co	ed below. If no	
5. Indicate the elev	ation datum s				nce level elevations:	NGVD Other (c	describe on back)	
						Other (describe on b		
(ATTENTION:	If the elevation	datum used i				e FIRM, then the elevati	,	
tion drawings a construction. A continued floor. 8. Provide the follo a. The reference	or is only valid and do not confer construction insurance cowing measure level is:	if the building mplete quest on of the releverage. ments using ow (check o	ng does not have tion #8. If "No" is ference level floo	the reference is checked, this r is completed, e next to the because b. The rade.	certification will be value a post-construction of a post-construction of a post-construction of the engage floor (if apper bound of the bound of the construction of the post-construction of the construction of the post-construction of the post-c	fill in the elevation bay alid only for building elevation certificate we nearest foot). Ilicable) is: below (check one) to below (ch	s in the course of ill be required for the highest grade.	
		SECTION					The lowest grade.	
					E MAP INFORMATI			
Provide the following	ng from the pr	oper FIRM (see Instructions of	on back-Date o	f FIRM) and accomp	anying insurance app	lication:	
COMMUNITY NO.	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	BASE FLOOD ELEV. (In A0 Zone, use depth			
125126	0010	В	8-14-83	A-13	12	OR ZONE V, IF		
Elevation reference		L			se side for details)			
Lievation reference	mark used a	ppears on F	SECTION					
elevation information property owner, or th floodplain manageme	for zones A1-A3 e owner's repre- ent information.	30, AE, AH, A sentative can may also sign	r, engineer, or arch (with BFE), V1-V30, sign the certification the certification I o	itect who is authorized WE, and V(with En. Community officertify that the info	orized by state law to co BFE) is required. In the icials who are authorize formation on this certific	ertify elevation information case of zone AO, the bud by local law or erdinates the represents my best U.S. Code, Section 100	uilding official, the nce to provide	
Mark E. Bassett				4	4394 LICENSE NUMBER (or Affix Seal)			
Professional Land Surveyor					Bishop & Associates			
TITLE	ar nama b	ar veyor		COMPANY NAME	JISHOP α ASSOC	Tares		
78 Sarasot	a Center	Blvd.			Sarasota, Flor		710	
Mai	KE.	Bas	sett		July 11, 1989	STATE (813) 37	ZIP 1-6362	
SIGNATURE					DATE	PHONE		
The insurance agen	t should attach th	ne original copy	of the completed for	m to the flood insu	rance policy application.	he second copy should be	supplied to the	