FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

REPLACES ALL PREVIOUS EDITIONS

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: **BUILDING OWNER'S NAME** Policy Number LINKELE BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number HARBOUR COLLET CITY ZIP CODE CNG BOAT DEIDA 34724 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 6 HARBOUR COLLET BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc.. Use Comments section if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: GPS (Type): SOURCE: (##° - ##' - ##.##" or ##.####") NAD 1927 LI NAD 1983 USGS Quad Map SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE** OWN OF LONGBOAT KET 125126 SARA 30 FLORIDA B4. MAP AND PANEL **B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL** B8. FLOOD B9. BASE FLOOD ELEVATION(S) NUMBER DATE EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) 125/26-0010 MAY 18, 1997 A13 A1915, 1983 IZ B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. _| FIS Profile 1-4 FIRM [Community Determined L_I 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) C1. Building elevations are based on: LConstruction Drawings* Building Under Construction* |X |Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. 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.) C3. Elevations - Zones A1-A30, AE, AH, A (with 3FE), 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 NEVD 1929 Conversion/Comments Elevation reference mark used Does the elevation reference mark used appear on the FIRM? LYNO a) Top of bottom floor (including basement or enclosure) 94 ft.(m) b) Top of next higher floor 11 ft.(m) c) Bottom of lowest horizontal structural member (V zones only) ft.(m) d) Attached garage (top of slab) 76 ft.(m) e) Lowest elevation of machinery and/or equipment servicing the building 0 ft.(m) f) Lowest adjacent grade (LAG) لم ft.(m) g) Highest adjacent grade (HAG) I ft.(m) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _ i) Total area of all permanent openings (flood vents) in C3h sq. in. (sq. cm) 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 LICENSE NUMBER DENNIS 2. HOOVER LE COMPANY NAME roject Surveyor CORGE ADDRESS 78 Sarasota Center Boulevard CITY Sarasota STATE SIGNATURE TELEPHONE (941) 371-6362

SEE REVERSE SIDE FOR CONTINUATION

FFMA Form 81-31 ALIG 99

MPORTANT: In these spaces, or	copy the corresponding information	on from Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Includ	ding Apt., Unit, Suite, and/or Bldg. No.) C	OR P.O. ROUTE AND BOX NO.	Policy Number
TOWN OF LONG BO	CTATE	DRIVE ZIP CODE ZIP CODE 34223	Company NAIC Number
	D - SURVEYOR, ENGINEER, OR		
	Certificate for (1) community official,		
COMMENTS	Ceruncate to (1) Committee on Cal.	(2) insurance agenicompany, and	3) building owner.
			Check here if attachments
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY	NOT REQUIRED) FOR ZONE AO	AND ZONE A (WITHOUT REF)
	BFE), complete Items E1 through E		
nformation for a LOMA or LOMR-F	F, Section C must be completed.		
1. Building Diagram Number	(Select the building diagram mos	t similar to the building for which this	s certificate is being completed -
see pages 6 and 7. If no diagr	ram accurately represents the building	ng, provide a sketch or photograph.)	
(check one) the highest adjace	duding basement or enclosure) of the	ne building is ft.(m)	in.(cm) _ above or _ below
	n openings (see page 7), the next his	oher floor or elevated floor (elevation	h) of the building is
ft.(m) jin.(cm) ab	ove the highest adjacent grade.	grid floor of elevated floor (elevation	10) of the building is
4. For Zone AO only: If no flood	depth number is available, is the top	of the bottom floor elevated in acco	ordance with the community's
floodplain management ordina	ance? Yes No Unkn	own. The local official must certify t	his information in Section G.
	NF-PROPERTY OWNER (OR OW		
	thorized representative who complete	etes Sections A, B, and E for Zone A	(without a FEMA-issued or
community-issued BFE) or Zone	AO must sign here.		
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PROPERTY OWNER'S OR OWNER'	S AUTHORIZED REPRESENTATIVE'S	NAME	
	'S AUTHORIZED REPRESENTATIVE'S	-	
ADDRESS	S AUTHORIZED REPRESENTATIVE'S	NAME CITY STATE	E ZIP CODE
ADDRESS	'S AUTHORIZED REPRESENTATIVE'S	CITY STATI	E ZIP CODE
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ADDRESS SIGNATURE COMMENTS	SECTION G - COMMUNIT	DATE TELEI Y INFORMATION (OPTIONAL)	PHONE Check here if attachment
ADDRESS SIGNATURE COMMENTS The local official who is authorized	SECTION G - COMMUNIT	DATE TELEI Y INFORMATION (OPTIONAL) the community's floodplain manager	PHONE Check here if attachment
ADDRESS SIGNATURE COMMENTS The local official who is authorized sections A, B, C (or E), and G of the	SECTION G - COMMUNIT by law or ordinance to administer the lieuwation Certificate. Complete	DATE TELES Y INFORMATION (OPTIONAL) the community's floodplain managen the applicable item(s) and sign belo	Check here if attachment
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