#### FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

### **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 **BEN PRICE** BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 3105 GULF OF MEXICO DR CITY STATE ZIP CODE LONGBOAT KEY **FLORIDA** PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 2,3, & 4 COQUINA BEACH BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): ( ##° - ##' - ##.##" or ##.####") □ NAD 1927
□ NAD 1983 USGS Quad Map Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE LONGBOAT KEY 125126 SARASOTA **FLORIDA** B4. MAP AND PANEL **B5 SLIFFIX** B7 FIRM PANEL B9. BASE FLOOD ELEVATION(S) NUMBER **B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) 125126-0010 5/18/92 8/15/83 V-17 13.0 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): SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: 
Construction Drawings\* ☐ Building Under Construction\* \*A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 7 (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 C3.-a-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 NGVD 1929 Conversion/Comments N/A a) Top of bottom floor (including basement or enclosure) 9. 11 ft.(m) Seal b) Top of next higher floor 19.35 ft.(m) Embossed c) Bottom of lowest horizontal structural member (V zones only) 18 . 4 ft.(m) d) Attached garage (top of slab) 8. 01 ft.(m) e) Lowest elevation of machinery and/or equipment Number, Signature, servicing the building (Describe in a Comments area) 13.4 ft.(m) f) Lowest adjacent (finished) grade (LAG) 7.2ft.(m) g) Highest adjacent (finished) grade (HAG) 7. 2ft.(m) 2 2 2004 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA i) Total area of all permanent openings (flood vents) in C3.h NA sq. in. (sq. cm) LS 2915 1/13/04 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 op this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by the or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME: CALVIN J. REED LICENSE NUMBER: LS 2915 TITLE: PROFESSIONAL LAND SURVEYOR COMPANY NAME: CALVIN REED SURVEYING, INC. ADDRESS: 4600 TRI-PAR DRIVE

CITY: SARASOTA

ZIP CODE: 34234

STATE: FLORIDA

| IMPORTANT: In these spaces, copy th   | ne corresponding information from Section A.  | 6  | For Insurance Company Usy:  |
|---|---|--|---|
|   | ., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.   |  | Policy Number   |
| 3105 GULF OF MEXICO DR.   | STATE   | ZIP CODE   | Company NAIC Number   |
| ONGBOAT KEY   | FLORIDA   |  | and the second second   |
|   | SECTION D - SURVEYOR, ENGINEER, OR ARCHITEC   |  | ))  |
|   | te for (1) community official, (2) insurance agent/company  | , and (3) building owner.  |   |
| COMMENTS<br>THIS HOUSE WAS BUILT USING BREAKAW  | VA WALL ON THE GROUND FLOOR WHICH IS USED FOR PA  | ARKING AND STORAGE   |   |
| THE A/C UNITS ARE ON THE ROOF THE GI  | ENERATOR IS AT ELEV. +13.39'  |  | 90.00   |
| THE BENCH MARK USED WAS DNR MON.  | 17-84 A04 ELEVATION +6.24' NGVD 1929 SEE ATTACHED D   | DECRIPTION   | 10 0 10 10 10 10 10 10 10 10 10 10 10 10  |
|   |   |  | Check here if attachment  |
| SECTION E - BUILDI  | ING ELEVATION INFORMATION (SURVEY NOT REQU  | UIRED) FOR ZONE AO AND ZON   | E A (WITHOUT BFE)   |
| or Zone AO and Zone A (without BFE), colection C must be completed.   | mplete Items E1 through E4. If the Elevation Certificate is   | s intended for use as supporting info  | rmation for a LOMA or LOMR-F,   |
|   | building diagram most similar to the building for which this  | s certificate is being completed - see   | e pages 6 and 7. If no diagram accurate   |
|   | asement or enclosure) of the building isft.(m)in.(cm  | n) 🗌 above or 🔲 below (check o   | one) the highest adjacent grade. (Use   |
|   | is (see page 7), the next higher floor or elevated floor (elev  | vation b) of the building isft.(m)   | in.(cm) above the highest adjacent  |
|   | mber is available, is the top of the bottom floor elevated in a   | accordance with the community's flo  | oodplain management ordinance?  |
|   | e local official must certify this information in Section G.  | docordance with the community one  | occupian management ordinance:  |
|   | SECTION F - PROPERTY OWNER (OR OWNER'S REP  | PRESENTATIVE) CERTIFICATION  | 1   |
|   | representative who completes Sections A, B, C (Items C3<br>The statements in Sections A, B, C, and E are correct to the   | •  | (without a FEMA-issued or community-  |
| PROPERTY OWNER'S OR OWNER'S AUTHO   | ORIZED REPRESENTATIVE'S NAME  |  |   |
| ADDRESS   | СПҮ   | ST   | TATE ZIP CODE   |
| SIGNATURE<br>Q  | DATE  | TE   | ELEPHONE  |
| COMMENTS  |   |  |   |
|   |   | * 7  | Check here if attachment  |
|   | SECTION G - COMMUNITY INFORMAT  | TION (OPTIONAL)  | Gricok field if datacrifficht   |
| as local official who is outborized by law or   | r ordinance to administer the community's floodplain mana   |  | actions A. B. C. (or E.) and C. of this Elevis  |
| ertificate. Complete the applicable item(s)  1. The information in Section C was ta state or local law to certify elevation 2. A community official completed Sec | and sign below.  Aken from other documentation that has been signed and an information. (Indicate the source and date of the elevation E for a building located in Zone A (without a FEMA-is: | embossed by a licensed surveyor, e<br>on data in the Comments area below<br>sued or community-issued BFE) or | engineer, or architect who is authorized b<br>w.)   |
| 3. The following information (Items G4  | 1-G9) is provided for community floodplain management p   | urposes.   |   |
| G4. PERMIT NUMBER   | G5. DATE PERMIT ISSUED  | G6. DATE CERTIFICATE OF C  | COMPLIANCE/OCCUPANCY ISSUED   |
| 7. This permit has been issued for: Ne  | ew Construction Substantial Improvement   | > 1  |   |
| 8. Elevation of as-built lowest floor (includi  | ing basement) of the building is:   | ft.(m)   | Datum:  |
| 9. BFE or (in Zone AO) depth of flooding a  |   | ft.(m)   | Datum:  |
| LOCAL OFFICIAL'S NAME   |   | TITLE  | s - we to see the second  |
| COMMUNITY NAME  |   | TELEPHONE  | and the same and the same   |
| SIGNATURE   |   | DATE   |   |
| COMMENTS  |   |  | A second |
|   |   |  | 8. 4  |
|   |   |  | Check here if attachmen   |
|   |   |  | - OHEOV HEIGH II ALIAGHITICH  |



# V Zone Building Design and Performance Certificate

For New Construction, Substantial Improvements, and the repair of Substantially Damaged structures in Coastal Special Flood Hazard Area (Zone V)

## **Section 1: Structure Location and Ownership Information**

To be completed by a Registered Professional Engineer or Architect

| Structure Bu & Price  |  |  |  |  |  |
|---|--|--|--|--|--|
| Mailing 3105 Luly of True, co Dr  |  |  |  |  |  |
| City Rongboat Kly State Il Zip Code 34228   |  |  |  |  |  |
| Structure 3105 Hulf of Mexico Dr. Longboat Kl   |  |  |  |  |  |
| Latitude 27° 23' 02" Longitude 82° 38' 20" W  |  |  |  |  |  |
| Other Legal Lot 2,344 Coquina Back  |  |  |  |  |  |
| Within City Limits? Y_/ N_/ Coastal Barriers Resource Act (CBRA) Zone Y_/ N_/   |  |  |  |  |  |
| Section 2: Flood Insurance Rate Map (FIRM) Data NOTE: This Certificate is NOT a substitute for an Elevation Certificate.  Community Name Anglost Licommunity ID Number 2520 FIRM Panel Number |  |  |  |  |  |
| Panel Suffix B FIRM Zone VI7 Date of FIRM Panel 81583 Date of Index 5-18-92   |  |  |  |  |  |
| Section 3: Elevation Information Record elevations to one tenth of a foot.  |  |  |  |  |  |
| Elevation of the bottom of the Lowest Horizontal Structural Member  |  |  |  |  |  |
| Base Flood Elevation (BFE)  |  |  |  |  |  |
| Elevation of Lowest Adjacent Grade (LAG)  |  |  |  |  |  |
| Elevation of Highest Adjacent Grade (HAG)   |  |  |  |  |  |
| Foundation type: Piling / Post / Pier / Column / Fill / Shear Wall / Enclosed Wall /  |  |  |  |  |  |
| Foundation Description:   |  |  |  |  |  |
|   |  |  |  |  |  |

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|   | • • •  |  | 8  |  |  |
| Elevation at Bottom of F  |  |  |  | pet 2  |  |
| pproximate depth of sco   | urlerosion used fo   | r foundation de  | sign   | feet   |  |
| mbedment depth of pilin   | gs or foundation b   | elow AG  | 2  | feet   |  |
| atum used: NGVD 29  |  | 500  |  | ·  | 1  |
| Pate of Construction  |  |  | xistina Blda)  | / New Building   | X  |
| ate of Construction   | ,p.ova   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |  |  |
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