

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME

Robert & Janet L. VanItten

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX
3337 Sabal Cove Lane *Place*

CITY
Longboat Key

STATE
FL

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 10, Block "B", Sabal Cove Subdivision, recorded in Plat Book 33, at page 48, 48a-48c

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if nec
Residential

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ###" or ####.####)

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

*Fema Program
Requires
C3-b for
type 8 Structure
To JIF
Form 6-4-04*

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER LONGBOAT KEY 120156		B2. COUNTY NAME SARASOTA		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 125126 0010	B5. SUFFIX B	B6. FIRM INDEX DATE 05/18/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08/15/83	B8. FLOOD ZONE(S) "A-13"(EL. 11)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL. 11

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): _____

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: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 8 (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 N.G.V.D. 1929 Conversion/Comments _____

Elevation reference mark used ^{**} Does the elevation reference mark used appear on the FIRM? Yes No

- ? a) Top of bottom floor (including basement or enclosure) *see comments* 11. 6 ft.(m)
- ? b) Top of next higher floor *n/a.* ft.(m)
- ? c) Bottom of lowest horizontal structural member (V zones only) *n/a.* ft.(m)
- ? d) Attached garage (top of slab) 7. 5 ft.(m)
- ? e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) ***11.* 12 ft.(m)
- ? f) Lowest adjacent (finished) grade (LAG) 5. 4 ft.(m)
- ? g) Highest adjacent (finished) grade (HAG) 7. 4 ft.(m)
- ? h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 3
- ? i) Total area of all permanent openings (flood vents) in C3.h 720 sq. in.

License Number, Embossed Seal, Signature, and Date

William J. McAllister
#5283
02/24/04

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 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 WILLIAM J. McALLISTER

LICENSE NUMBER 5283

TITLE PRESIDENT

COMPANY NAME DARRELL E. GERKEN PSM, INC.

ADDRESS
5730A JASONLEE PLACE

CITY
SARASOTA

STATE
FL

ZIP CODE
34233

SIGNATURE

DATE
12/19/03

DATE OF FIELD SURVEY

TELEPHONE
(941) 924-7465

MAR 1 2004

REVISED 02/24/04