FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important:	Read	the	instructions	on	pages	1	- 7.	
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Important. Read the instructions on	
SECTION A - PROPERTY OWNER INFOR	
BUILDING OWNER'S NAME Taylor Woodrow Homes	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE A 3522 FAIZ OALS LANE	and the second
ST	ATE ZIP CODE
LONGBOAT KEY	FL 34228
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, et LOT 100 MANCHESTER BAY	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments se	ction if necessary.)
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: (##° - ##' - ##.##" or ##.#####*) NAD 1927 _ NAD 1983	GPS (Type): USGS Quad Map [Other:
SECTION B - FLOOD INSURANCE RATE MAP (F	IRM) INFORMATION
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME	B3. STATE
TOWN OF LONGBOAT KEY 125126 SARASOTA	FL.
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL NUMBER DATE EFFECTIVE/REVISED DA	TE ZONE(S) B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
125 126 0010 B MAY 18, 1992 AUG. 15, 1983	A13 11
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth e	ntered in B9.
FIS Profile ∠ FIRM _ Community Determined _ Other	(Describe):
B11. Indicate the elevation datum used for the BFE in B9: K NGVD 1929	1988 Other (Describe):
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Ot	nerwise Protected Area (OPA)? Yes X No
Designation Date:	
SECTION C - BUILDING ELEVATION INFORMATIO	N (SURVEY REQUIRED)
	nder Construction*
*A new Elevation Certificate will be required when construction of the building is co	
C2. Building Diagram Number (Select the building diagram most similar to the b	uilding for which this certificate is being completed - se
C2. Building Diagram Number (Select the building diagram most similar to the c	or photograph)
pages 6 and 7. If no diagram accurately represents the building, provide a sketch	ARIA ARIAE ARIA1-A30 ARIAH ARIAO
C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR,	2. State the datum used of the datum is different from
Complete Items C3a-i below according to the building diagram specified in Item C	E. Show field measurements and datum conversion
the datum used for the BFE in Section B, convert the datum to that used for the B	- C as appropriate to document the datum conversion
calculation. Use the space provided or the Comments area of Section D or Section	in G, as appropriate, to document the datam conversion
Datum NGVD 1929 Conversion/Comments	and mark used encour on the EIPM2 1VI Ves 1 1N
Elevatori forence main ere -	nce mark used appear on the FIRM? X Yes N
a) Top of bottom floor (including basement or enclosure)	1.3 ft.(m) 1
b) Top of next higher floor	f.(m) 😴
C) Bottom of lowest horizontal structural member (V zones only)	
d) Attached garage (top of slab)	t.(m) son 7 t.(m) tute 7 t.(m) tute
 e) Lowest elevation of machinery and/or equipment 	
servicing the building	
f) Lowest adjacent grade (LAG)	7.4 ft.(m) 25
g) Highest adjacent grade (HAG)	7 ft.(pr) 2
 b) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 	5 . 7 ft.(pr) er
□ i) Total area of all permanent openings (flood vents) in C3h <u>131Z</u>	sq. in. (sq. cm)
SECTION D - SURVEYOR, ENGINEER, OR ARCH	TECT CERTIFICATION
This certification is to be signed and sealed by a land surveyor, engineer, or architect	t authorized by law to certify elevation information.
Logitify 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 un	der 18 U.S. Code, Section 1001.
CERTIFIER'S NAME	LICENSE NUMBER
- F PETER LUTZ JF.	>>06
COMPANY NAME	ASSOCIATES BUILDING DEPARTMENT
ADDRESS CITY	STATE TOWN OF ZIP CODE NET
SIGNATURE O DATE /	TELEPHONE.
7. Pil tut 1- 6/13/00	(941) 371-6362
FEMA Form 81-31, AUG 99 SEE REVERSE SIDE FOR CONTIN	UATION REPLACES ALL PREVIOUS EDITION

IMPORTANT: In these spaces, copy the	he corresponding information f	rom Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Including Ap		O. ROUTE AND BOX NO.	Policy Number
3577 FAIR OAKS L	STATE	ZIP CODE	Company NAIC Number
LONGBOAT KEY	FL.	34728	
SECTION D - SI	URVEYOR, ENGINEER, OR ARC	CHITECT CERTIFICATION (CON	ITINUED)
Copy both sides of this Elevation Certification	ate for (1) community official, (2) i	nsurance agent/company, and (3) building owner.
COMMENTS			
			Check here if attachment
SECTION E - BUILDING ELEVATIO	INFORMATION (SURVEY NO	T REQUIRED) FOR ZONE AO A	ND ZONE A (WITHOUT BFE)
For Zone AO and Zone A (without BFE), o		the Elevation Certificate is intend	led for use as supporting
nformation for a LOMA or LOMR-F, Secti		iles de des building formulais deis	andificate in bains associated
E1. Building Diagram Number (Sel see pages 6 and 7. If no diagram acc			certificate is being completed -
E2. The top of the bottom floor (including			n.(cm) above or below
(check one) the highest adjacent grad			
E3. For Building Diagrams 6-8 with openin	ngs (see page 7), the next higher	floor or elevated floor (elevation	b) of the building is
[] ft.(m) []in.(cm) above the			
E4. For Zone AO only: If no flood depth n			
floodplain management ordinance?	YesNoUnknown. ROPERTY OWNER (OR OWNER	The local official must certify thi	
The property owner or owner's authorize			
community-issued BFE) or Zone AO mus			
PROPERTY OWNER'S OR OWNER'S AUTH	IORIZED REPRESENTATIVE'S NAM	IE	an a
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DAT	E TELEPH	ONE
SIGNATORE	DATI		
COMMENTS			
			Check here if attachment
COMMENTS	SECTION G - COMMUNITY INF	ORMATION (OPTIONAL)	Check here if attachment
	SECTION G - COMMUNITY INF or ordinance to administer the co	ORMATION (OPTIONAL)	Check here if attachmen
COMMENTS The local official who is authorized by law Sections A, B, C (or E), and G of this Elev 31. [] The information in Section C was	SECTION G - COMMUNITY INF or ordinance to administer the con ration Certificate. Complete the ap taken from other documentation	ORMATION (OPTIONAL) mmunity's floodplain managemen oplicable item(s) and sign below. that has been signed and embos	Check here if attachmen ordinance can complete sed by a licensed surveyor,
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