FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: Policy Number BUILDING OWNER'S NAME DAVID & MARCIA GUTRIDGE Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 5080 GULF OF MEXICO DRIVE ZIP CODE STATE CITY FL LONGBOAT KEY PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PART OF LOT 45, SUBDIVISION OF LONGBOAT KEY BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL SOURCE: GPS (Type): HORIZONTAL DATUM: LATITUDE/LONGITUDE (OPTIONAL) □ NAD 1927 ☑ NAD 1983 USGS Quad Map Other: (##° - ##' - ##.##" or ##.####") SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B2. COUNTY NAME** B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER FLORIDA TOWN OF LONGBOAT KEY MANATEE **B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) **B4. MAP AND PANEL** NUMBER **B5. SUFFIX B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) 05/18/92 05/18/92 125126 0005 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. ☑ FIRM Community Determined Other (Describe): ☐ FIS Profile ☐ NAVD 1988 ☐ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 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* *A new Elevation Certificate will be required when construction of the building is complete. Building Diagram Number 1 (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 Conversion/Comments Elevation reference mark used MON. Does the elevation reference mark used appear on the FIRM? Yes No 0 ft (m) 9 ft (m) a) Top of bottom floor (including basement or enclosure) o b) Top of next higher floor Date o c) Bottom of lowest horizontal structural member (V zones only) fL(m) 9 ft(m) o d) Attached garage (top of slab) o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) Oft(m) A/C UNIT 6.2 ft(m) o f) Lowest adjacent (finished) grade (LAG) o g) Highest adjacent (finished) grade (HAG) 1 ft.(m) 9 * o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade o i) Total area of all permanent openings (flood vents) in C3.h. sq. in. (sq. cm) 1,152 5Q. INCHES 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 ROBERT G. BRUCE LICENSE NUMBER TITLE OWNER COMPANY NAME RED STAKE SURVEYORS IN **ADDRESS CITY** STATE ZIP CODE 7123 PROCTOR ROAD \$ARASOTA 34241 SIGNATURE att Dome. DATE **TELEPHONE** 01/17/2005 941-928-9997 PLANNING, ZONING & BUILDING

TOWN OF LONGBOAT KEY

IN ORTANT: In these spaces, copy the corresponding information from Section A.				For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., U 5080 GULF OF MEXICO DRIVE	Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND	BOX NO.		Policy Number
CITY ONGBOAT KEY	STATE FL		ZIP CODE	Company NAIC Number
	N D - SURVEYOR, ENGINEER, OR AF	RCHITECT CER	RTIFICATION (CONTINUE	 ED)
	for (1) community official, (2) insurance age			:
OMMENTS	(1,, (2,	7,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	MAP (FIRM) INFORMATION TO BE VERIF	FIED AT LOCAL I	F.E.M.A. FLOOD CONTROL	OFFICE.
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				Check here if attachment:
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY N	OT REQUIRED	FOR ZONE AO AND ZO	
	plete Items E1 through E4. If the Elevation (
ction C must be completed.				
	ilding diagram most similar to the building for v	which this certifica	te is being completed – see pa	ges 6 and 7. If no diagram accurately
represents the building, provide a sketch		\ in (am\ □ ah	aus or D bolow (shook one	a) the highest ediacent grade. (I lee
 The top of the bottom floor (including base natural grade, if available). 	ement or enclosure) of the building isft.(m))in.(a1i) ac	love or below (crieck orig	e) the highest adjacent grade. (Ose
	(see page 7), the next higher floor or elevated	d floor (elevation b	o) of the building is ft.(m)	in.(cm) above the highest adjacer
grade. Complete items C3.h and C3.i on	front of form.			
	or equipment servicing the building isft.(m)) _in.(cm) 🔲 ab	ove or Delow (check one	e) the highest adjacent grade. (Use
natural grade, if available).		alaumbad in access	when as with the community's f	leadalain managament ardinance?
	ber is available, is the top of the bottom floor ocal official must certify this information in Se		dance with the community's t	.ooopiain management oromance?
	N F - PROPERTY OWNER (OR OWNE		NTATIVE) CERTIFICATION	ON
	presentative who completes Sections A, B, C	_		
	The statements in Sections A, B, C, and E and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	THORIZED REPRESENTATIVE'S NAME			
ADDRESS		CITY	STAT	E ZIP CODE
SIGNATURE		DATE	TELE	PHONE
COMMENTS				
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				Check how if attachment
	SECTION G - COMMUNITY IN	IEORMATION (OPTIONAL \	Check here if attachment
no local official who is authorized by law or o	rdinance to administer the community's flood			ations A. D. C. (or E.) and C. of this Els
ertificate. Complete the applicable item(s) a		panmanayana	it of diffarice carrow riplete sec	JUDISA, D, O (OI E), AND O OI WIS ER
	n from other documentation that has been sig	ned and embosse	ed by a licensed surveyor, engi	neer, or architect who is authorized b
	nation. (Indicate the source and date of the e			
	ion E for a building located in Zone A (withou			Zone AO.
	G9) is provided for community floodplain mar			
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G	6. DATE CERTIFICATE OF COM	IPLIANCE/OCCUPANCY ISSUED
7 This permit has been issued for New	Construction Substantial Improvement			
8. Elevation of as-built lowest floor (including			. 1	ft.(m) Datum:
9. BFE or (in Zone AO) depth of flooding at				ft.(m) Datum:
OCAL OFFICIAL'S NAME		TITLE	150624	HE IS NO. OF PERSONS STREET
COMMUNITY NAME		TELEP	HONE	-IV/F-DI
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