## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

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

° 9815		d the instructions on page		
U	SECTION A - PR	OPERTY OWNER INFORMAT	ION	For Insurance Company Use:
BUILDING OWNER'S NAME CHARLE	5 & Lui	CILLE KLECZK		Policy Number
BUILDING STREET ADDRESS (Including	Apt., Unit, Suite, and/or f	Bidg. No.) OR P.O. ROUTE AND B	OX NO.	Company NAIC Number
CITY LONGBOAT K	F.V	STATE		ZIP CODE 34228
PROPERTY DESCRIPTION (Lot and Block	Numbers, Tax Parcel N	lumber, Legal Description, etc.)		
BUILDING USE (e.g., Residential, Non-resi	idential, Addition, Access	sory, etc. Use a Comments area, if	necessary.)	
LATITUDE/LONGITUDE (OPTIONAL) ( ##° - ##' - ##.##" or ##.####")	HORIZONTAL		GPS (Type): USGS Quad Ma	p    Other:
SEC	TION B - FLOOD INS	SURANCE RATE MAP (FIRM)	INFORMATIO	N .
B1. NFIP COMMUNITY NAME & COMMUN	NITY NUMBER   B2	. COUNTY NAME	and the state of the	B3. STATE
LONG BOAT KE		MANATEE	11. 90 00	FLORIDA
B4. MAP AND PANEL B5. SUFFIX NUMBER 12 5 12 6 0005	B6. FIRM INDEX DATE MAY 18, 1992	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) A - 13	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flo	ood Elevation (BFE) d	ata or base flood depth entered		THE STATE OF THE S
_  FIS Profile  X  FIRM	Community D	Determined Other (Desc		escribe):
B11. Indicate the elevation datum used B12. Is the building located in a Coastal	Barrier Resources S	vstem (CBRS) area or Otherwis	se Protected Ar	ea (OPA)?     Yes  X   No
Designation Date:				
SECTION	ON C - BUILDING EL	EVATION INFORMATION (SU		
Building elevations are based on:	Construction Draw	ings*  _ Building Under		X Finished Construction
*A new Elevation Certificate will be	required when constr	uction of the building is comple	te.	and Sector in heine completed and
C2. Building Diagram Number	select the building diag	gram most similar to the building	g for which this	certificate is being completed - see
pages 6 and 7. If no diagram accur C3. Elevations – Zones A1-A30, AE, AF	rately represents the t	ouliding, provide a sketch of phi	AR/AF AR/A	1-A30 AR/AH AR/AO
Complete Items C3.a-i below accor	rding to the building di	agram specified in Item C2. Sta	ate the datum u	sed. If the datum is different from
the datum used for the BFE in Sect	tion B, convert the dat	um to that used for the BFE. Sh	now field measu	urements and datum conversion
calculation. Use the space provide	d or the Comments ar	rea of Section D or Section G, a	as appropriate,	to document the datum conversion.
Datum VGVD 1929 Conversion	/Comments No Co.	NVERSION	10.00 02. 1	
Elevation reference mark used SE			ark used appea	ar on the FIRM?   Yes   X   No
a) Top of bottom floor (including	basement or enclosu	re) <u> </u>	1 ft.(m) e	PLS 3513
b) Top of next higher floor			ft.(m) see	The state of the s
<ul><li>c) Bottom of lowest horizontal st</li><li>d) Attached garage (top of slab)</li></ul>		ories only)	T. ft. (m) ft. (m) ft. (m) ft. (m) ft. (m) ft. (m)	LUSI-H & OF
e) Lowest elevation of machiner				I I I I I I I I I I I I I I I I I I I
servicing the building (Descri		ea.) 13 .4	ft.(m) Mumber (m) ft.(m)	(主意) (1) (1) (1)
f) Lowest adjacent (finished) gra		5 .	ft.(m) h.h.	1
g) Highest adjacent (finished) gr	rade (HAG)	5_:	7 ft.(m)	9.
<ul><li>h) No. of permanent openings (f</li></ul>				1/02/03
<ul> <li>i) Total area of all permanent op</li> </ul>	enings (flood vents) ir	n C3.h <u>/ 5 8 4</u> sq. in. (sq. cm	1)	1/02/05
		ENGINEER, OR ARCHITECT		
This certification is to be signed and self certify that the information in Section				
I understand that any false statement				
CERTIFIER'S NAME I	LLS JR		ISE NUMBER	R513
TLE PROFESSIONAL SURVE	1 44	COMPANY NAME	Muis	A SOUCHA TOBUSHON TOWN.
ADDRESS A A	1 .	<b>—</b> UIII	STATE	ZIP CODE
SIGNATURE	YV	PALMETTO DATE (11-02-0	3 TELEPHO	941-722-2460
FEMA Form 81-31, JUL 00	SEE REVFF	RSE SIDE FOR CONTINUATIO	N . REP	LACES ALL PREVIOUS EDITIONS
. 2 3 3 3 3 3 3	300 110 101	REVISED 1-Z4-0	03 (BM)	2 2 2 2

and and a con-

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg, No.) OR P.O. ROUTE AND BOX NO.	Policy Number
CITY LONGBOAT KEY STATE FLORIDA 342	CODE Company NAIC Number
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	(CONTINUED)
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company,	and (3) building owner.
COMMENTS BENCHMARK -Top of DNK BRASS DISK (STAMPED 13-84-	BIO) ON CONCRETE WALK
ELEVATION 4.95	
2 A/( UNITS ON WOODEN PLATFORM AT S ** DNR = DEPARTMENT OF NATURAL RESOURCES (NOW KNOWN AS DE	DIDE OF RESIDENCE  EPT. OF ENVIRONMENTAL PROTECTION  Check here if attachments
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE	
For Zone AO and Zone A (without BFE), complete Items E1. through E4. If the Elevation Certificate is information for a LOMA or LOMR-F, Section C must be completed.  E1. Building Diagram Number (Select the building diagram most similar to the building for which see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograms E2. The top of the bottom floor (including basement or enclosure) of the building is ft.(m) (check one) the highest adjacent grade. (Use natural grade, if available.)  E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevated floor) above the highest adjacent grade. Complete Items C3.h and C3.i on the case C3.i on the complete Items C3.h and C3.i on the case C3.h and C3.i on the case C3.h and C3.i on the case C4.h and C4.i on th	s intended for use as supporting  th this certificate is being completed – aph.)  _  in.(cm)    above or    below  ration b) of the building is front of form.
E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in	accordance with the community's
floodplain management ordinance?   Yes   No   Unknown. The local official must cer	
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) C  The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.	
(without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in S the best of my knowledge.  PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME	Sections A, B, C, and E are correct to
The state of the s	TATE ZIP CODE
	ELEPHONE
COMMENTS	
	I   Check here if attachments
SECTION G - COMMUNITY INFORMATION (OPTIONAL)	Officer field if diadrifficities
<ul> <li>The local official who is authorized by law or ordinance to administer the community's floodplain mana Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign to G1. [] The information in Section C was taken from other documentation that has been signed and engineer, or architect who is authorized by state or local law to certify elevation information. elevation data in the Comments area below.)</li> <li>G2. [_] A community official completed Section E for a building located in Zone A (without a FEMA-is Zone AO.</li> <li>G3. [_] The following information (Items G4-G9) is provided for community floodplain management provided for co</li></ul>	pelow.  embossed by a licensed surveyor,  (Indicate the source and date of the source or community-issued BFE) or surposes.
G4. PERMIT NUMBER G5. DATE PERMIT ISSUED G6. DATE CERTIFICATION ISSUED	ATE OF COMPLIANCE/OCCUPANCY
G7. This permit has been issued for:    New Construction    Substantial Improvement G8. Elevation of as-built lowest floor (including basement) of the building is:  G9. BFE or (in Zone AO) depth of flooding at the building site is:	ft.(m) Datum: ft.(m) Datum:
LOCAL OFFICIAL'S NAME TITLE	1/2 3 J. T. 2
COMMUNITY NAME TELEPHONE	
SIGNATURE DATE	William B. Chi
COMMENTS	3 70 ST. 9. 1
	3. 70/20 2
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