FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

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ELEVATION CERTIFICATE

	Important: R	lead the instructions on pages	1 - 7.	
a de la companya de la	SECTION A - F	ROPERTY OWNER INFORMAT	ION ·	For Insurance Company Use:
BUILDING OWNER'S NAME JAMES & LORETTA TANOVICH				Policy Number
BUILDING STREET ADDRESS (Including 657 HALYARD LANE	Apt., Unit, Suite, and/			Company NAIC Number
CITY LONGBOAT KEY		STATE FL	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Blo	ck Numbers, Tax Parce	al Number, Legal Description, etc.)	J-1000	
LOT 2, BLOCK B, COUNTRY CLUB SHO	RES-UNIT 4, BLOCKS	A, B, C & D	if pacage and)	
BUILDING USE (e.g., Residential, Non-re RESIDENTIAL	sidential, Addition, Acc	essory, etc. Use Comments section	in necessary.)	
LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.##* or ##.####*)	HORIZONT		E: GPS (Type	
SE	CTION B - FLOOD	NSURANCE RATE MAP (FIRM)	INFORMATION	1
B1. NFIP COMMUNITY NAME & COMM TOWN OF LONGBOAT KEY 1	UNITY NUMBER 25126	B2. COUNTY NAME SARASOTA		B3. STATE FLORIDA
B4. MAP AND PANEL B5. SUFFIX NUMBER 0010 B	DATE 05/18/92	EFFECTIVE/REVISED DATE 08/15/83	B8. FLOOD ZONE(S) A13	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11
B10. Indicate the source of the Base	Flood Elevation (BFE) data or base flood depth entere	ed in B9.	
FIS Profile FIRM	Community	Determined Other (Desc		
B11. Indicate the elevation datum use	d for the BFE in B9:	⊠ NGVD 1929 ∐ NAVD 1988	Other (De	
B12. Is the building located in a Coas Designation Date	tal Barrier Resource	s System (CBRS) area or Otherw	ise Protected A	
SECT	ION C - BUILDING	ELEVATION INFORMATION (SU	JRVEY REQUIR	RED)
C1. Building elevations are based on:	Construction Dra	wings* 🔲 Building Under Cor	nstruction*	Finished Construction
*A new Elevation Certificate will t	e required when cor	struction of the building is compl	ete.	
C2. Building Diagram Number 1 (Sele	ct the building diagra	am most similar to the building fo	r which this cert	ificate is being completed - see
pages 6 and 7. If no diagram ac	curately represents the	he building, provide a sketch or p	hotograph.)	
C3. Elevations - Zones A1-A30, AE,	AH, A (with BFE), VE	, V1-V30, V (with BFE), AR, AR/	A, ARIAE, ARIA	1-A30, AR/AH, AR/AO
Complete Items C3a-i below acc	ording to the building	diagram specified in item C2. St	ate the datum u	sed. If the datum is different from
the datum used for the BFE in Se	ction B, convert the	datum to that used for the BPE.	as appropriate	urements and datum conversion to document the datum conversion.
Datum <u>NGVD</u> Conversion/Com	ded or the Comment	ACID 1929 DATUM	CCL MON	VHENT- 409
Elevation reference mark used	Thents	on reference mark used annear (on the FIRM?	Yes X Non Maria
o a) Top of bottom floor (includir				
•	ly basement of ended	ft.(m)	Seal,	1
 b) Top of next higher floor c) Bottom of lowest horizontal 	structural member ()		oossed Date	= Stan (Banky
o d) Attached garage (top of sla		8.4tt.(m)	Embossed and Date	A ANN
o e) Lowest elevation of machin		t ,		$\Lambda / 4 / 4$
servicing the building		<u>//</u> . <u>Ø</u> ft.(m)	e Number, Signature,	I A TURE OF
o f) Lowest adjacent grade (LAC	5)	9 ft.(m)	License Number, Signature	ANNE 75
o g) Highest adjacent grade (HA	G)	_ <u>&_</u> . <u>3</u> ft.(m)	sus	1 1. 7.
o h) No. of permanent openings	(flood vents) within	1 ft. above adjacent grade		P. C. Soonana (P. 1)
o i) Total area of all permanent	openings (flood vents	s) in C3hsq. in. (sq. cm) 768	3 SQ. IN.	HEOMAN.
		OR, ENGINEER, OR ARCHITEC		
This certification is to be signed and	I sealed by a land su	rveyor, engineer, or architect aut	horized by law t	o certify elevation information.
I certify that the information in Secti	ons A, B, and C on t	his certificate represents my best	efforts to interp	ret the date evallaple V
lerstand that any false stateme	nt may be punishabl	e by fine or imprisonment under : LICE	NSE NUMBER 4	949 W
TIFIER'S NAME ROBERT G. BRU		COMPANY NAME RED	/	1 200 Hill
TITLE OWNER				BIMOMA
ADDRESS	MA	CITY SARASOTA	STATE FL	TOWIN OF LOW AND LAKE AT
7123 PROCTOR ROAD	Unhin	DATE	TELEPH	
	- Jun	07/25/2001	941-923	

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SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS

BUILDING STREET ADDRESS (Includi	opy the corresponding information from		For Insurance Company Use:
657 HALYARD LANE	ing Apt., Unit, Suite, and/or Bldg. No.) OR P.O.		Policy Number
	STATE	ZIP CODE	Company NAIC Number
	D - SURVEYOR, ENGINEER, OR ARCHIT	ECT CERTIFICATION (CO	NTINUED)
والمحافظة والمراجعة والمحافظة والمحافظة والمتحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحاف	ertificate for (1) community official, (2) insu		
OMMENTS SECTION B - FLOOD INS	SURANCE RATE MAP (FIRM) INFORMATION	TO BE VERIFIED AT LOCAL F	E.M.A. CONTROL OFFICE.
-			
	ATION INFORMATION (SURVEY NOT R	FOURED) FOR ZONE AO	Check here if attachment
	FE), complete Items E1 through E4. If the		
formation for a LOMA or LOMR-F,	Section C must be completed.		·
1 Building Diagram Number (Se	elect the building diagram most similar to the	ne building for which this cer	tificate is being completed - see
nages 6 and 7. If no diagram a	ccurately represents the building, provide	a sketch or photograph.)	
2. The top of the bottom floor (incl	uding basement or enclosure) of the buildi	ng is ft.(m)in.(cm) [above or 🗌 below (check one)
the highest adjacent grade.			
3. For Building Diagrams 6-8 with	openings (see page 7), the next higher flo	or or elevated floor (elevatio	n b) of the building is
ft.(m)in.(cm) above the h	nighest adjacent grade.	hallom floor algusted in	ordance with the community's
4. For Zone AO only: If no flood d	lepth number is available, is the top of the	local official must certify this	information in Section G.
floodplain management ordinar	Ce? Yes No Unknown. The	REPRESENTATIVE) CERT	IFICATION
SECTION	horized representative who completes Sec	tions A B and F for Zone	(without a FEMA-issued or
community-issued BFE) or Zone A	O must sign here.		La €renz without in unor in unorthe transformer de la contraction de la contractio
ERTY OWNER'S OR OWNER'S	SAUTHORIZED REPRESENTATIVE'S NAME		
ADDRESS	CITY	STAT	E ZIP CODE
SIGNATURE	DATE	TELE	PHONE
COMMENTS			
			I CORCE DELE D'AUACOMEL
	SECTION G - COMMUNITY INFOR	MATION (OPTIONAL)	Check here if attachmer
te local official who is authorized l	SECTION G - COMMUNITY INFOR		
ections A B C (or F) and G of thi	by law or ordinance to administer the cominister the cominister the cominister the app	nunity's floodplain manager licable item(s) and sign belo	nent ordinance can complete
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