

# ELEVATION CERTIFICATE

C-5147

Important: Read the instructions on pages 1 - 7.

## SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use

BUILDING OWNER'S NAME

LERRY SLAVIN

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

520 BAYVIEW PLACE

Company NAIC Number

CITY

ANNA MARIA

STATE

FLORIDA

ZIP CODE

39216

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

LOTS 66 & 67: WELLS BAY HARBOR: SECTION A

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

RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)

(##° - ##' - ##.##" or ###.####°)

HORIZONTAL DATUM:

NAD 1927  NAD 1983

SOURCE:  GPS (Type):

USGS Quad Map  Other

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER

CITY OF ANNA MARIA 125087

B2. COUNTY NAME

MANATEE

B3. STATE

FLORIDA

B4. MAP AND PANEL NUMBER  
125087-0003

B5. SUFFIX  
D

B6. FIRM INDEX DATE  
02-01-84

B7. FIRM PANEL EFFECTIVE/REVISED DATE  
02-01-84

B8. FLOOD ZONE(S)  
A-1

B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)  
9

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  
\*New Elevation Certificate will be required when construction of the building is complete.

C2. 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'29 Conversion/Comments NONE

Elevation reference mark used SEE COMMENTS Does the elevation reference mark used appear on the FIRM?  Yes  No

- a) Top of bottom floor (including basement or enclosure) 5.4 ft.(m)
- b) Top of next higher floor 15.5 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- d) Attached garage (top of slab) 5.4 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 7.8 ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 3.6 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 4.8 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
- i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Leo Mills  
P.S.M. # 1735  
5-04-05

## 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  
LEO MILLS

LICENSE NUMBER  
# 1735

TITLE  
PROF. SURVEYOR & MAPPER

COMPANY NAME  
LEO MILLS & ASSOCIATES

ADDRESS  
620 8TH AVENUE WEST

CITY  
PALMETTO

STATE ZIP CODE  
FL 39221

SIGNATURE  
Leo Mills

DATE  
05-04-05

TELEPHONE  
941-722-2460

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apartment, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 520 BAYVIEW PLACE			Policy Number
CITY ANNA MARIA	STATE FLORIDA	ZIP CODE 34216	Company NAIC Number
C-5197 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  
 C3) BENCHMARK USED: TAB SET 1' OF EDGE OF PAVEMENT: ELEVATION = 2.87  
 C3.e) BOTTOM OF A/C UNIT: ELEVATION = 7.8

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**  Check here if attachments

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting 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 this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_\_\_ ft. (m) \_\_\_\_\_ in. (cm) \_\_\_\_\_ above or \_\_\_\_\_ below (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 (elevation b) of the building is \_\_\_\_\_ ft. (m) \_\_\_\_\_ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_\_\_ ft. (m) \_\_\_\_\_ in. (cm) \_\_\_\_\_ above or \_\_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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 certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**  Check here if attachments

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m) Datum: _____		
G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (m) Datum: _____		

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	