

Expires December 31, 2003

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

C-2778

SECTION A - PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME LYNN GRACE		For Insurance Company Use	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 214 FIR AVENUE		Policy Number	
CITY ANNA MARIA	STATE FLORIDA	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) METES & BOUNDS DESCRIPTION: SECTION 18-34-16: P.I.N. 70979.0000/0		ZIP CODE 34216	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or #####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> 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-11	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10

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)

Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

* A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number **6** (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 **NAVD '29** Conversion/Comments **NONE**

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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	8.7 ft(m)
<input type="checkbox"/> b) Top of next higher floor	17.6 ft(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A ft(m)
<input type="checkbox"/> d) Attached garage (top of slab)	N/A ft(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	9.1 ft(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) ground	7.6 ft(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	7.8 ft(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0	
<input type="checkbox"/> 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
4-11-03

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: **FL.** ZIP CODE: **34221**

SIGNATURE: **Leo Mills** DATE: **04-11-03** TELEPHONE: **391-722-2460**

