

JOB# _____

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME COLON		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 806 Bay Boulevard N		Company NAIC Number	
CITY ANNA MARIA	STATE FL	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LEGAL PART OF LOTS 324 CF WELLS SUBD			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER ANNA MARIA 125087		B2. COUNTY NAME MANATEE		B3. STATE FL	
B4. MAP AND PANEL NUMBER 125087-0001	B5. SUFFIX D	B6. FIRM INDEX DATE 2-1-84	B7. FIRM PANEL EFFECTIVE/REVISED DATE 2-1-84	B8. FLOOD ZONE(S) A-11	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (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 C3a-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 _____	Conversion/Comments _____
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Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>4</u> <u>45</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>17</u> <u>9</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>0A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>4</u> <u>45</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>0A</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>4</u> <u>2</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>2</u> <u>0</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>5</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>609</u> sq. in. (sq. m)

License Number, Embossed Seal, Signature, and Date

Richard S. Yarb

PSM#3415

DATE: 1-18-02

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 **RICHARD S. YARB**

LICENSE NUMBER **3415**

TITLE LAND SURVEYOR	COMPANY NAME R.S. YARB SURVEYORS
ADDRESS 1306 35th STREET WEST	CITY BRADENTON STATE FLA. ZIP CODE 34205
SIGNATURE <i>Richard S. Yarb</i>	DATE 1-18-02 TELEPHONE 941-758-4500

REPLACES ALL PREVIOUS EDITIONS

Check here if attachments

COMMENTS

SIGNATURE

DATE

COMMUNITY NAME

TELEPHONE

LOCAL OFFICIAL'S NAME

TITLE

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____

ft.(m) Datum: _____

ft.(m) Datum: _____

G4. PERMIT NUMBER

G5. DATE PERMIT ISSUED

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or elevation data in the Comments area 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 Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

COMMENTS

SIGNATURE

DATE

TELEPHONE

AL SS

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

STATE ZIP CODE

CITY

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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

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 certify this information in Section G.

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is (check one) the highest adjacent grade.

E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) above or below see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - information for a LOMA or LOMR-F, Section C must be completed.

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Check here if attachments

COMMENTS

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

IMPORTANT: In these spaces, copy the corresponding information from Section A.		CITY	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		STATE	
For Insurance Company Use:	Policy Number	ZIP CODE	Company NAIC Number