FLOID 05010359

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires December 31, 2005

Rel C/O 5-2-06

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME
Charles P. and Candace L. Turner

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
1748 Amberwynd Circle

CITY	STATE	ZIP CODE
~~Bradenton~~ Palmetto	FL	34221

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 19 Amberwynd

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	B2. COUNTY NAME	B3. STATE
Manatee 120153 0186 C	Manatee	FL

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0186	C	6/30/99	7/15/92	A10	9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile X FIRM ☐ Community Determined ☐ Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: X 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 X No Designation Date_____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* X Finished Construction
*A 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.
DatumSee Comm Conversion/Comments _____
Elevation reference mark used See Comments Does the elevation reference mark used appear on the FIRM? ☐ Yes X No

- o a) Top of bottom floor (including basement or enclosure) 10.3 ft.(m)
- o b) Top of next higher floor 21.7 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- o d) Attached garage (top of slab) 7.8 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10.0 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 6.1 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 7.6 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 9
- o i) Total area of all permanent openings (flood vents) in C3.h 1270 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

J. B. Burchett
LS-5701
4-21-06

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 James Burchett LICENSE NUMBER LS 5701

TITLE President COMPANY NAME Sampey, Burchett and Knight, Inc.

ADDRESS	CITY	STATE	ZIP CODE
1588 Global Court	Sarasota	FL	34232

SIGNATURE	DATE	TELEPHONE
James Burchett	4-20-06	(941) 342-0349

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. 1748 Amberwynd Circle			Policy Number
CITY Bradenton	STATE FL	ZIP 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
C3 - #1 Site Bench Mark in the north side power pole at S.E. corner of 48th Ave. & 17 Street West – Elevation = 4.45 (See Record Plat)

☐ Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. 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

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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: ☐ New Construction ☐ 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

☐ Check here if attachments