650-7150

#00100361

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

# ELEVATION CERTIFICATE

Released CO 4/11/01

**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
SOMERSET AT TURTLE ROCK, INC.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
11114 BULLRUSH TERRACE

CITY: BRADENTON | STATE: FL | ZIP CODE: 34202

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 37, RIVERWALK VILLAGE, SUBPHASE E, PLAT BOOK 33, PAGES 192-196 5841.7785/9 RDS

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section 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 COUNTY-120153 | MANATEE | FLORIDA |

| 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) |
|---|---|---|---|---|---|
| 0370 | C | 6-30-99 | JULY 15, 1992 | AE | 21.0 |

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, ARIA, 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 1929 Conversion/Comments_____
Elevation reference mark used #35 & #36 USGS Does the elevation reference mark used appear on the FIRM? |__| Yes |X| No

- ☒ a) Top of bottom floor (including basement or enclosure) 25.2 ft.(m)
- ☒ b) Top of next higher floor 25.5 ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) ___.___ ft.(m)
- ☒ d) Attached garage (top of slab) 25.2 ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building ___.___ ft.(m)
- ☒ f) Lowest adjacent grade (LAG) 24.9 ft.(m)
- ☒ g) Highest adjacent grade (HAG) 24.9 ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
- ☐ i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date: Jennie W. Duckworth 4/10/01

## 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 | LICENSE NUMBER | | |
|---|---|---|---|
| JENNIE W. DUCKWORTH | 5041 | | |
| TITLE | COMPANY NAME | | |
| PROFESSIONAL SURVEYOR & MAPPER | WilsonMiller, Inc. | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 6900 Professional Pkwy. E. #100 | Sarasota | FL | 34240 |
| SIGNATURE | DATE | TELEPHONE | |
| Jennie W. Duckworth | 4/10/01 | 941-907-6900 | |

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. | | | For Insurance Company Use: |
|---|---|---|---|
| 11114 BULLRUSH TERRACE | | | Policy Number |
| CITY | STATE | ZIP CODE | Company NAIC Number |
| BRADENTON | FLORIDA | 34202 | |

## 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

ELEVATIONS SHOWN HEREON ARE RELATIVE TO

THE NATIONAL GEODETIC VERTICAL DATUM (NGVD) OF 1929, BASED ON BENCH MARKS 35 & 36 WITH A PUBLISHED ELEVATION OF

30.753 AND 31.275 FEET, RESPECTIVELY AS SHOWN ON THE RIGHT-OF-WAY MAP FOR UPPER MANATEE RIVER ROAD.

|__| 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 E3. *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.

E3. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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) 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. BEE 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