Released 7/7/00
99121163

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

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: PEREZ

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 917 ELWAY EAST

CITY: BRADENTON STATE: FL ZIP CODE:

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 5, BLOCK 4, WINTER GARDENS UNIT #2

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

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°) HORIZONTAL DATUM: |__| NAD 1927 |__| NAD 1983 SOURCE: |__| GPS (Type): |__| USGS Quad Map |X| Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION ID # 6605000006

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
MANATEE COUNTY 120153	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)
20153-0341	B	6-30-99	3-15-84	A-3	14-8

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 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 _____
Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? |__| Yes |X| No

- ☐ a) Top of bottom floor (including basement or enclosure) 15.80 ft.(m)
- ☐ b) Top of next higher floor ___.___ ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) ___.___ ft.(m)
- ☐ d) Attached garage (top of slab) 15.4 ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building ___.___ ft.(m)
- ☐ f) Lowest adjacent grade (LAG) 15.2 ft.(m)
- ☐ g) Highest adjacent grade (HAG) 15.2 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: 7-7-00 PLS 3415

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. 2/14/00
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: PLS 3415
TITLE: LAND SURVEYOR COMPANY NAME: R.S. YARB LAND SURVEYING
ADDRESS: 1306 35th ST WEST CITY: BRADENTON STATE: FL ZIP CODE: 34205
SIGNATURE: DATE: 7-7-00 TELEPHONE: 941-758-4500

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

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

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

OMMENTS

|__| Check here if attachments

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

r Zone AO and Zone A (without BFE), complete Items E1 through E4. *If the Elevation Certificate is intended for use as supporting ormation for a LOMA or LOMR-F, Section C must be completed.*

. 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.)

.. 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.

. 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.

. 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

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

ROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

DDRESS CITY STATE ZIP CODE

IGNATURE DATE TELEPHONE

OMMENTS

|__| Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

. |__| 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.)

. |__| A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

. |__| 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

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

. Elevation of as-built lowest floor (including basement) of the building is: _____ . ___ ft.(m) Datum: _____

. BFE or (in Zone AO) depth of flooding at the building site is: _____ . ___ ft.(m) Datum: _____

OCAL OFFICIAL'S NAME TITLE

OMMUNITY NAME TELEPHONE

IGNATURE DATE

OMMENTS

|__| Check here if attachments