

Rel c/o 8/22/05
 BJ
 04091335

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME Troy and Celeste Wilson			Policy Number	
BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 8835, FOUNDERS CIR.			Company NAIC Number	
CITY PALMETTO	STATE FL	ZIP CODE 34221		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 59, FAIRWAY'S AT IMPERIAL LAKEWOODS, PHASE IIIA				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ (###° - ##' - ##. ###" or ##. #####) <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map Other: _____				

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER MANATEE- 120153		B2. COUNTY NAME MANATEE		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120153-0184	B5. SUFFIX C	B6. FIRM INDEX DATE 6-30-99	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-15-92	B8. FLOOD ZONE (S) X&AE	B9. BASE FLOOD ELEVATION (S) (Zone AO, use depth of flooding) 21'
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)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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. Datum <u>NGVD1929</u> Conversion/Comments <u>NA</u> Elevation reference mark used <u>PLAT - BENCH MARK</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
o a) Top of bottom floor (including basement or enclosure)	23.6 ft (m)
o b) Top of next higher floor	<u>NA</u> ft (m)
o c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> ft (m)
o d) Attached garage (top of slab)	23.3 ft (m)
o e) Lowest elevation of machinery and/or equipment Servicing the building (Describe in a Comments area)	23.2 ft (m)
o f) Lowest adjacent (finished) grade (LAG)	22.8 ft (m)
o g) Highest adjacent (finished) grade (HAG)	23.0 ft (m)
o h) No. Of permanent openings (flood vents) within 1 ft. above adjacent grade <u>NA</u>	
o i) Total area of all permanent openings (flood vents) in C3.h <u>NA</u> sq. in. (sq. cm)	

7-20-05
 PSM#5884
 LELAND E. BEDWELL
 [Signature]

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; LELAND E. BEDWELL		LICENSE NUMBER; PSM#5884	
TITLE; PROFESSIONAL SURVEYOR & MAPPER	COMPANY NAME; LELAND E. BEDWELL SURVEYING, INC.		
ADDRESS 3423 55TH DRIVE EAST	CITY BRADENTON	STATE FL	ZIP CODE 34203
SIGNATURE [Signature]	DATE 7-20-05	TELEPHONE 941-758-6780	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
R III KING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 8835 FOUNDERS CIR.			Policy Number
CITY PALMETTO	STATE FLORIDA	ZIP CODE 34221	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

PROJECT # 04-941-LOT 59

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. A licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information took the information in Section C from other documentation that has been signed and embossed. (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
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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