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:			
BUILDING OWNER'S NAME	Policy Number			
JAMES & JANE MATSON BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number			
3150 BAYOU SOUND	Sompany 14 to Humber			
CITY STATE ZIP CODE LONGBOAT KEY FL				
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 4, BLOCK B, BAY ISLES, UNIT NO. 2				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: ☐ GPS (Type): (##° - ## - ##.##" or ##.####") □ NAD 1927 ☑ NAD 1983 □ USGS Quad Map ☐ Other:				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
See all the second of the seco	33. STATE FLORIDA			
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD NUMBER DATE EFFECTIVE/REVISED DATE ZONE(S) 0010 B 08/15/83 05/18/92 A13	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):				
B11. Indicate the elevation datum used for the BPE in B9. 🖾 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 🖾 No Designation Date				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)				
C1. 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. 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 NGVD Conversion/Comments Elevation reference mark used Acad Does the elevation reference mark used appear on the FIRM? o a) Top of bottom floor (including basement or enclosure) b) Top of next higher floor c) Bottom of lowest horizontal structural member (V zones only) o e) Lowest elevation of machinery and/or equipment servicing the building of Lowest adjacent grade (LAG) of Does the parament openings (flood vents) within 1 ft. above adjacent grade of lowest adjacent grade (LAG)				
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 ROBERT G. BRUCE LICENSE NUMBER 4519				
ADDRESS 7123 PROCTOR ROAD SIGNATURE COMPANY NAME RED STAKE SURVEYO CITY SARASOTA FL DATE 12/16/02 941-923-99	ZIP CODE 34241 NE			

5	the corresponding information for	rom Section A.	For Insurance Company Use:
IMPORTANT: In these space	es, copy the corresponding information for acluding Apt., Unit, Suite, and/or Bldg. No.) OR P	O. ROUTE AND BOX NO.	Policy Number
BUILDING STREET ADDRESS (IF 3150 BAYOU SOUND	icluding Apt., Offic, Suite, and/or Blog. 100/j 0111		
CITY	STATE FL	ZIP CODE	Company NAIC Number
	ION D - SURVEYOR, ENGINEER, OR ARC		NTINUED)
SECT	ON D-SURVETOR, ENGINEER, CHARLE	incurance agent/company and	(3) building owner.
Copy both sides of this Elevation	on Certificate for (1) community official, (2) DOD INSURANCE RATE MAP (FIRM) INFORMA	ATION TO BE VERIFIED AT LOCAL	F.E.M.A. CONTROL OFFICE.
COMMENTS SECTION B - FLC	OD INSURANCE RATE WAP (FIRM) IN ORIGINAL	(1101/10/02/12/11/11	
			☐ Check here if attachment
	ELEVATION INFORMATION (SURVEY NO	T REQUIRED) FOR ZONE AO	
SECTION E - BUILDING E	out BFE), complete Items E1 through E4. It	f the Elevation Certificate is inte	ended for use as supporting
	AD E Section C must be completed		
TA Duilding Diagram Number	(Select the building diagram most similar)	to the building for which this ce	rtificate is being completed - see
0 17 15	am accurately represents the huilding provi	ine a sketch of photograph.)	
E2. The top of the bottom floor	(including basement or enclosure) of the bu	uilding is ft.(m)in.(cm)] above of below (check one)
the highest adjacent grade	e. with openings (see page 7), the next higher	r floor or elevated floor (elevation	on b) of the building is
(/) in /ama\ abayra	the highest adjacent grade		
E. F. Zene AO only: If no flo	and denth number is available, is the top of	the bottom floor elevated in acc	ordance with the community's
floodolain management or	dinance? Yes No Unknown.	the local official must certify this	s information in Section 6.
SECT	TION F - PROPERTY OWNER (OR OWNER	R'S REPRESENTATIVE) CERT	IFICATION
The property owner or owner's	s authorized representative who completes	Sections A, B, and E for Zone	A (without a FEMA-issued or
community-issued BFE) or Zo	one AO must sign here.		
PROPERTY OWNER'S OR OWN	NER'S AUTHORIZED REPRESENTATIVE'S NAI	ME	1
	CIT		E ZIP CODE
DRESS			
SIGNATURE	DAT	TE TELE	PHONE
COMMENTS			
			☐ Check here if attachment
	SECTION G - COMMUNITY IN		
The local official who is authori	zed by law or ordinance to administer the c	community's floodplain manager	nent ordinance can complete
Sections A, B, C (or E), and G	of this Elevation Certificate. Complete the	applicable item(s) and sign belo	iW.
G1. ☐ The information in Sect	ion C was taken from other documentation who is authorized by state or local law to cer	that has been signed and embo	eate the source and date of the
elevation data in the Co		ttily elevation information. (indi-	sale the source and date of the
	mpleted Section E for a building located in 2	Zone A (without a FEMA-issued	or community-issued BFE) or
Zone AO.			
G3. The following information	on (Items G4-G9) is provided for community	/ floodplain management purpo:	ses.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		OF COMPLIANCE/OCCUPANCY
		ISSUED ISSUED	
	ed for:		Datum:
	n of flooding at the building site is:	ft.(m)	Datum:
,		TITLE	
LOCAL OFFICIAL'S NAME		TELEPHONE	
COMMUNITY NAME			
SIGNATURE		DATE	
^OMMENTS			
			☐ Check here if attachment
EEMA Form 04 24 AUC 00		DC	PLACES ALL PREVIOUS EDITION
FEMA Form 81-31, AUG 99		NE.	LUOLO VILL LUE VIOUS EDITION

FEMA Form 81-31, AUG 99