FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ONAL FLOOD INSURANCE PROGRAM

Expires December 31, 2005

O.M.B. No. 3067-0077

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

ALPHANIST C	SECTION	A - PROPERTY OWNER INFOR	RMATION	For Insurance Company Use:
BUILDING OWNER'S NAME				Policy Number
eo J. Latini & Peggy M. Latini				
BUILDING STREET ADDRESS (Inclui 41 Bowsprit Lane	ding Apt., Unit, Suite, and/		Company NAIC Number	
CITY Town of Longboat Key		STATE FL	ZIP C: 34228	
PROPERTY DESCRIPTION (Lot and I	Block Numbers, Tax Parce			
ot 8, Block F, Country Club Shores, U	Init 4, Part 2, Blocks E,F,G	3,H,J,K & L	•	
BUILDING USE (e.g., Residential, Non	-residential, Addition, Acc	essory, etc. Use a Comments are	a, if necessary.)	
Residential	HODE	ZONITAL DATUM.	COURCE: TI ODG /T.	
ATITUDE/LONGITUDE (OPTIONAL) ##° - ##' - ## ##" or ## #####°)		ZONTAL DATUM: 927	SOURCE: GPS (T)	
		D INSURANCE RATE MAP (FIR	M) INFORMATION	
31. NFIP COMMUNITY NAME & COMMUNITY	NUMBER	B2. COUNTY NAME	The state of the s	B3. STATE
Town of Longboat Key 125126		Sarasota		FL
B4. MAP AND PANEL NUMBER 125126-0010 B5. SUFFI	X B6. FIRM INDEX DAT 5/18/92	B7. FIRM PANEL TE EFFECTIVE/REVISED DATE 8/15/83	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S (Zone AO, use depth of flooding)
0. Indicate the source of the Base Flood E	Elevation (BFE) data or base	flood depth entered in B9.		
☐ FIS Profile X FIRM	☐ Community D			
 Indicate the elevation datum used for the 			1988 Other (Describe):	prober -
Is the building located in a Coastal Barr	ier Resources System (CBR	RS) area or Otherwise Protected Area	(OPA)? Yes X No	Designation Date
	SECTION C - BUILDING	G ELEVATION INFORMATION (SURVEY REQUIRED)	La company of the second
 Building elevations are based on: Co *A new Elevation Certificate will be required. 		☐ Building Under Construction*	X Finished Construction	
"A new Flevation Certificate will be redu				
2. Building Diagram Number 3 (Select the	building diagram most simil	lar to the building for which this certific	ate is being completed - see p	pages 6 and 7. If no diagram
Building Diagram Number 3 (Select the accurately represents the building, provi	building diagram most simil de a sketch or photograph.)	lar to the building for which this certific	•	pages 6 and 7. If no diagram
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	he corresponding information from Sect			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit 5 41 Bowsprit Lane	t, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX	NO.		Policy Number
CITY Sarasota	STATE FL	400	ZIP CODE	Company NAIC Number
	N D - SURVEYOR, ENGINEER, OR ARCH	HITECT CERTIFICA	TION (CONTINUED)	
	r (1) community official, (2) insurance agent/com			
COMMENTS				
C-3 – Elevations based on NGVD 1929, DOT	84 AO8 Reference Mark 1, Brass Disk in sidew	alk, Elevation = 10.83 a	s published.	
C-3e – Top of slab for air conditioning pad				No. of the 24st
ń.				Check here if attachment
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NOT	REQUIRED) FOR 2	ONE AO AND ZON	E A (WITHOUT BFE)
	ete Items E1 through E4. If the Elevation Certific	ate is intended for use	as supporting information	on for a LOMA or LOMR-F,
ection C must be completed.		1. 11.1 177 1- 1- 1- 1- 1- 1-		es C and 7. If no discreme conumbe
 Building Diagram Number _(Select the building provide a sketch or 	ding diagram most similar to the building for which	on this certificate is bein	g completed – see pag	es o and 7. If no diagram accurate
	nent or enclosure) of the building isft.(m)	in.(cm) above or	below (check one) t	he highest adjacent grade. (Use
natural grade, if available).				
	ee page 7), the next higher floor or elevated floo	r (elevation b) of the bu	llding isft.(m)in.	(cm) above the highest adjacent
grade. Complete items C3.h and C3.i on fr		in (am) 🖂 ab	holow (abash and)	he highest adjacent grade. (I lee
The top of the platform of machinery and/or natural grade, if available).	equipment servicing the building isft.(m) _	in.(cm) 🔲 above or	below (cneck one) t	ne nignest adjacent grade. (USE
	er is available, is the top of the bottom floor eleva	ted in accordance with	the community's floodpl	ain management ordinance?
	al official must certify this information in Section			
	N F - PROPERTY OWNER (OR OWNER)		NAME AND ADDRESS OF TAXABLE PARTY.	
The property owner or owner's authorized rep	resentative who completes Sections A, B, C (Ite	ms C3.h and C3.i only)	, and E for Zone A (with	out a FEMA-issued or community-
	e statements in Sections A, B, C, and E are com	ect to the best of my kn	owledge.	
PROPERTY OWNER'S OR OWNER'S AUT	HORIZED REPRESENTATIVE'S NAME			
THOI ENTI OFFICE CONCOUNTERCOACT				
3.00		CITY	STATE	ZIP CODE
ADDRESS SIGNATURE		CITY		E ZIP CODE
ADDRESS SIGNATURE				the Key of the section
ADDRESS				the Key of the section
ADDRESS SIGNATURE				PHONE
ADDRESS SIGNATURE		DATE	TELEF	the Key of the section
ADDRESS SIGNATURE COMMENTS	SECTION G - COMMUNITY INFO	DATE DRMATION (OPTIO	TELEF	PHONE Check here if attachmen
ADDRESS SIGNATURE COMMENTS The local official who is authorized by law or ore Certificate. Complete the applicable item(s) and	SECTION G - COMMUNITY INFO	DATE DRMATION (OPTIO	TELEF NAL) ce can complete Section	Check here if attachmen
ADDRESS SIGNATURE COMMENTS The local official who is authorized by law or ore Certificate. Complete the applicable item(s) and G1. The information in Section C was taken	SECTION G - COMMUNITY INFO dinance to administer the community's floodplair d sign below. n from other documentation that has been signe	DRMATION (OPTIOn management ordinand and embossed by a light	TELEF NAL) te can complete Section censed surveyor, engin	Check here if attachmen
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