

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME PETER P. JR & KRISTEN J. LAVIOLETTE			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7000 FIREHOUSE ROAD			Company NAIC Number	
CITY LONGBOAT KEY	STATE FL	ZIP CODE 34228		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) CONRAD BEACH, LOT 27				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER TOWN OF LONGBOAT KEY 125126		B2. COUNTY NAME MANATEE		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 125126 0005	B5. SUFFIX D	B6. FIRM INDEX DATE 5-18-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 5-18-92	B8. FLOOD ZONE(S) V-17	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12.00'

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): _____

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.

C2. Building Diagram Number 6 (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

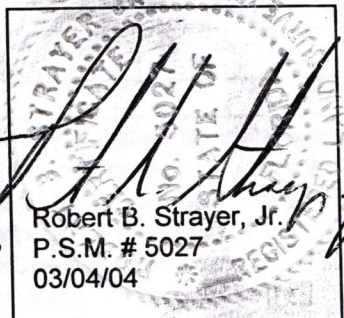
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 1929 Conversion/Comments NONE

Elevation reference mark used USC&GS RM-3, Elevation 4.93' Does the elevation reference mark used appear on the FIRM? Yes No

o a) Top of bottom floor (including basement or enclosure)	6.68 ft.
o b) Top of next higher floor	16.16ft.
o c) Bottom of lowest horizontal structural member (V zones only)	15.02ft.
o d) Attached garage (top of slab) SEE COMMENTS	6.36 ft.
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	16.21'
o f) Lowest adjacent (finished) grade (LAG)	6.0 ft.
o g) Highest adjacent (finished) grade (HAG)	6.2 ft.
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	BREAK AWAY WALLS
o i) Total area of all permanent openings (flood vents) in C3.h	PER PLANS

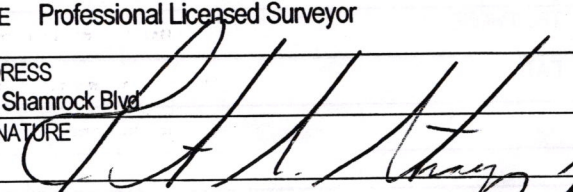
License Number, Embossed Seal, Signature, and Date



Robert B. Strayer, Jr.
P.S.M. # 5027
03/04/04

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 B. Strayer, Jr.	LICENSE NUMBER	P.S.M. # 5027
TITLE	Professional Licensed Surveyor	COMPANY NAME	Strayer Surveying & Mapping, Inc.
ADDRESS	763 Shamrock Blvd	CITY	Venice
SIGNATURE		STATE	FL
		ZIP CODE	34293
		DATE	03-04-04
		TELEPHONE	941-497-1290

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.

7000 FIREHOUSE ROAD

CITY
LONGBOAT KEY

STATE
FL

ZIP CODE
34228

For Insurance Company Use:

Policy Number

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 NUMBER 02-07-82. The structure is elevated on pilings with parking, storage and entry below. The garage area floor elevation is 6.36' with the storage/entry floor elevation at 6.68'. The garage floor level appears to have break away walls. The A/C equipment is elevated to the living area floor elevation of 16.21'.

PLANS

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. 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) 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

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



V Zone Building Design and Performance Certificate

For New Construction, Substantial Improvements, and the repair of Substantially Damaged structures in Coastal Special Flood Hazard Area (Zone V)

Section 1: Structure Location and Ownership Information

To be completed by a Registered Professional Engineer or Architect

Structure Owner Peter & Kristen Lavolette

Mailing Address 7000 Fivehouse Rd.

City Longboat Key State FL Zip Code 34228

Structure Location Conrad Beach

Latitude _____ Longitude _____
County Miami

Other Legal Description see as-built survey

Within City Limits? Y / N Coastal Barriers Resource Act (CBRA) Zone Y / N

Section 2: Flood Insurance Rate Map (FIRM) Data

NOTE: This Certificate is NOT a substitute for an Elevation Certificate.

Community Name Conrad Beach Community ID Number 125126 FIRM Panel Number 5-18-92
0005

Panel Suffix 0 FIRM Zone V-17 Date of FIRM Panel _____ Date of 5-18-92
Index _____

Section 3: Elevation Information

Record elevations to one tenth of a foot.

Elevation of the bottom of the Lowest Horizontal Structural Member 13'-4" feet

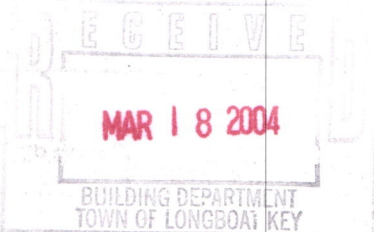
Base Flood Elevation (BFE) 12'-0" feet

Elevation of Lowest Adjacent Grade (LAG) 6'-0" feet

Elevation of Highest Adjacent Grade (HAG) 6'-0" feet

Foundation type: Piling Post Pier Column Fill Shear Wall Enclosed Wall

Foundation Description: Grade Beams & Pile Caps



Elevation at Bottom of Foundation 4'-8" feet
 Approximate depth of scour/erosion used for foundation design..... 5 feet
 Embedment depth of pilings or foundation below LAG..... 20 feet
 Datum used: NGVD 29 NAVD 88 Other _____
 Date of Construction / / Improvement/Repair (to existing Bldg) New Building

Section 4: V Zone Certifying Statement

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the proposed design and methods of construction are in accordance with accepted standards of practice for meeting the following provisions:
 The bottom of the lowest horizontal structural member of the lowest floor (including piers and columns) is elevated to above the BFE; and
 The pile or column foundation and structure attached thereto are anchored to resist flotation, collapse, lateral movement, or other structural damage from the effects of wind and water loads acting simultaneously on all structure components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable state or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

Section 5: Breakaway Wall Certifying Statement

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the proposed design and methods of construction are in accordance with accepted standards of practice for meeting the following provisions:
 Breakaway walls shall collapse from a water load no more than that which would occur during the base flood;
 The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all structure components; and
 The space below the lowest floor is designed to be used solely for parking of vehicles, building access, and/or storage.

Section 6: Certification

Check one: Section 4 Section 5 Section 4 & 5

Name (please print) JAMES R. MEHLTRETTER, P.E.
 Title V.P. License number 33600
 Phone Number 213-335-4555 EMAIL JIM.MEHLTRETTER@MCEENGINEERS.COM
 Representing MASTER CONSULTING ENGINEERS, INC.
 Address 2907 W. BAY TO PAW BLVD #201
 City TAMPA FL State FL Zip Code 33609

