

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

| | | |
|--|--|--|
| SECTION A - PROPERTY OWNER INFORMATION | | For Insurance Company Use: |
| BUILDING OWNER'S NAME <u>Corinne A Ragheb</u> | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>7015 BAYSIDE DRIVE</u> | | Company NAIC Number |
| CITY <u>LONGBOAT KEY</u> | STATE <u>FL</u> | ZIP CODE <u>34228</u> |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 17, LESS SW 17' THEREOF, BLOCK 2, LONG BEACH, PB 1/306, PRMCF</u> | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section if necessary.) <u>RESIDENCE</u> | | |
| ALTITUDE/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 <u>LONGBOAT KEY 125126</u> | | B2. COUNTY NAME <u>MANATEE</u> | B3. STATE <u>FL</u> |
| B4. MAP AND PANEL NUMBER <u>125126 0005</u> | B5. SUFFIX <u>00050</u> | B6. FIRM INDEX DATE <u>5/18/92</u> | B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>5/18/92</u> |
| B8. FLOOD ZONE(S) <u>A13</u> | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>10</u> | | |

10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe: _____)

11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe: _____)

12. 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)

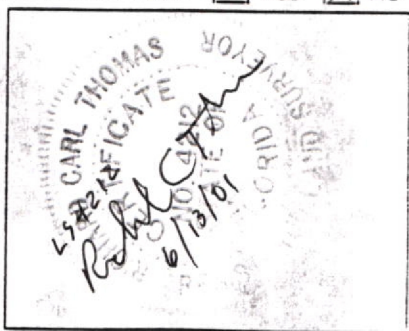
1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. If no diagram accurately represents the building, provide a sketch or photograph.)

3. 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 1384B07 EL 4.15' Does the elevation reference mark used appear on the FIRM? Yes No

| | |
|--|------------------------|
| <input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | <u>17.8</u> ft. () |
| <input type="checkbox"/> b) Top of next higher floor | _____ ft. () |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | _____ ft. () |
| <input checked="" type="checkbox"/> d) Attached garage (top of slab) | <u>6.0</u> ft. () |
| <input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building | <u>10.0</u> ft. () |
| <input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG) | <u>6.0</u> ft. () |
| <input checked="" type="checkbox"/> g) Highest adjacent grade (HAG) | <u>6.0</u> ft. () |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | _____ |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h | _____ sq. in. (sq. cm) |



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
HAROLD C. THOMAS

LICENSE NUMBER
4212

TITLE
SURVEYOR

COMPANY NAME
W.M. HEBB & ASSOCIATES

ADDRESS
2322 ALAMEDA AVE. SARA

CITY
SARASOTA

STATE
FL

ZIP CODE
34234

SIGNATURE
Carl Thomas

DATE
6/13/01

TELEPHONE
941-955-2602

