

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME LONGBEACH I, INC.		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7050 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.) LOT 21 - CONRAD BEACH			
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) V17	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

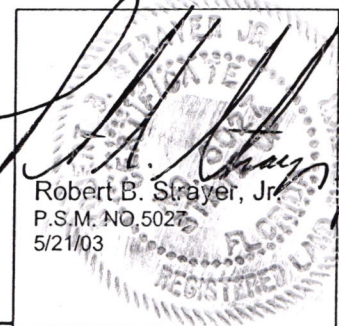
*A new Elevation Certificate will be required when construction of the building is complete.

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: CITY OF LONGBOAT KEY BM RM3, ELEVATION 4.93 ft. Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	6.49 ft.
<input type="checkbox"/> b) Top of next higher floor	6.79 ft.
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	15.17 ft.
<input type="checkbox"/> d) Attached Garage (top of slab)	6.49 ft.
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (elevator equipment)	12.27 ft.
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	4.9 ft.
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	4.9 ft.
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	N/A
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	N/A sq. in.

License Number, Embossed Seal, Signature, and Date



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 President COMPANY NAME STRAYER SURVEYING & MAPPING, INC.

ADDRESS 763 SHAMROCK BOULEVARD CITY VENICE STATE FL ZIP CODE 34293

SIGNATURE *Robert B. Strayer, Jr.* DATE 5/21/03 TELEPHONE (941) 497-1290



IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7050 FIREHOUSE ROAD			Policy Number
CITY LONGBOAT KEY	STATE FL	ZIP CODE 34228	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 98-11-3221. All first floor walls are constructed with break away walls, as per plans.

Elevation based on RM-3 benchmark, published elevation 4.93'.

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. 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
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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: _____

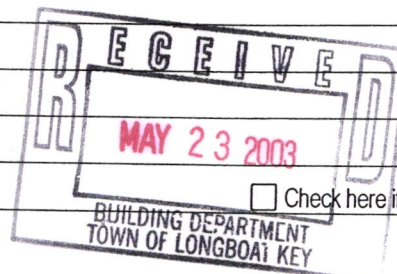
LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS _____

Check here if attachments



V-ZONE CONSTRUCTION CERTIFICATE

Name John W. Lance and Longbeach I, Inc Policy No. AS11091806
 Street Address 7050 Firehouse Road, Longboat Key, FL 34228
 Other Description Single Family Residence
 City Longboat Key State FL Zip Code 34228

Section I - Flood Insurance Rate Map Information

COMMUNITY NO.	PARCEL NO.	CLASS	DATE OF FIRM	FIRM ZONE	BASE FLOOD ELEV. as of date of firm	COMMUNITY ESTIMATED BASE FLOOD ELEVATION ESTABLISHED FOR ZONE A OR ZONE V, IF AVAILABLE
125126	0005	D	5-18-92	V17	12.00'	

Section II - Elevation Information

1. Bottom of the Lowest Horizontal Structural Member..... 15.17 ft.
2. Base Flood Elevation..... 12.00 ft.
3. Elevation of Highest Adjacent Grade..... 4.9 ft.
4. Elevation of Lowest Adjacent Grade..... 4.9 ft.
5. Elevation of Bottom of Pilings or Foundation..... 16.67 ft.

SECTION III - V Zone Certification Statement

[NOTE: This section must be completed by a registered engineer or architect.]

I certify that based upon development and/or review of structural design, specifications, and plans for construction including consideration of the hydrostatic, hydrodynamic and impact loading involved, that the 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 (excluding the pilings or columns) is elevated to or above the base flood elevation;

The pile or column foundation and structure attached thereto is anchored to resist flotation, collapse and lateral movement due to the effects of wind and water loads acting simultaneously on all building components.

SECTION IV - Breakaway Wall Certification Statement

[NOTE: This section must be completed by a registered engineer or architect when breakaway walls are used which exceed a design safe loading resistance of 20 pounds per square foot.]

I certify that based upon development and/or review of structural design, specifications, and plans for construction that the design and methods of construction of the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

Breakaway collapse shall result from a water load less 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 building components;

The space below the lowest floor is useable solely for parking of vehicles, building access and storage.

SECTION V - Certification

Check one: Section III _____, Section IV _____, Sections III and IV X

Certifier's Name Frank Folsom Smith, FAIA

Title Architect License No. AR0002914

Company Name Frank Folsom Smith & Partners, Architects, Inc.

Street Address 330 S. Pineapple Avenue, Suite 210

City Sarasota State FL Zip 34236

Signature Frank Folsom Smith Telephone 941-365-3366

