

ELEVATION CERTIFICATE

Expires December 31, 2015

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Dale R. & Candyce L. Glomsrud		For Insurance Company Use	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3215 West Gulf Drive Unit 201-C <i>Bldg. C</i>		Policy Number	
CITY Sanibel Island		STATE FLORIDA	Company NAIC Number
		ZIP CODE 33957	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Unit 201-C, Somerset at the Reef in Section 34, T46S R22E			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-## or ##.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Sanibel 120 402		B2. COUNTY NAME LEE		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120 402/0006	B5. SUFFIX E	B6. FIRM INDEX DATE 11/4/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/96	B8. FLOOD ZONE(S) A-11	B9. BASE FLOOD ELEVATION (Zone AO, use depth of floodin) 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)

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 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.)

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 NGVD 1928 Conversion/Comments _____

Elevation reference mark used S.S.I. Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>6.10</u> ft.(m)	License Number, Enclosed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	<u>14.50</u> ft.(m)	
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)	
<input type="checkbox"/> d) Attached garage (top of slab)	<u>6.10</u> ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>9.60</u> ft.(m)	
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>5.50</u> ft.(m)	
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>6.00</u> ft.(m)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>4</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>512</u> 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.

PROFESSOR'S NAME <u>DALE R. GLOMSRUD</u>	LICENSE NUMBER <u>1393</u> STATE OF FLORIDA
COMPANY NAME <u>SANIBEL SURVEYS, INC.</u>	STATE <u>FL.</u> ZIP CODE <u>33957</u>
CITY <u>SANIBEL</u>	TELEPHONE <u>339-472-1095</u>
DATE <u>1/21/05</u>	

A Form 31-11 AUG 99 SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITIONS

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

3215 West Gulf Drive Unit 201-C

CITY
Sanibel Island

STATE
FLORIDA

ZIP CODE
33957

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 This condo unit is well elevated & has 300 sq. ft. enclosed underneath the condo's at ground level. 240 sq. ft. is for two storage rooms which has 512 sq. inch of flow-thru vents for both. There is an additional 60 sq. ft. enclosed for an elevator & stairwell with no vents. This unit is on 2nd. floor Condo, being 4800 sq. ft. This bld. has 135 sq. ft. enclosed for restrooms (to be used by pool guests). There are no vents for the restrooms. Check here if attachment

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 E3. 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.
- E3. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachment

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

Check here if attachments