Bup 2003 - 14	JOR				O.M.B. No. 3067-0077 Expires December 31, 2005	
	ICE	CORBAN	TION CERTIFICATE	•	Схр	
	10 he n	Important ⁻	and the instructions on pages 4	7		
	Jounty Do	CITOSECTIONA	ead the instructions on pages 1 - - PROPERTY OWNER INFORMA	TION		For Insurance Company Use:
BUILDING OWNER'S NA	AME					Policy Number
John Kujtkowski & B	aisala Nujiku	WONI		014116		Company NAIC Number
117 Abercrombie Avenue			No.) OR P.O. ROUTE AND BOX NO.			
Englewood	STATE ZIP CODE FI 34223					
Lot 8, Block G, Stillwater -	Unit 1		Number, Legal Description, etc.)			
Residence		dential, Addition, Acces	sory, etc. Use a Comments area, if r	necessary.)		
LATITUDE/LONGITUDE (##°-##'-##,##" or ##	(OPTIONAL) ######*)	HORIZO	NTAL DATUM: S 17 🔲 NAD 1983		PS (Type SGS Qua	
	S	ECTION B - FLOOD	INSURANCE RATE MAP (FIRM) II	NFORMATION		······································
B1. NFIP COMMUNITY NAME Unincorporated 125144	& COMMUNITY NUM		B2. COUNTY NAME Sarasota			. STATE rida
B4, MAP AND PANEL NUMBER 125144 0454	B5. SUFFIX D	B6. FIRM INDEX DATE 07-31-71	87. FIRM PANEL EFFECTIVE/REVISED DATE 05-01-84	B8. FLOOD ZO A12	NE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12.0
310. Indicate the source of the	Base Flood Elevat	ion (BFE) data or base flo	Dod depth entered in B9.	_l		12-14
FIS Profile 311. Indicate the elevation dat	🗌 FIRM	Community Dete	ermined Other (Descri	ibe):		
B12. Is the building located in	a Coastal Barrier Re	E III Da: KAI NGVD 1929 Sources System (CRPS	AVD 1988 Interacted Area (OP)	Other (Desc	ribe):	
	SEC	TION C - BUILDING	ELEVATION INFORMATION (SUR		<u>טאועכ L</u> ח)	
C1. Building elevations are ba				Finished Constru		
	ate will be required u	when construction of the b	vildina is complete			
*A new Elevation Certifica	ate will be required w r 1 (Select the building	when construction of the t	uilding is complete.	L-1		A 1 T H
*A new Elevation Certifica C2. Building Diagram Number	r <u>1</u> (Select the buildir	ng diagram most similar t	vuilding is complete. o the building for which this certificate is I	being completed -	see page	is 6 and 7. If no diagram
*A new Elevation Certifica C2. Building Diagram Number accurately represents the	r <u>1</u> (Select the buildir building, provide a s	ng diagram most similar t sketch or photograph.)	o the building for which this certificate is I		see page	is 6 and 7. If no diagram
*A new Elevation Certifica C2. Building Diagram Number accurately represents the C3. Elevations – Zones A1-A3	r <u>1</u> (Select the buildir building, provide a s 30, AE, AH, A (with E	ng diagram most similar t sketch or photograph.) BFE), VE, V1-V30, V (witi	o the building for which this certificate is I	AR/AH. AR/AO		-
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IMPORTANT: In these spaces, copy the	e corresponted information from Sect	ion A.		For Insurance Company Use:
	Suile, and/or Bidg. No.) OR P.O. ROUTE AND BOX I			Policy Number
CITY	STATE	ZIP COD	E	Company NAIC Number
Englewood	FI D - SURVEYOR, ENGINEER, OR ARCH	34223		
		البالا المتأثر ببالبية متشاطعة وكالمتكر فالتعريف فتعادر والمتعرب		<u></u>
Copy boin sides of this Elevation Certificate for COMMENTS	(1) community official, (2) insurance agent/com	party, and (5) building ownes.		
LOMMENTS				
				<u>,</u>
<u>ar 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 </u>	*****		۲	Check here if attachments
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NOT	REQUIRED) FOR ZONE AO		
	te Items E1 through E4. If the Elevation Certific			
ection C must be completed.				
1. Building Diagram Number(Select the build	ling diagram most similar to the building for whic	ch this certificate is being completed	d – see pages (and 7. If no diagram accurately
represents the building, provide a sketch or		te (and [77] along an [77] halon (a		inhant adiagent grada (11ag
The top of the bottom floor (including basem natural grade, if available).	ent or enclosure) of the building isft.(m)		ner one) ne i	iyincəl aujacetil ytade. (USE
	ee page 7), the next higher floor or elevated floor	r (elevation b) of the building is	ft.(m)in.(cm) above the highest adjacent
grade. Complete items C3.h and C3.i on fro	ont of form.			
• • • •	equipment servicing the building is $\{f.}(m)_{}$	in.(cm) 🔲 above or 📋 below (c	check one) the l	nighest adjacent grade. (Use
natural grade, if available).	r is available, is the top of the bottom floor eleval	ted in accordance with the commu	nitv'e floodalaia	management ordinance?
• •	al official must certify this information in Section (nity a noouprain	Inditagenten orunance :
المستبد المحديد المجتر البلاني الذي الزار تحاذر فيتراج فيتجرب المتري فتعدد مراجع والمحاد المترك فتحد	N F - PROPERTY OWNER (OR OWNER'		IFICATION	
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 i	Zone A (without	a FEMA-issued or community-
issued BFE) or Zone AO must sign here. The	e statements in Sections A, B, C, and E are corre	ect to the best of my knowledge.		
PROPERTY OWNER'S OR OWNER'S AUT	HORIZED REPRESENTATIVE'S NAME	-		
ADDRESS		CITY	STATE	ZIP CODE
			-	
SIGNATURE		DATE	TELEPHO	ME .
COMMENTS				
		*****		Charle have if attachments
·	SECTION G - COMMUNITY INFO			Check here if attachments
The local official who is authorized by law or or	Sinance to administer the community's floodplain		nlete Sections	A. B. C. (or E), and G of this Elevation
Certificate. Complete the applicable item(s) an				, , , , , , , , , , , , , , , , , , ,
G1. 🔲 The information in Section C was take	n from other documentation that has been signe			r, or architect who is authorized by st
-	ation. (Indicate the source and date of the eleval		-	•
	n E for a building located in Zone A (without a Fl 9) is provided for community floodplain manage		BFE) or Zone A	0.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		TE OF COMPLU	NCE/OCCUPANCY ISSUED
G4. PERMIT NUMBER	GO. DATE PERMITISSUED	GO. DATE CERTIFICA		WUERUUUUPAWUT ISSUED
G7. This permit has been issued for: New	Construction 🔲 Substantial Improvement			προσφορια μαραπέρους ματαγοριατικας το διατοριατικό το
G8. Elevation of as-built lowest floor (including		ft		Datum:
G9. BFE or (in Zone AO) depth of flooding at the	ne building site is:		fL(m)	Datum:
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