

ELEVATION CERTIFICATE

OMB No. 1660-0008
 Expiration Date: November 30, 2018

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.
 4990 Egret Road

FOR INSURANCE COMPANY USE
 Policy Number:

City: Venice State: Florida ZIP Code: 34293

Company NAIC Number

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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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–G10) is provided for community floodplain management purposes.

G4. Permit Number 18-133472 B1	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
--	------------------------	---

G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement	
G8. Elevation of as-built lowest floor (including basement) Of the building: _____	<input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____
G9. BFE or (in Zone AO) depth of flooding at the building site: _____	<input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____
G10. Community's design flood elevation: _____	<input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

JOB# 18-1077 Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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.
4990 Egret Road

Policy Number:

City Venice State Florida

ZIP Code 34293

Company NAIC Number

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- | | | | | | |
|--|-------|-------------------------------|---------------------------------|-----------------------------------|---|
| a) Top of bottom floor (including basement, crawlspace, or enclosure) is | N . A | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> below the HAG. |
| b) Top of bottom floor (including basement, crawlspace, or enclosure) is | N . A | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> below the LAG. |
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1-2 of Instructions), the next higher floor (elevation C2, b in the diagrams) of the building is
- | | | | | | |
|--|-------|-------------------------------|---------------------------------|-----------------------------------|---|
| | N . A | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> below the HAG. |
|--|-------|-------------------------------|---------------------------------|-----------------------------------|---|
- E3. Attached garage (top of slab) is
- | | | | | | |
|--|-------|-------------------------------|---------------------------------|-----------------------------------|---|
| | N . A | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> below the HAG. |
|--|-------|-------------------------------|---------------------------------|-----------------------------------|---|
- E4. Top of platform of machinery and/or equipment servicing the building is
- | | | | | | |
|--|-------|-------------------------------|---------------------------------|-----------------------------------|---|
| | N . A | <input type="checkbox"/> feet | <input type="checkbox"/> meters | <input type="checkbox"/> above or | <input type="checkbox"/> below the HAG. |
|--|-------|-------------------------------|---------------------------------|-----------------------------------|---|
- E5. 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. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City

State Florida ZIP Code

Signature Date

Telephone

Comments

JOB# 18-1077

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4990 Egret Road		Policy Number:
City Venice	State Florida	ZIP Code 34293
		Company NAIC Number

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. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, ARA, ARAE, ARA1–A30, ARAH, ARAO.
 Complete items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized N.G.S. C727 Vertical Datum: N.A.V.D. 88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

- | | |
|---|--|
| | Check the measurement used. |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 11.5 feet <input checked="" type="checkbox"/> meters |
| b) Top of the next higher floor | N.A feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N.A feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 11.0 feet <input checked="" type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | 11.3 feet <input checked="" type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 10.9 feet <input checked="" type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 11.1 feet <input checked="" type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | 10.9 feet <input checked="" type="checkbox"/> meters |

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 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's name Alan K. Fish, PSM License Number LS 3941

Title Professional Surveyor & Mapper

Company Name Van Buskirk / Fish & Associates, Inc.

Address 12450 Tamiami Trail

City North Port State Florida ZIP Code 34287

Signature  Date 03/07/2019 Telephone (941) 426-0681

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
 Elevation in item C2 e). is the A/C pad. Information provided in this Elevation Certificate is based on the building conditions at time of survey. Any building revisions affecting the items reported in this Certificate will require an updated Elevation Certificate.



ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Alexei Zakharchenko		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4990 Egret Road		Company NAIC Number:	
City Venice	State Florida	ZIP Code 34293	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) N. 1/2 of Lot 5752, Lot 5753 & Lot 5754, South Venice, Unit No. 22, Sarasota County, Florida			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>			
A5. Latitude/Longitude: Lat. <u>27°02'14.30" N.</u> Long. <u>082°25'04.90" W.</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number <u>1A</u>			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>			
c) Total net area of flood openings in A8.b <u>N/A</u> sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A9. For a building with an attached garage:			
a) Square footage of attached garage <u>437</u> sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>			
c) Total net area of flood openings in A9.b <u>N/A</u> sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Sarasota County 125144	B2. County Name Sarasota	B3. State Florida
B4. Map/Panel Number 12115C-0341	B5. Suffix F	B6. FIRM Index Date 11/04/2016
	B7. FIRM Panel Effective/ Revised Date 11/04/2016	B8. Flood Zone(s) AE
		B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 10 Feet

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9:

FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No

Designation Date: _____ CBRS OPA

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

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. 4990 Egret Road			Policy Number:
City Venice	State Florida	ZIP Code 34293	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption

Front View

Date Taken 03/04/19

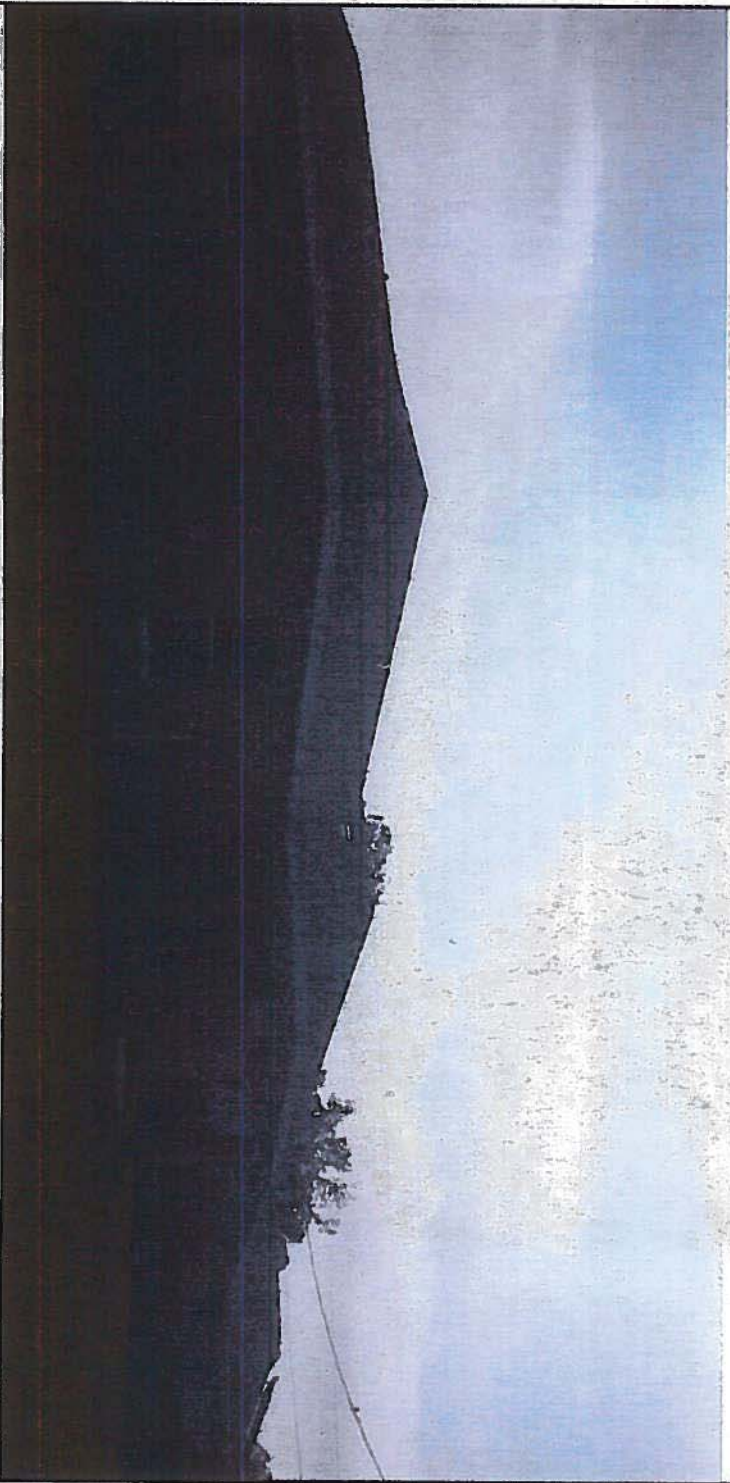


Photo Two Caption

Rear View

Date Taken 03/04/19

JOB# 18-1077

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

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. 4990 Egret Road			Policy Number:
City Venice	State Florida	ZIP Code 34293	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View", and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption

Left View

Date Taken 03/04/19



Photo Two Caption

Right View

Date Taken 03/04/19

JOB# 18-1077