U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration	Date: July 31.	2015

A1. Building Owner's Name, MICHAEL & MARCHAEL & MARCHAE	FOR INCLIDANCE COLUMN
- Stating Officer's Name Michael & MARCIA WOELFFER	FOR INSURANCE COMPANY USE Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number:
City VENICE	Osmpany NAIC Number:
A3. Property Description (Lot and Block Numbers Tax Passel Numbers Tax	128500 B1
LOT 33, MYAKKA COUNTRY	100000
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. 27300 381. Long. 80840 8081	
A7. Building Diagram Number, 1A	
A8. For a building with a crawispace or enclosure/o):	
a) Square rootage of crawispace or enclosuro(s)	
or enclosure(s) within 1.0 foot above adjacent grade	flood openings in the attack
d) Engineered flood openings? ☐ Yes ☒ No ☐ C) Total net area of flood openings? ☐ Yes ☒ No ☐ Description of the control of th	-!
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATIO	nings? ☐ Yes ☒ No
B1. NFIP Community Name & Community Number SARASOTA COUNTY 405444	
SARASOTA	B3. State FLORIDA
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel B8. Flood	
9/3/92 Effective/Revised Date Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or bose flood days.	8'
Day 1000 Lomming Determined	
B11. Indicate elevation datum used for REE in Item Roy 53 May 2015	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?	
CBRS U OPA	☐ Yes
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIR	FD)
C1. Building elevations are based on:	
A new Flowsties Construction Drawings Building Under Construction	
A new Elevation Certificate will be required when construction of the building is complete.	M Finished Co
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, AR/A, AR/AE, AR/A1–A30, AR/A below according to the building diagram specified in Item A7, In Part 1919.	M Finished County in
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INFORTANT: In these spac	es, copy the corresponding information	from Section	nΔ	(All property)		-
Building Street Address (including 11 KIMBERLY DRIVE	g Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou	ite and Box No			R INSURANCE COMPAN cy Number:	IY USE
City VENICE	State FL	ZIP Cod	0.24202			
SEC1		004		Con	npany NAIC Number:	
Copy both sides of this Elevation	TON D - SURVEYOR, ENGINEER, OR A	RCHITECT C	ERTIFICATIO	N (CONT	INUED)	
Comments FILE # 14-08-07 THE	Certificate for (1) community official, (2) insurance	ce agent/comp	any, and (3) bull	ding owner	r.	
WITHOUT AN ORIGINAL SIGNA	E A/C WAS USED AS THE LOWEST MACHINE TURE & RAISED SEAL.	RY SERVICIN	G THE BUILDIN	IG AT 10.5	CERTIFICATE IS NOT	VALID
	'					٧٨٤١٤
Signature D						
SECTION 5 PHILIPPIN		Date 11/7/14		:-		
SECTION E - BUILDING E	LEVATION INFORMATION (SURVEY NO	OT REQUIRE	D) FOR ZONE	E AO ANI	ZONE A MATERIALIE	
					D ZONE A (WITHOUT	BFE)
and C. For Items E1–E4, use natu	complete Items E1–E5. If the Certificate is interest of grade, if available. Check the measurement of for the following and check the access in the control of the following and check the access in the control of the following and check the access in the control of the control	ended to suppo	ort a LOMA or L	OMR-F req	uest, complete Sections	A. B.
Provide elevation information	n for the following and check the appropriate box adjacent grade (LAG).	es to show wh	other the ele	r meters.		., _,
a) Top of bottom floor (included	adjacent grade (LAG).	.55 10 3110 44 4411	eniei nie eievat	ion is above	e or below the highest ad	jacent
b) Top of bottom floor (includ	aujacent grade (LAG). ling basement, crawispace, or enclosure) is ing basement, crawispace, or enclosure) is ith permanent flood openings provided in Section	—·— [☐ feet ☐ met	ers 🔲 abo	ove or D below the HAG	
(Olevation C2.b in the diadran	ns) of the building is feet [meters D	thove or I had	es 8–9 of Ir	nstructions), the next high	er flooi
5. Zone AO only: If no flood der	and/or equipment servicing the building is oth number is available, is the top of the bottom.	🗖 fe	et meters	☐ above o	T Delow the HAG	
ordinance? Yes No	oth number is available, is the top of the bottom Unknown. The local official must certify this	floor elevated in	n accordance w	ith the com	munity's floodolain mana	aemen
SECTIO	ON E PROPERTY COMMENTAL PROPERTY THIS	s information in	Section G.		, - woodplant mana	genien
020110	ON F - PROPERTY OWNER (OR OWNER	'S REPRESE	NTATIVE) CI	ERTIFICA	TION	
				o FEMA		
Zone AO must sign here. The sta	onzed representative who completes Sections A tements in Sections A. B. and E are correct to the			a FEMA-is	sued or community-issue	d BFE)
Zone AO must sign here. The sta roperty Owner's or Owner's Author	onzed representative who completes Sections A tements in Sections A. B. and E are correct to the			a FEMA-is	sued or community-issue	d BFE)
Zone AO must sign here. The sta roperty Owner's or Owner's Author	onzed representative who completes Sections A tements in Sections A. B. and E are correct to the		Zone A (without nowledge.	a FEMA-is	sued or community-issue	d BFE)
	onzed representative who completes Sections A tements in Sections A, B, and E are correct to the trized Representative's Name		Zone A (without nowledge. Sta	a FEMA-is	sued or community-issue	d BFE)
Zone AO must sign here. The sta roperty Owner's or Owner's Author	onzed representative who completes Sections A tements in Sections A, B, and E are correct to the ized Representative's Name		Zone A (without nowledge. Sta	a FEMA-is	sued or community-issue	d BFE)
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VA Form 086-0-33 (7/12)

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ELEVATION CERTIFICATE, page 3

Building Photographs See Instructions for Item A6.

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. 11 KIMBERLY DRIVE Policy Number: City VENICE

State FL 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.





FRONT VIEW 11/7/14

REAR VIEW 11/7/14