OMB No. 1660-0008

Expiration Date: November 30

	Expiration Date: November 30, 2010
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. 6168 Linda Street	FOR INSURANCE COMPANY USE Policy Number:
City State ZIP Code Venice 34293	Company NAIC Number
SECTION G - COMMUNITY INFORMATION (OPTIONAL)	The state of the s
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.	nagement ordinance can complete below. Check the measurement
G1. The information in Section C was taken from other documentation that has been signed and sealed by a engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and data in the Comments area below.)	nd sealed by a licensed surveyor, re source and date of the elevation
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.	A-issued or community-issued BFE)
G3. The following information (Items G4–G10) is provided for community floodplain management purposes	ent purposes.
G4. Permit Number 65. Date Permit Issued G6. G6	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement	nent
G8 Elevation of as-built lowest floor (including basement) Of the building:	meters Datum
G9. BFE or (in Zone AO) depth of flooding at the building site: ☐ feet	meters Datum
Local Official's Name Title	
Community Name Telephone	
Signature	The second secon
Comments (including type of equipment and location, per C2(e), if applicable)	
JOB# 15-1327	Check here if attachments.

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

Company NAIC Number	ZIP Code 34293	State Florida	City Venice
Policy Number:	P.O. Route and Box No.	ot., Unit, Suite, and/or Bldg. No.) or	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6168 Linda Street
FOR INSURANCE COMPANY USE	from Section A.	y the corresponding information f	IMPORTANT: In these spaces, copy the corresponding information from Section A.

AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F reques

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).

E4. Top of platform of machinery and/or equipment servicing the building is	E3. Attached garage (top of slab) is	the next higher floor (elevation C2.b in the diagrams) of the building is	E2. For Building Diagrams 6–9 with permanent flood op	 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 	the Highest adjacent grade (1700) and the rowest adjacent grade (1700).
ipment <u>N</u> . <u>A</u>	N.A	N.A	ent flood openings provided in Sec	ent, N.A	ent, <u>N.A</u>	C lottest adjacent grade (D.C)
eet 🗆	☐ feet ☐	☐ feet ☐	ction A Items 8	☐ feet ☐	☐ feet ☐	
meters	meters		3 and/or 9 (meters		
☐ above or ☐ below the HAG.	☐ above or ☐ below the HAG.	☐ above or ☐ below the HAG.	(see pages 1–2 of Instructions),	☐ above or ☐ below the LAG.	☐ above or ☐ below the HAG.	
	nachinery and/or equipment $\underline{N} \cdot \underline{A}$ \square feet \square meters \square above o	op of slab) is $\underline{N} \cdot \underline{A} \qquad \qquad \Box \text{ feet } \Box \text{ meters } \Box \text{ above or }$ nachinery and/or equipment $\underline{N} \cdot \underline{A} \qquad \qquad \Box \text{ feet } \Box \text{ meters } \Box \text{ above or }$	r (elevation C2.b in N.A ☐ feet ☐ meters ☐ above o p of slab) is N.A ☐ feet ☐ meters ☐ above o nachinery and/or equipment N.A ☐ feet ☐ meters ☐ above o	ms 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages r (elevation C2.b in □ building is □ feet □ meters □ above o po of slab) is □ leet □ meters □ above o machinery and/or equipment □ N. A □ feet □ meters □ above o	oor (including basement, N.A. feet meters above or anclosure) is N.A. feet meters above or see pages r (elevation C2.b in building is N.A. feet meters above or above or should be anclosured by a feet meters above or above or anachinery and/or equipment N.A. feet meters above or anachinery and/or equipment N.A. feet meters above or above o	oor (including basement, nor including basement, nor

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	zed Representative's Name	
Address	City	State ZIP Code Florida
Signature	Date	Telephone
Comments		
		£
JOB# 15-1327		☐ Check here if attachments

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Labilding Owner's Name Vadim and Olga Desyatrikova Balliding Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Balliding Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Balliding Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Balliding Street Street City Venice State Florida Property Description (Lot and Block Numbers, Tax Parcel Number, Legal DeLots 3,4 & 5 Block "F", Subdivision of Lot 7 in Block "J" Manasota, Ss. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Lattude/Longitude: Lat. 27°01′18.2" N. Long. (082°24′19.0" W. L	Route and Con Poliniscription, etc.) arasota County, Florida Residential Horizontal Datum: Dobtain flood insurance. CFIRM) INFORMATION BB. Flood Zone(s) BB.	Policy Number: Company NAIC N ZIP Code 34293 rida ION Jacent grade N B9. Base Floo (Zone AO, Flood Dep 11 Flood Dep	Policy Number: Company NAIC Number: ZIP Code 34293 rida NAD 1927 NAD 1983 ce. NAD 1927 NAD 1983 NAD 1927 NAD 1983 Sec. Sec. NAD 1927 NAD 1983 Jacent grade N/A
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route Box No. 6168 Linda Street		100000000000000000000000000000000000000	Number:
state	ZIP	Code 3	3
Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Lots 3,4 & 5 Block "F", Subdivision of Lot 7 in Block "J" Manasota,		20	
Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	ntial	12.248 36.652	Series of the series
Latitude/Longitude: Lat. 27°01'18.2" N. Long. 082°24'19.0" W.	ntai Datum: [
	od insurance.		
Building Diagram Number			
	oot above adia		
Total net area of flood openings in A8.b N/A	No. 18 to 18 18 18 18 18 18 18 18 18 18 18 18 18		
Engineered flood openings?		42	
For		7	Company of the Compan
Square footage of attached garage 1845 sq ft			The state of the s
וום מוומכוופט	injacetit Grane	N	
Total net area of flood openings in A9.b N/A			
Engineered flood openings? Yes X			
RATE MAP	IFORMATION	~	Company on
NFIP Community Name & Community Number B2. County Name Sarasota County 125144	ota	B3	Sta
B5. Suffix B6. FIRM Index B7. FIRM Panel Effective/ F 11/04/2016 Revised Date 11/04/2016	od Zone(s) AE	B9. Base FI (Zone A Flood D	ood Elevation(s) O, use Base epth) 1 Feet
Indicate the source of the Base Flood Elevation (BFE) data	ed in Item B9:		
Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 🛛		Other/Source	% :
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🖂 No	ise Protected	Area (OPA)	? ☐ Yes ⊠ No
Designation Date: ☐ CBRS ☐ OPA			

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

Any building revisions affecting the	Comments (including type of equipment and location, per C2(e), if applicable) Information provided in this Elevation Certificate is based on the building conditions at time of survey. Any building items reported in this Certificate will require an updated Elevation Certificate.
nt/company, and (3) building owner	Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company
(941) 426-0681	Signature Date Telephone (941)
¥	City State ZIP Code North Port Florida 34287
Here	Address 12450 Tamiami Trail
Place Seal	Company Name Van Buskirk / Fish & Associates, Inc.
E and a second	Title Professional Surveyor & Mapper
	Certifier's name Alan K. Fish, PSM
☐ Check here if attachments.	Were latitude and longitude in Section A provided by a licensed land surveyor? 🛮 🖂 Yes 🔲 No
w to certify elevation information I understand that any false	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.
ATION	SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION
⊠ feet ☐ meters	h) Lowest adjacent grade at lowest elevation of deck or stairs, including 10.4
⊠ feet	_
	f) Lowest adjacent (finished) grade next to building (LAG)
☐ feet ☐ meters	e) Lowest elevation of machinery or equipment servicing the building $12 \cdot 3$ (Describe type of equipment and location in Comments)
⊠ feet	d) Attached garage (top of slab) 11.3
☐ feet ☐ meters	Bottom of the lowest horizontal structural member (V Zones only)
☐ feet ☐ meters ☐ meters	a) Top of bottom floor (including basement, crawlspace, or enclosure floor) $12 \cdot 9$
Check the measurement used.	Datum used for building elevations must be the same as that used for the BFE.
	□NGVD 1929 ⊠ NAVD 1988 □ Other/Source:
	Indicate elevation datum used for the elevations in items a) through h) below.
	Benchmark Utilized F.D.E.P. SAR 23 Vertical Datum: N.A.V.D. 88
AR/AE, AR/A1-A30, AR/AH, AR/AO. uerto Rico only, enter meters.	*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 Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto R
	 Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction*
UIRED)	SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)
Company NAIC Number	City State ZIP Code Venice State SIP Code S4293
Policy Number:	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6168 Linda Street
FOR INSURANCE COMPANY	IMPORTANT: In these spaces, copy the corresponding information from Section A.

FEMA Form 086-0-33 (7/15)

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

ELEVATION CERTIFICATE

FOR INSURANCE COMPANY USE OMB No. 1660-0008 Expiration Date: November 30, 2018

Company NAIC Number	ZIP Code 34293	State Florida	City Venice
Policy Number:	⁵ .O. Route and Box No.	nit, Suite, and/or Bldg. No.) or F	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 6168 Linda Street
FOR INSURANCE COM	·	corresponding information fi	IMPORTANT: In these spaces, copy the corresponding information from Section A.

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 01/04/17

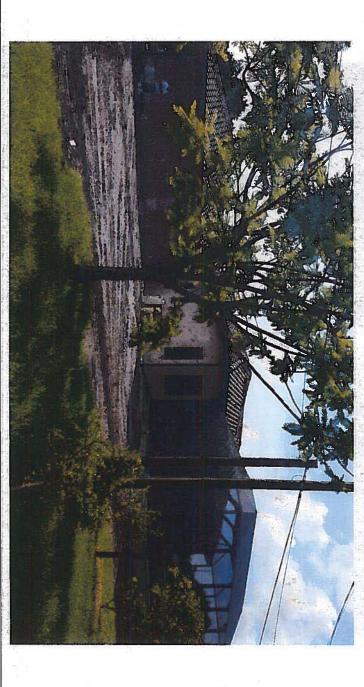


Photo Two Caption

Rear View

Date Taken 01/04/17

JOB# 15-1327

BUILDING PHOTOGRAPHS

Continuation Page

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. Venice 6168 Linda Street State Florida ZIP Code 34293 Company NAIC Number Policy Number: FOR INSURANCE COMPANY USE

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.

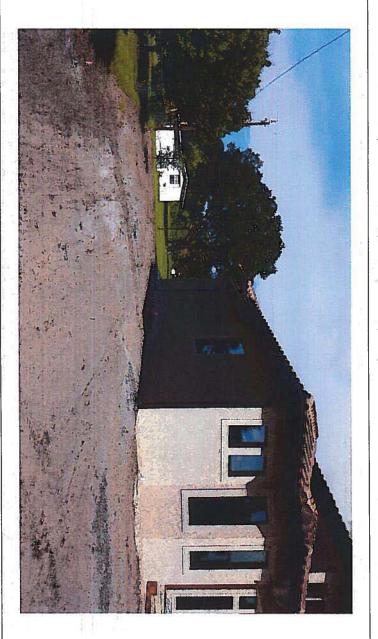


Photo One Caption

Left View

Date Taken 01/04/17



Photo Two Caption

Right View

Date Taken 01/04/17

JOB# 15-1327