

ELEVATION CERTIFICATE


OMB No. 1660-0008
Expires July 31, 2015

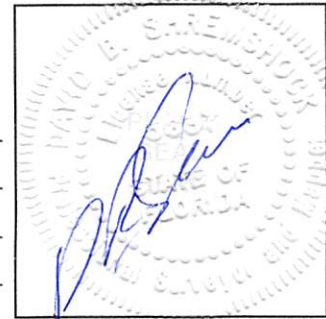
Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name: <u>Bethany & Christen Tielinen</u>		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>931 Sea Fox Road</u>		Company NAIC Number
City: <u>Venice</u>	State: <u>Florida</u>	ZIP Code <u>34293</u>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lots 9895, 9896 & 9897 South Venice Unit No. 36 Sarasota County Parcel ID #0456-08-0042</u>		PERMIT # <u>15-13584300B1</u>
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>27-02-50.9</u> Long. <u>-82-25-09.1</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>1B</u>		
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) <u>n/a</u> sq ft		a) Square footage of attached garage <u>865</u> sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>n/a</u>		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>0</u>
c) Total net area of flood openings in A8.b <u>n/a</u> sq in		c) Total net area of flood openings in A9.b <u>0</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>Sarasota 125144</u>		B2. County Name <u>Sarasota</u>		B3. State <u>Florida</u>	
B4. Map/Panel Number <u>0341</u>	B5. Suffix <u>E</u>	B6. FIRM Index Date <u>9/3/92</u>	B7. FIRM Panel Effective/Revised Date <u>9/3/92</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>11</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)		
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input checked="" type="checkbox"/> Building Under Construction* <input type="checkbox"/> 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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized <u>Sarasota Bounty BM #R456-C</u> Vertical Datum <u>NGVD29</u> Indicate elevation datum used for the elevations in items a) through h) <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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, crawl space, or enclosure floor)	<u>11.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>n/a</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>n/a</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>9.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>n/a</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>8.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>n/a</u>	<input type="checkbox"/> feet <input 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Certifier's Name: <u>David B. Shremshock</u>		License Number: <u>PSM 5637</u>	
Title: <u>President</u>		Company Name: <u>Shremshock Surveying, Inc.</u>	
Address: <u>5265 Alametos Terrace</u>		City: <u>North Port</u>	State: <u>Florida</u> ZIP Code: <u>34288</u>
Signature: 		Date: <u>2/25/16</u>	Telephone: <u>941-423-8875</u>



ELIMINATION OF DUPLICATIONS

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Investigation of the activities of the Communist Party, U.S.A.

1. Name of the person or organization investigated	SECTION A - PROPERTY INFORMATION
2. Address of the person or organization investigated	3. Date of the investigation
4. Name of the person or organization which furnished the information	5. Date of the information furnished

6. Description of the property, including a list of items and their estimated value

7. Description of the property, including a list of items and their estimated value

8. Description of the property, including a list of items and their estimated value

9. Description of the property, including a list of items and their estimated value

10. Description of the property, including a list of items and their estimated value

SECTION B - BLOOD INSURANCE RATE AND OTHER INFORMATION

11. Name of the person or organization	12. Address	13. Date of the investigation	14. Name of the person or organization which furnished the information	15. Date of the information furnished

SECTION C - BUILDING ELEVATION INFORMATION (SUVEY REQUIRED)

16. Description of the building, including a list of items and their estimated value

17. Description of the building, including a list of items and their estimated value

18. Description of the building, including a list of items and their estimated value

19. Description of the building, including a list of items and their estimated value

20. Description of the building, including a list of items and their estimated value

SECTION D - SURVEYOR, ENGINEER OR ARCHITECT CERTIFICATION

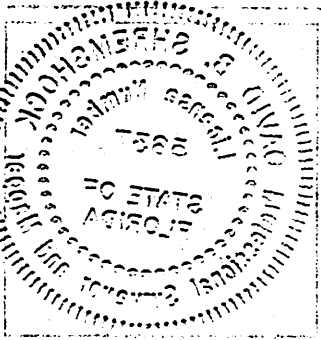
21. Name of the person or organization which furnished the information

22. Address of the person or organization which furnished the information

23. Date of the information furnished

24. Name of the person or organization which furnished the information

25. Date of the information furnished



ELEVATION CERTIFICATE, page 2			For Insurance Company Use:
IMPORTANT: In these spaces, copy the corresponding information from Section A.			Policy Number
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 931 Sea Fox Road			Company NAIC Number
City: Venice	State: Florida	ZIP Code: 34293	

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: Additional photos available upon request FB 107 Pg 2

Residence Under Construction ...no A/C pad, machinery or flood vents at this time

Signature  Date: 2/25/16

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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or 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's or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	
Comments _____			

Check here if attachments

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.-G9.) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site _____ feet meters (PR) Datum _____
- G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____
Comments _____	

Check here if attachments

Building Photographs

See Instructions for Item A6.

ELEVATION CERTIFICATE, page 3

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 931 Sea Fox Road			For Insurance Company Use: 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.



Front View



Rear View

Building Photographs

Continuation Page

ELEVATION CERTIFICATE, page 4

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
931 Sea Fox Road

City : Venice

State: Florida

ZIP Code: 34293

For Insurance Company Use:

Policy Number

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.



Left Side View



Right Side View