

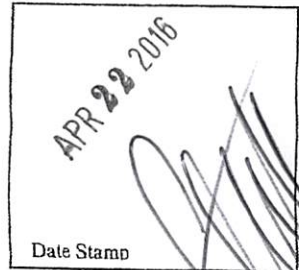
**Sarasota County Planning and Development Services
 Inspection and Permitting Services
 (Office copy not to be removed from office)**

PLEASE PUT PERMIT # ON ALL ATTACHED DOCUMENTS

Plan Change/Correction Date: 4 / 22 / 16

Property Address: 319 Roberts Rd

16 - 105266 - 00



Contact Person's Name: Edward Kalenichenko

Contact Phone Number: 901-3901 Fax Number: _____

CHECK ONE:

- Plan Change (Prior to Permit Issuance)
- Plan Change (After Permit Issued)
- Corrections Requested by Reviewer
- Other _____

Description of correction or change requested:

U.C. Flood Elevation Certificate

Applicant Must Check Plan Review Section(s) Needing To See This Change/Correction
 (Plan Changes to Property Located on a Barrier Island, i.e., Siesta Key or Casey Key will be Routed to Building and Zoning)

Building Zoning Drainage Res Prot Env Health History

CHECK, IF APPLICABLE:

Affordable Housing Smart Proj Green Building Other _____

For Office Use Only

Additional Fees for Services, Computed & Added by Plans Examiner(s) \$ _____

Each Reviewer is to Immediately Pass this form and the revised plans along to the next reviewer when completed. Each reviewer is to note date and time of completion.

Reviewer: (Circle One)	Building	Zoning	Drainage	Resource Protection	Env. Health	Other:
Date/Time Completed						
Additional Fees Added						

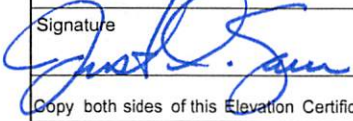
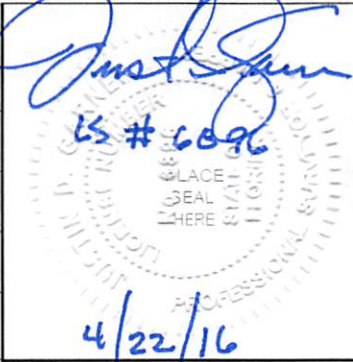

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE
IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

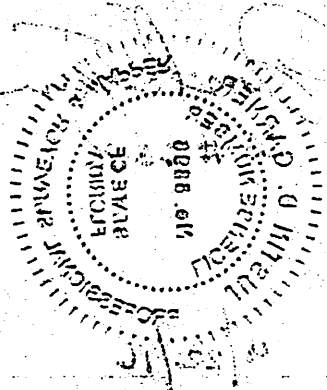
OMB Control Number: 1660-0008
 Expiration: 11/30/2018

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			FOR INSURANCE COMPANY USE		
A1. Building Owner's Name BORIS MATUSHENKO AND ANNA MATUSHENKO			Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 319 ROBERTS ROAD			Company NAIC Number:		
City NOKOMIS		State FL	Zip Code 34275		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) SOUTH 1/2 OF LOT 3, ROBERTS SUBDIVISION; PID 0167090014					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 27.1414 N Long. -82.4660 W 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 1B					
A8. For a building with a crawspace or enclosure(s):			A9. For a building with an attached garage:		
a) Square footage of crawspace or enclosure(s) N/A sq ft			a) Square footage of attached garage 412 sq ft		
b) Number of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade N/A			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0		
c) Total net area of flood openings in A8.b N/A sq in			c) Total net area of flood openings in A9.b 0 sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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 125144 239	B5. Suffix D	B6. FIRM Index Date 09/03/92	B7. FIRM Panel Effective/Revised Date 05/01/84	B8. Flood Zone(s) A12	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11 FEET
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/Source: _____					
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/Source: _____					
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					
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. *A new Elevation Certificate will be required when construction of the building is complete.					
Benchmark Utilized: PLAT BM Vertical Datum: NGVD 1929					
Indicate elevation datum used for the elevations in items a) through h) below. <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, crawspace, or enclosure floor)	11.22	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
b) Top of the next higher floor	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters		
c) Bottom of the lowest horizontal structural member (V zones only)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters		
d) Attached garage (top of slab)	9.40	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
e) Lowest elevation of machinery of equipment servicing the building (Describe type of equipment and location in Comments)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)	8.2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	9.1	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters		

ELEVATION CERTIFICATE

OMB Control Number: 1660-0008
Expiration: 11/30/2018

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
<p>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.</p>				
<input type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Certifier's Name JUSTIN D. GARNER		License Number 6896		
Title LICENSED SURVEYOR		Company Name FLORIDA ENGINEERING & SURVEYING		
Address 631 N. TAMIAHI TRAIL		City NOKOMIS	State FL	Zip Code 34275
Signature 		Date 4/22/16	Telephone 941-485-3100	
				
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable) THE BM UTILIZED FOR THIS UNDER CONSTRUCTION ELEVATION CERTIFICATE IS PLAT BM #167-C, ELEVATION = 6.50 FEET (NGVD 1929) FLOOD OPENINGS AND MACHINERY SERVICING BUILDING HAS NOT BEEN INSTALLED AT THIS TIME LATITUDE AND LONGITUDE WAS MEASURED USING A HANDHELD GPS DEVICE ACCURATE TO 18 FEET +-				
Signature 		Date 4/22/16		
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.				
E.1 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 _____		<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 _____		<input type="checkbox"/> feet	<input type="checkbox"/> meters	<input type="checkbox"/> above or <input type="checkbox"/> below the HAG
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 _____		<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 _____		<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 _____		<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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.				
Address		City	State	ZIP Code
Signature		Date	Telephone	
Comments				
<input type="checkbox"/> Check here if attachments.				



11/25/11

[Handwritten signature]

11/25/11

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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	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 Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

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

Check here if attachments.