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.

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			
A1. Building Owner's Name	FOR INSURANCE COMPANY USE		
BIONETTY LLC	Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg, No.) or P.O. Route and			
DOX 140.	Company NAIC Number:		
1200 HIDDEN VALLEY ROAD			
City State	ZIP Code		
THOUSAND OAKS CA	91361		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PORTION OF PARCEC Z, BOOK ZZ, PAGES 41	-44/694-0-170-195		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) 17.	= CIDEATTIAI		
A5. Latitude/Longitude: Lat. 34°09° 11.6" Long. 118°55′ 06.5° Horizontal Datur	n: NAD 1927 X NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur			
A7. Building Diagram Number 8			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s) 092 sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above			
c) Total net area of flood openings in A8.b sq in (ເຄວເບດອ) ແຄພ	space opening)		
d) Engineered flood openings? 🔀 Yes 🔲 No			
A9. For a building with an attached garage:			
a) Square footage of attached garageNA sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade			
A 77.1			
d) Francisco de la companya della companya della companya de la companya della co			
d) Engineered flood openings? ☐ Yes ☐ No №A			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA	TION		
B1. NFIP Community Name & Community Number B2. County Name			
VENIUGA CADATO //	B3. State		
UNINCORPORATED AREA/OGD410 VENTURA COU.	UTY CALIFORNA		
	Base Flood Elevation(s) Zone AO, use Base Flood Depth)		
Revised Date	NA		
06111C0968 F 4/4/2018 4/4/2018 A	INA		
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: PROTECT N	0. 7627 DATE: 10-29-18		
- KARLA V. C	ASTILLO PE 31902-		
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 XNAVD 1988 D0t	her/Source:		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote	cted Area (OPA)? Tyes 557No		
Designation Date: NA ☐ CBRS ☐ OPA	110 2110		
	1		

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Sec	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rout	Policy Number:		
1200 HIDDEN MALLEY ROAD			
City State ZIP (Code	Company NAIC Number	
THOUSAND DAKS CA 91:	361		
SECTION C - BUILDING ELEVATION INFORMATI	ION (SURVEY R	EQUIRED)	
	ling Under Constru	ction* Finished Construction	
*A new Elevation Certificate will be required when construction of the buildin		_	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BF	E), 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 Benchmark Utilized: VEN. CO. BM # 22-270 Vertical Datum:	N 88' N	o Rico only, enter meters.	
Indicate elevation datum used for the elevations in items a) through h) below		FN D	
☐ NGVD 1929 X NAVD 1988 ☐ Other/Source:	/. *		
Datum used for building elevations must be the same as that used for the Br	-E.		
		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	10768		
b) Top of the next higher floor	1080.z		
 c) Bottom of the lowest horizontal structural member (V Zones only) 	NA	feet	
d) Attached garage (top of slab)	NA	feet meters	
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 	1079.4	feet meters	
f) Lowest adjacent (finished) grade next to building (LAG)	1076.7	🔀 feet 📋 meters	
g) Highest adjacent (finished) grade next to building (HAG)	1076.9	🗹 feet 🔲 meters	
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	1076.7	Marifeet ☐ meters	
SECTION D - SURVEYOR, ENGINEER, OR ARCI	HITECT CERTIE	CATION	
This certification is to be signed and sealed by a land surveyor, engineer, or archi-	itect authorized by	low to cortify elevation information	
I certify that the information on this Certificate represents my best efforts to interp statement may be punishable by fine or imprisonment under 18 U.S. Code, Section		ble. I understand that any false	
Were latitude and longitude in Section A provided by a licensed land surveyor?	☐Yes ☐ No	☐ Check here if attachments.	
Certifier's Name License Number	7. 18.0	CAND CO	
FRANK J. SOBECKI 5975		SED LANDS OF	
OWNER		FRANK J.	
Company Name	-)(SOHEWE S	
FJS LAND CONSULTING		% 375al /*/	
Address		1 1 1 1	
10930 REMMET AVE		Here	
City State	ZiP Code	OF CALITY	
CHATSWORTH CA	71311		
	Telephone -SOI1075	Ext.	
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)			
CZE AIR CONDITIONING UNIT @ S/W	1 CORNER	2 OF BUILDING.	
		74-AB - 47-	

ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and	IMPORTANT: In these spaces, copy the corresponding information from Section A.			
	Policy Number:			
1200 HIDDEN VALL		·		
	-FY ROAO State ZIP (Code	Company NAIC Number	
THOUSAND OAKS		1361	company to no reamon	
			DECLUPED!	
NA SECTION E - BUILDING EL	E AO AND ZONE A (WIT	HOUT BFE)	REQUIRED)	
For Zones AO and A (without BFE), complete Items Efcomplete Sections A, B,and C. For Items E1–E4, use renter meters.	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.			
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest	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	1076.8	⊠ feet ☐ meter	s above or 🔀 below the HAG.	
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	1076,8	X feet ☐ meter		
CO Car Dutalitas Diagrams O O The control of the			- -	
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in	penings provided in Section	n A Items 8 and/or	9 (see pages 1–2 of Instructions),	
the diagrams) of the building is	1680, 2	🔀 feet 🗌 meter	s Mabove or below the HAG.	
E3. Attached garage (top of slab) is	N/A	☐ feet ☐ meter	s above or below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is	1079.4	⊠ feet ☐ meter	s 🔀 above or 🗌 below the HAG.	
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes NA	e, is the top of the bottom for the left of the left o	loor elevated in ac local official must o	cordance with the community's certify this information in Section G.	
SECTION F - PROPERTY OW	NER (OR OWNER'S REPR	ESENTATIVE) CE	RTIFICATION	
The property owner or owner's authorized representation				
community-issued BFE) or Zone AO must sign here. To	he statements in Sections A	N, B, and E are cor	rect to the best of my knowledge.	
Property Owner or Owner's Authorized Representative's Name				
FORMIX & COPERS				
FRANK J. SOBECKI	City	Ct	nto 7/D Codo	
Address	City		ate ZIP Code	
Address 10930 REMMET AVE	CHATSWORTH	C	A 91311	
Address	CHATSCORTH	C Te	PA 91311	
Address 10930 REM MET AVE Signature	CHATSWORTH	C Te	A 91311	
Address 10930 REMMET AVE	CHATSCORTH	C Te	PA 91311	
Address 10930 REM MET AVE Signature	CHATSCORTH	C Te	PA 91311	
Address 10930 REM MET AVE Signature	CHATSCORTH	C Te	PA 91311	
Address 10930 REM MET AVE Signature	CHATSCORTH	C Te	PA 91311	
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Address 10930 REM MET AVE Signature	CHATSCORTH	Te	PA 91311	

ELEVATION CERTIFICATE	OMB No. 1660-0008
IMPORTANT: In these spaces, copy the corresponding information from Section A.	Expiration Date: November 30, 201
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	FOR INSURANCE COMPANY USI
L 1200 HIDDEN VALLEY ROAD	Policy Number:
City State ZIP Code	Company NAIC Number
THOUSAND DAKS CA 91361	Company NATO Number
SECTION G - COMMUNITY INFORMATION (OPTIONAL)	
The local official who is authorized by law or ordinance to administer the community's floodplain management of the sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and significant in Items G8–G10. In Puerto Ricc only, enter meters.	anagement ordinance can complete n below. Check the measurement
G1. The information in Section C was taken from other documentation that has been signed a engineer, or architect who is authorized by law to certify elevation information. (Indicate the data in the Comments area below.)	ie source and date of the elevation
G2. A community official completed Section E for a building located in Zone A (without a FEM or Zone AO.	
G3. The following information (Items G4–G10) is provided for community floodplain managem	ent purposes.
G4. Permit Number G5. Date Permit Issued G6.	Date Certificate of
FP2018-22 12-20-2018	Compliance/Occupancy Issued
C7 This security is	9 03 20 20
G7. This permit has been issued for: New Construction Substantial Improvement	
G8. Elevation of as-built lowest floor (including basement) of the building:	
G9 BEE or (in Zono AO) double of the distance of the same of the s	Datum NACOD 6
	meters Datum
G10. Community's design flood elevation: Local Official's Name	meters Datum NAVDYK
The line	rg Manager III
Yentura County unincorporated Telephone 805-65	
Signature	1 2007
Comments (including type of equipment and location, per C2(a) if any light to	
Comments (including type of equipment and location, per C2(e), if applicable)	
*	
*	
	Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy the	corresponding informat	ion from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., L 1200 HIDDEN VALLEY ROAD	nit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
THOUSAND OAKS	CA	91361	

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.



EAST FACE RIGHT

10/7/2019

Photo One Caption

Clear Photo One



EAST FACE LEFT

10/7/2019

Photo Two Caption

Clear Photo Two

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

Replaces all previous editions.

FORM PAGE 5 OF 7

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

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Building Street Addres	s (including Apt., Unit, Suite, and/or Bldo	g. No.) or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
THOUSAND O	AKS	91361	

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.



SOUTH FACE

2/28/2020

Photo One Caption

Clear Photo One



WEST FACE

10/7/2019

Photo Two Caption

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

Replaces all previous editions.

FORM PAGE 6 OF

Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

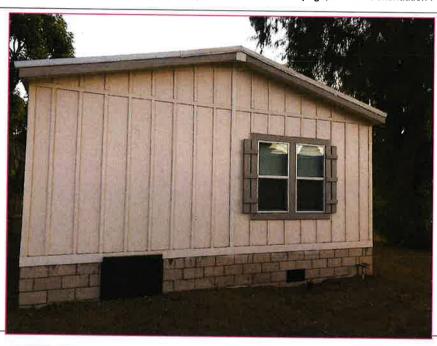
See Instructions for Item A6.

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., L 1200 HIDDEN VALLEY ROAD	Init, Suite, and/or Bldg. No.	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
THOUSAND OAKS	CA	91361	

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.



NORTH FACE

10/7/2019

Photo One Caption

Clear Photo One

Photo Two

Photo Two Caption

Photo Two

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

Replaces all previous editions.

Clear Photo Two

FORM PAGE 7 OF 7