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			RANCE COMPANY USE			
A1. Building Owner's Name BRANDED REALTY GROUP II, LLC	Policy Nun	nber:				
 A2. Building Street Address (including Apt., Unit, Suite, Box No. 642 PARK AVENUE 	Route and Company	NAIC Number:				
City WORCESTER	State Massachusetts					
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ASSESSOR'S MAP 8 PARCEL 23						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON-RESIDEN			ERCIAL			
A5. Latitude/Longitude: Lat. 42.247135 Lo	A5. Latitude/Longitude: Lat. 42.247135 Long71.835127 Horizontal Datu		1927 🔀 NAD 1983			
A6. Attach at least 2 photographs of the building if the C	ertificate is being used to	obtain flood insurance.				
A7. Building Diagram Number1B						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s)		sq ft				
 b) Number of permanent flood openings in the crawl 	Ispace or enclosure(s) wit	hin 1.0 foot above adjacent gra	ade 1			
c) Total net area of flood openings in A8.b	0.00 sq in					
d) Engineered flood openings? Yes X No						
A9. For a building with an attached garage;						
a) Square footage of attached garage	sq ft					
b) Number of permanent flood openings in the attack	ned garage within 1.0 foot	above adjacent grade				
c) Total net area of flood openings in A9.b	sq in	G====				
d) Engineered flood openings?						
SECTION B - FLOOD INS	URANCE RATE MAP (I	FIRM) INFORMATION				
B1. NFIP Community Name & Community Number	B2. County Name	* 10000 1000000000000000000000000000000	B3. State			
WORCESTER 250349	WORCESTER		Massachusetts			
B4. Map/Panel B5. Suffix B6. FIRM Index Date B7	7. FIRM Panel B8. FI Effective/ Zone(servised Date		evation(s) Base Flood Depth)			
25027C0802 E 07-04-2011 07-	-04-2011 AE	478				
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:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No						
Designation Date: CBRS OPA						
	_					

OMB No. 1660-0008 **ELEVATION CERTIFICATE** 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., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 642 PARK AVENUE State ZIP Code Company NAIC Number WORCESTER Massachusetts 01603 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* 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: WORCESTER SEWER MANHOLE Vertical Datum: WORCESTER SEWER DATUM Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929
☐ NAVD 1988
☐ Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. 482.0 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) X feet meters b) Top of the next higher floor feet meters feet meters c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) feet meters e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 481.0 X feet meters 481.0 X feet f) Lowest adjacent (finished) grade next to building (LAG) meters g) Highest adjacent (finished) grade next to building (HAG) 482.0 X feet meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 481.6 X feet 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. Were latitude and longitude in Section A provided by a licensed land surveyor? Check hatchinattachments. Certifier's Name License Number Andrew B. Liston 28976 BARRY Title PLS Company Name Thompson-Liston Associates, Inc. Address 51 Main Street PO Box 570 City State ZIP Code Boylston Massachusetts 01505 Signature Date Telephone Ext. 11-07-2019 (508) 869-6151 222 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) HVAC MACHINERY

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and 642 PARK AVENUE	Policy Number:						
LUCE CECTED	tate lassachusetts	ZIP Code 01603	Company NAIC Number				
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, crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet mete	ers above or below the HAG.				
crawlspace, or enclosure) is		feet mete					
E2. For Building Diagrams 6-9 with permanent flood op the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in S	ection A Items 8 and/o					
E3. Attached garage (top of slab) is			rs above or below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is		feet	rs 🔲 above or 🔲 below the HAG.				
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes I	is the top of the bott No	om floor elevated in ac					
SECTION F - PROPERTY OWNE	R (OR OWNER'S R	EPRESENTATIVE) CI	ERTIFICATION				
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						
Address	City	St	ate ZIP Code				
Signature	Date	Te	lephone				
Comments	,						
(E)							
			Check here if attachments.				

ELEVATION CERTIFICATE

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	MPORTANT: In these spaces, copy the corresponding information from Section A.					
Building Street Address (including Apt., Ur 642 PARK AVENUE	nit, Suite, and/or Bldg. No.) or P.	O. Route and Box No.	Policy Number:			
City WORCESTER	State Massachusetts	ZIP Code 01603	Company NAIC Number			
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,						
data in the Comments area below	w.)		ne source and date of the elevation A-issued or community-issued BFE)			
or Zone AO.	socion E to a sanding located h	11 ZONE A (WILLIOUS & LIV	A-issued of confindinty-issued BFE)			
G3. The following information (Items	G4-G10) is provided for commu	ınity floodplain managem	ent purposes.			
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	☐ New Construction ☐ Sub	stantial Improvement				
G8. Elevation of as-built lowest floor (inclu of the building:	iding basement)	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	•				
Community Name	Tele	ephone				
Signature	Date	е				
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.

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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.
642 PARK AVENUE

City
State
ZIP Code
WORCESTER

Massachusetts
01603

FOR INSURANCE COMPANY USE

Company NAIC Number:

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.



Photo One

Photo One Caption

Clear Photo One



Photo Two

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, S 642 PARK AVENUE	uite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
WORCESTER	Massachusetts	01603	ounpairy was number
If submitting more photographs than will fit of with: date taken; "Front View" and "Rear photographs must show the foundation with re	on the preceding page, af View"; and, if required, epresentative examples of	fix the additional photogra "Right Side View" and " the flood openings or vent	aphs below. Identify all photographs Left Side View," When applicable, s, as indicated in Section A8.
	Photo Thi	ree	
	Diale There		
Photo Three Caption	Photo Three		Clear Photo Three
	<i>a.</i>		
	DI		
	Photo For	ur	
	Photo Four		
hoto Four Caption		1696 J	Clear Photo Four