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

## ELEVATION CERTIFICATE 06-1/3 Z 5 7 Important: Read the instructions on pages 1-8.

OMB No. 1660-0008 Expires February 28, 2009

	A1. Building Owner's Name SECTION A - PROPERTY INFORMATION For Insurance									
-		Marie straile						For Insurance Company Use:  Policy Number		
	Az. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.						Compa	Company NAIC Number		
	City State ZIP Code									
3	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)									
0	DODEN FLESSIVE									
1	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat. 27°17 Cong. 82°31'08"  A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  NAD 1927 NAD 19  A7. Building Diagram Number									
Cal										
386	A7. Building Diagram Nu	For a building with a crawl space or and								
07	a) oquare loolage	For a building with a crawl space or enclosure(s), provide  a) Square footage of crawl space or enclosure(s)  b) No of permanent fleed exercise or enclosure(s)  A9. For a building with an attached garage, provide:  a) Square footage of attached garage, provide:  a) Square footage of attached garage								
V	b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 feet above.									
	c) Total net area of	c) Total net area of flood openings is 4.9.1 walls within 1.0 foot above							Je	
1	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION									
3	51. NFIP Community Name & Community Number B2. County Name									
	B4. Map/Panel Number		PPIC		Daras	sota	F. State	Torida		
	0142	_	36, FIRM Index Date	B7. FIRM Effective/Rev	Panel ised Date	B8. Flood Zone(s)	B9. Ba	ase Flood Elevation(s)	) (Zone	
		of the Page Flood Floor	-3-1992	9 2 is	300 -		E	O, use base flood dep	ith)	
	B10. Indicate the source of FIS Profile	DE LIKIVI L	ommunity Determ	r base flood depth e	ntered in Ite	m B9.				
	B11. Indicate elevation da	Indicate elevation datum used for REE in Item Po								
	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Designation Date   CBRS									
	SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  C1. Building elevations are based on:  C1. Building elevations are based on:  C2. Building elevations are based on:  C3. Building elevations are based on:									
	"A new Elevation Certificate will be required when construction"    Building Under Construction									
	below according to the building disease. VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH AR/AO, Complete News Control of the building disease.									
	Benchmark Utilized &	Vertical Datum	NEND 192	7					~ 9	
	Conversion/Comment	s <u>recon.</u>								
	a) Top of bottom floor (in									
	b) Top of the next h	igher floor — encl	wey ent	CV Z	V 7 1 = 0 1110			ers (Puerto Rico only) ers (Puerto Rico only)		
	d) Attached garage (top of slab)						eters (Puerto	ters (Puerto Rico only)		
	e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)  f) Lowest adjacent (finished) grade (LAG)  g) Highest adjacent (finished) grade (HAG)							ers (Puerto Rico only) ers (Puerto Rico only)		
								ers (Puerto Rico only) ers (Puerto Rico only)		
	SECTION D - SURVEYOR ENGINEER OF ARCHITECT SERVICES									
	Information. I certify that the information on this Configuration on the Configuration of the									
	I understand that any fals	e statement may be put	nishable by fine o	ents my best efforts r imprisonment und	to interpret t er 18 U.S. C	he data available. ode, Section 1001.				
	Check here if comme	I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  Check here if comments are provided on back of form.								
	Certifier's Name 5538							PLACE		
	Title License Number							SEAL HERE		
	40 Scrasol	a Center B	Company Name	EN-	soto 1	FI 3dr	40	LS 5538		
	MAN	24	City 7-1	State - 2007	au ) The	Code 9935				
	me	Date Date	te	Telephone		11- 110				
	LS 553B	A CONTRACTOR OF								





