J.S. DEPARTMENT OF HOMELAND SECURITIVE Federal Emergency Management Agency National Flood Insurance Program

ELEVATION CERTIFICAT



OMB No. 1660-0008 Expires February 28. 2009

ilational Flood Insurance Program Important: Read the instructions on pages 1-8. SECTION A - PROPERTY INFORMATION For Insurance Company Use: A1. Building Owner's Name ROGER R. ESCHENRUEDER Policy Number A2. Building Street Address (including Apt., Unit. Suite. and/or Bldg. No.) or P.O. Route and Box No. 317 Company NAIC Number HARBON City INDIAN BEACH A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 33785 Addition TO RE-REVISED MAP OF INDIAN BEACH SEVENTEENTL 32, PG. 40 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIA A5. Latitude/Longitude: Lat. N. 27 SY 3e ____Long. W 82 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. Horizontal Datum: NAD 1927 A7. Building Diagram Number 6 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) b) No. of permanent flood openings in the crawl space or a) Square footage of attached garage sq ft No. of permanent flood openings in the attached garage enclosure(s) walls within 1.0 foot above adjacent grade walls within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b 1056 sq in Total net area of flood openings in A9.b SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State CITY ROCKS BEACH 125117 PINE //AS FLONIOA B4. Map/Panel Number **B5. Suffix** B6. FIRM Index B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) (Zone Date Effective/Revised Date Zone(s) 1210300112 AO, use base flood depth) 9-3-03 9-3-03 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 (Describe) B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other (Describe) Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? **⋈** No ☐ CBRS ☐ OPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Construction Drawings* ■ Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. 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-g below according to the building diagram specified in Item A7. Benchmark Utilized NARROW D Divelles County Dick Vertical Datum_ NAVO Conversion/Comments Check the measurement used. Top of bottom floor (including basement, crawl space, or enclosure floor) a) X feet meters (Puerto Rico only) b) Top of the next higher floor X feet Bottom of the lowest horizontal structural member (V Zones only) c) meters (Puerto Rico only) _l feet d) meters (Puerto Rico only) Attached garage (top of slab) X feet Lowest elevation of machinery or equipment servicing the building meters (Puerto Rico only) e) (Describe type of equipment in Comments) X feet meters (Puerto Rico only) f) Lowest adjacent (finished) grade (LAG) X feet Highest adjacent (finished) grade (HAG) meters (Puerto Rico only) g) X feet meters (Puerto Rico only) 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. Check here if comments are provided on back of form. PLACE ertifier's Name SEAL PEUDY Company Name License Number HERE Address Signature

Telephone

			onding information f			For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, a 317 HARBOR DRIVE			nd/or Bldn No.) or P.O. Route and Box No.			Policy Number	
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Copy both sides of this E	levation Ce	rtificate for (1) commun	nity official, (2) Insurance	agent/company	and (3) building o	wner.	
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