

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

OMB 3067-0077 Expires: June 1984

## **ELEVATION CERTIFICATE**

This form is to be used for: 1) New/Emergency Program construction in Special Flood Hazard Areas; 2) Pre-FIRM construction after September 30, 1982; 3) Post-FIRM construction; and, 4) Other buildings rated as Post-FIRM rules.

##Z	9	e =								2.4
BUILDING OW		-	F 48		ADDRESS					· · · · · · · · · · · · · · · · · · ·
7007	OTTER:				ALETA	DRI	VE BE	LLEAIR	BEACH	
PROPERTY LO						* * * * * * * * * * * * * * * * * * * *	TUTON	122 %	T TIME A	DTUB
				·ISLAND			(632.6)			nd that any false
statement may l	be punishab	le by fine	e or imprison	ment under 18	U.S. code,	Section	n 1001.			. 6
SECTION I EL	IGIBILITY (	CERTIFI		mpleted by Lo hitect, or Surv		unity Pe	rmit Officia	al or a Regis	tered Profe	ssional Engineer,
COMMUNITY NO	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	DATE OF C	CONSTR.		OOD ELEV. ne. use depth)	BUILDING IS	1 Annual 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880
125089	0002	В	3/2/83	A-11		•	1	and any amount of the manager	2	☐ New/Emergency ☐ Pre-FIRM Reg. ☐ Post-FIRM Reg.
□ □ ordi	nance. The o	certifier i t, NGVD	may rely on co. Failure to c	ped above will community reconstruct the buner nent ordinance	ords. The l uilding at tl	owest fl	oor (includ	ding basem	ent) will be	at an elevation
□ □ ordi	nance based	on elev	ation data an	en constructed d visual inspec ince issued by	tion or oth	er reaso			od plain ma	anagement
YES NO The	mobile hom	e located	d at the addre	ess described a ordinance, or	bove has b	peen tie	d down (ar	nchored) in Specificati	compliance	e with the
	OME MAKE		MODEL		OF MANUE		<del></del>	SERIAL N		DIMENSIONS
										X
(Community Pe	rmit Official	or Regis	stared Profess	sional Enginee	r Architec	t or Sur	rvevor)			
CODE	ON F.	i <del>los</del> a. Decembro de la composición						YDALE	BLVD.	SUITE S
NAME	<u> </u>							131111		
TITLE OWNE	rR/		CITY	CLEARWA	TER		STAT	E FLOR	IDA	ZIP 3462
SIGNATURE	Vend on	-0	100	3	DATE	9/14/	/89 <sub>Ph</sub>	10NE (81	3) 443	-7067
X	LEVATION	CERTIE	ICATION (C	artified by a Lo						ssional Engineer,
				chitect, or Surv		21111 <b>y</b> 1 01		, or a riog.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
										·
FIRM ZONE A1	-A30: I cer at ar	tify that i elevatio	the building on of 8.3	at the property 4feet, NG\	location d /D (mean :	lescribe sea leve	d above ha el) and the	is <i>the lowes</i> average gr	at floor (incl ade at the t	uding basement) building site is at
	an e	levation	of 7.5	feet, NGVD.	GARAGI	E FLC	OOR. 7.	74		
FIRM ZONES V	á	at an ele	hat the buildi	ng at the prope	erty locatio NGVD (me	n descri	bed above	has the bot	tom of the le ge grade at	owest floor beam the building site
FIRM ZONES A, floor elevation of										
FIRM ZONE AO: feet, NGVD. The									on of	
SECTION III F	LOODPROC	FING C	ERTIFICATI	ON (Certificati	on by a Re	eaistered	d Professio	nal Engine	er or Archit	ect)
									- 1	
walls substantia	lly imperme nic loads an	able to t d effects	he passage of buoyancy	of water and s	tructural c	ompone	ints having	the capab	ility of resis	watertight, with sting hydrostatic impact and uplift
YES 🗆 NC	(Hun	nan inter Inless m	vention mear easures are to	ill this degree as that water w aken prior to th	ill enter the	e buildir	ng when flo	ods up to	he base flo	od level oc-
YES D. NO		s and wi		ied as a reside	nce?					
If the answer to completed and completed and completed and complete an	both questic	ns is YE	S, the floodp	roofing cannot	be credite			ses and the	actual lowe	est floor must be
FIRM ZONES A,	A1-A30, V1-	-V30, AC	and AH:		Cei	rtified FI	loodproofe	d Elevation	is	feet, (NGVD).
THIS CERTIFIC	ATION IS FO	OR 🗆 SE	CTION II	□ BOTH SEC	TIONS II A	ND III (	Check On	e) .	et er u	
CERTIFIER'S NA	ME			COMPANY	NAME			. LI	CENSE NO	. (or Affix Seal)
GORDON	F. KI	LLION	K	ILLION A	ND ASS	SOCIA	ATES		R.L.S	.#3138
TITLE				ADDRESS				19	ZIP	
ØWNE	IR			0 SUNNYE		LVD.			346	
SIGNATURE	11/0	2	DATE	CITY				TATE		ONE
June	Hell	le	9/14/89		WATER			RIDA		443-7067
The Insur	ance agent :	should a	ttach the orig	inal copy of th	ie complete cyholder a	ed form nd the t	to the floo	od insuranc retained by	e policy ap <sub>l</sub> the agent	pilication,

INSURANCE AGENTS MAY ORDER THIS FORM