

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.

BUILDING OWNER'S				ADDRESS							
NAME	STELL	A M. LEON) n 2 L	ADDI	STON A	V E	DELLE	AIR BC	
PROPERTY LOCATION					UZ II	AKKI	STUN A.	<u> </u>	DELLE	AIK BUT	
LOT 2, E	ILTMOR	E ISLES .					* 4				
I certify that the inform statement may be puni-	ation on this	s certificate repr	esents my b	est efforts t	o interp	ret the	data availab	le. I und	erstand th	at any false	
SECTION I ELIGIBIL	TY CERTIF	ICATION (Com	pleted by Lo ect, or Surv	cal Commu	inity Peri	mit Offi	cial or a Reg	istered F	rofession	al Engineer,	
COMMUNITY NO PANEL N	O. SUFFIX	DATE OF FIRM	FIRM ZONE	DATE OF C	TE OF CONSTR. BASE FLOOD ELEV. (In AO Zone, tise depth)				BUILDING IS () New/Emergency		
125089 0002	В	3/2/83	A-11				11		LI Pr	e-FIRM Reg. ost-FIRM Reg.	
ordinance. of the commu	The certifier ft, NGVE nity's flood p	uilding describe may rely on cor D. Failure to con Dlain manageme	nmunity reco struct the bu nt ordinance	ords. The louiding at the	owest flo nis eleva	oor (incl	luding base by place the	ment) wi building	II be at ar in violatio	elevation on of	
O crdinance b	ased on ele	above has been vation data and to n copy of variand	visual inspec	tion or oth	er reaso	n the co mable m	mmunity's f neans.	lood plai	in manage	ement	
VES NO The mobile	home locate	ed at the address	described a	above has b	peen tied	d down	(anchored)	in comp	liance wit	h the	
□ □ community	s flood plain	management o	rdinance, or	in complia	nce with	the NF	IP Specifica	ations.			
MOBILE HOME M.	AKE	MODEL	YR.	OF MANUF	FACTUR	E	SERIAL	NO.	DIME	NSIONS X	
(Community Permit Of	ficial or Reg	istared Professio	nal Enginee	r Architect	L or Surv	vevor)					
NAME GORDON F							NNYDAL	E BLV	D. S	UITE S	
TITLE OWNER	and the Committee of th	/ CITY (CLEARWA	TER		ŞTA	ATE FLOI	RIDA		IP 34625	
NOVATURE ACC	/ 1 d	7.00					PHONE (443-7	067	
SECTION II ELEVAT		TOATION (Con									
SECTION II ELEVAT	ON CERTI	Arch	itect, or Surv	eyor.)	Jilly F Ct	mit Om	iciai oj a rioj	gisteredi	101033101	ar Engineer,	
FIRM ZONE A1-A30:	at an alougt	t the building at ion of 6 = 85 i of 6 = 0	foot NC	ID Imaga	cas lava	I) and t	he average	est floor grade at	(includin the build	g basement) ing site is at	
FIRM ZONES V, V1-V	at an el	that the building evation of———————————————————————————————————	feet,	NGVD (me	n descrit ean sea	bed abo level), a	ove has the b and the aver	ottom of age grad	the lowes de at the	t floor beam building site	
FIRM ZONES A, A99, A floor elevation of	H and EMER	GENCY PROGRA	M: I certify ion of the hig	that the bui hest adjacen	lding at t	he prop	erty location he building is	described	d above ha	s the lowest , NGVD.	
FIRM ZONE AO: I certi feet, NGVD. The elevation	fy that the bu	ilding at the prop est adjacent grade	erty location next to the b	described atouilding is	oove has t	the lowe	est floor eleva et, NGVD.	ntion of _			
SECTION III FLOOD	PROOFING	CERTIFICATIO	N (Certificat	ion by a Re	egisterec	d Profes	sional Engl	neer or A	rchitect)		
l certify to the best of walls substantially imp and hydrodynamic load forces associated with	ermeable to is and effect he base floc	the passage of is of buoyancy t	water and s hat would b	tructural c e caused b	ompone y the flo	nts hav ood dep	ing the cap ths, pressur	abilitý of es veloci	resisting ties, impa	hydrostatic	
	(Human into cur unless r doors and v	ervention means neasures are tak vindows).	that water w en prior to t	vill enter the he flood to	e buildin	ig when	floods up t	o the ba	se flood le	evel oc- ields over	
YES (I) NO (I) If the answer to both que completed and certified	estions is Y	ding be occupie ES, the floodpro mplete both the	ofing canno	t be credite	ed for rat ofing cer	ting pur rtificate	rposes and t s.	he actua	l lowest fl	oor must be	
FIRM ZONES A, A1-A3	0, V1-V30, A	O and AH:		Ce	rtified FI	oodpro	ofed Elevation	on is ——	1	et, (NGVD).	
THIS CERTIFICATION	IS FOR □ S	ECTION II []	BOTH SEC	TIONS II	ND III (Check	One)				
CERTIFIER'S NAME			COMPANY	NAME				LICENS	E NO. (or	Affix Seal)	
GORDON F. K	ILLION	<u> </u>	KILLION	& ASS	OCIA	TES	<u>.</u>	RLS	#3138		
TITLE		St. State	ADDRESS			CI	1.89		ZIP		
OWNER	,	217		YDALE	BLVD.	- 31	UITE S		34625		
SIGNATURE	B	DATE	CIT		D	.	STATE		PHONE		
The insurance a	gent should	5/14/9 attach the origin	al copy of t	ARWATE he complet	ed form	to the f	ORIDA Ilood Insura	nce polic	y applica	3-7067 tion,	
the se	cond copy s	hould be supplied	ed to the pol	icyholder a	ind the ti	nird cop	py retained	by the ag	gent		