This form is to be used for, 1) Post-FIRM construction or	nly when the base flood instructions for completing				IRM buildings ra	ted using Post-FIRM ruli
BERNY WERSTEIN FRESHAND	·	01	(1422	PÓL	ICY NUMBER	
1412 E.24th, Street		$\mathcal{A}I$	9023			
STREET ADDRESS						
Apt. A/Unit-U Suite-S/Bldg8	NO.	·	ROUTE			BOX NUMBER
Portion of Lot 92, St.Ar	ndrews Bay	Dev.Ca.	Flat of S	Sec. 15.	T38.E14	W
OTHER DESCRIPTION (Block and lot numbers., etc.)						
Lynn Haven,					FL.	32444
CITY					STATE	ZIP CODE
This form is to be completed by a land surveyor information for zones A1-A30, AE, AH, A(with BI owner, or the owner's representative should con authorized by local law or ordinance to provide to	FE), V1-V30, VE, and nplete the information floodplain manageme	V(with BFE) is re in Section I and nt information ma	quired. In the ca. may also comple y also complete :	se of zone AO te the certifica his form.	, the building	official, the property
SE	CTION I BUIL	DING ELEVATION	ON INFORMAT	ION		
1. Using the Flood Insurance Mahual or the	NFIP Flood Insura	nce Application-	-Part 2 Worksl	neet, indicate	the proper of	diagram number_
2. FIRM Zones A1-A30, AE, AH, and A (wit elevation of 27 - 7 feet NGVD. (or	h BFE). The top of other datum-see		level floor from	the selected	diagram is	at an
3. FIRM Zones V1-V30, VE, and V (with BF			zontal structura	I member of	the reference	e level floor from
the selected diagram is at an elevation of	offeet NG	VD (or other da	tum-see #5).			
	alue must be equa uilding's lowest flo Yes \[\] No \[\] (I to or greater to or (or reference Unknown	han the AO Zoo level) elevated	ne flood depi in accordan	th number listice with the	sted below. If no community's
5. Indicate the elevation datum system use						
6. Indicate the elevation datum system use	d on the FIRM for	base flood elev	ations: ☐NGV	Other	(describ e on	back)
(ATTENTION: If the elevation datum used must be converted to the datum system used to the datum used to the	l in measuring the ele ised on the FIRM.)	evations is differen	nt than that used	on the FIRM,	then the eleve	ations provided
7. Is the reference level based on actual co * A "No" answer is only valid if the build tion drawings and do not complete que construction. After construction of the re- continued flood insurance coverage.	ding does not have estion #8. If "No" i	the reference l s checked, this	certification will	l be valid on	ly for buildin	igs in the course o
 Provide the following measurements using a. The reference level is: 	ng the natural grad	e next to the but	uilding (round to garage floor (o the neares if applicable)	t foot).	
DI feet X above Delow (check	one) the highest of) the highest grade
☐ feet						the lowest grade
SECTIO	N II FLOOD IN	SURANCE RAT	E MAP INFOR	MATION		
Provide the following from the proper FIRM	(see Instructions	on back-Date o	f FIRM) and ac	companying	insurance a	pplication:
COMMUNITY NO. PANEL NO. SUFFIX	DATE OF FIRM	FIRM ZONE	BASE FLOOD		MMUNITY ESTI	MAYED BASE FLOOD
120004 0335 D	1/3/86	A	(In A0 Zone, us N/A	e depth) ELE	VATION ESTAB	ILISHED FOR ZONE A
Elevation reference mark used appears on	FIRMy Diver	No (See rever	se side for deta	uile)	47.0	<u></u>
Cievanor Iolectico IIIalk doba appears on	SECTION			(iia)		
This certification is to be signed by a land surve elevation information for zones A1-A30, AE, AH, property owner, or the owner's representative of floodplain management information, may also signed data available. I understand that any take signed	yor, engineer, or arcl A(with BFE), V1-V30 In sign the certification on the certification. I	nitect who is author, VE, and V(with I on. Community off certify that the inf	orized by state la BFE) is required. icials who are au formation on this	In the case of thorized by loc certificate repi	zone AO, the cal law or ordin resents my be:	building official, the nance to provide st efforts to interpret
Mark C. Dragon			FL R.L.	S.#4842	?	1
CERTIFIER'S NAME OWNER		Dragon	License Number			
TITLE	·	COMPANY NAME				
3729 E.8th.Ct.			.ngfield,		FL	32401
ADDRESS OVIOLE		CITY			STATE	ŽIP
SIGNATURE	1990			5/05/ 9 1		763-9396
The insurance agent should attach the printed of	you of the co-stated to	em to the time the		DATE	PHON	
The insurance agent should attach the original co- policyholder and the third cop	THIS FOR	M MAY BE REPROD	UCED.	unity permit of	lice, if required.	
FOR OPTIONAL COMMUNITY USE: Is the refere	ence level also the for	west floor under the	he community's f	oodplain man	agement ordin	ances?

OF INCOMPRESENT AGENCY MATIONAL PLUOD INSURANCE PROGRAM