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EXPIRES, JUNE 30 1990

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM This form is to be used for 1) Post-FIRM construction only when the base flood information is available for the building site; and 2) Pre-FIRM buildings rated using Post-FIRM rules.

Instructions for completing this form can be found on the reverse side.

			octions to completing	THE TOTAL CONTROL OF TOO	10 011 the 7076136 6106	·			
Anthony and Evelyn Certo					GOLIOVALIBERO				
106 Camelo			POLICY NUMBER						
STREET ADORESS	10 011016	<u> </u>	·····						
AptA/Unit-U Suite-S/8	ldoB		NO."		ROUTE			OX NUMBER	
Lot 23, B1		orest		Onit 3	1,0010		•	OX NONBER	
OTHER DESCRIPTION (
Panama Cit	y, Flori	da 324	05						
CITY							STATE	ZIP CODE	
This form is to be cor information for zones owner, or the owner's authorized by local la	A1-A30, AE, AH representative :	, A(with BFE) should comple o provide floc	l, V1-V30, VE, and ete the information odplain managemen	V(with BFE) is req in Section I and r it information may	quired, In the case may also complete also complete th	e of zone e the cert nis form.	AO, the building i	official the property	
		SEC	TION I BUILD	ING ELEVATIO	N INFORMATI	ON			
	A30, AE, AH, a • 41 feet N	and A (with I	BFE). The top of ther datum-see #	the reference le f5)	evel floor from t	the selec	ted diagram is	at an	
3. FIRM Zones V1-						member	of the reference	e level floor from	
4. FIRM Zone AO.			feet NGV	•	•	aat abau	o biobest setur	al manda assista	
the building (also	o enter in line i ber is available	B). This value, is the buil	rence level from the must be equal ding's lowest floor	to or greater the or (or reference	an the AO Zon	e flood d	lepth number lis	sted below, if no	
5. Indicate the elev	ation datum sy	stem used i	in determining the	e above referen	ce level elevati	ons:⊠N	GVD Other	(describe on back)	
6. Indicate the elev	ation datum sy	stem used	on the FIRM for t	oase flood eleva	ations: 💹 NGVD) 🗌 Oth	er (describe on	back)	
(ATTENTION: must be conve	if the elevation o rted to the datu	tatum used in n system use	n measuring the ele ed on the FIRM.)	vations is differen	t than that used o	on the Fil	RM, then the eleva	ations provided	
tion drawings a construction. A continued flood	r is only valid i and do not com fter construction I insurance cov	f the buildin aplete quest on of the ref verage.	ig does not have ion #8. If "No" is erence level floor	the reference less checked, this is completed, a	certification will a post-construc	be valid tion elev	l only for buildin ation certificate	pased on construc- igs in the course of will be required for	
8. Provide the follo		nents using	the natural grade						
a. The reference level is: b. The garage floor (if applicable) is: b. The garage floor (if applicable) is: OD feet X above below (check one) the highest grade.									
OS feet Sabove Selow (check one) the lowest grade. OB feet Sabove Selow (check one) the lowest grade. OB feet Sabove Selow (check one) the lowest grade.									
		SECTION	II FLOOD IN	SURANCE RAT	E MAP INFORI	MATION			
Provide the following	ng from the pro	per FIRM (s	see Instructions o	n back-Date of	FIRM) and acc	company	ing insurance a	pplication:	
COMMUNITY NO	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	BASE FLOOD	CLEV.	COMMUNITY EST	MATEO BASE FLOOD	
120012	0005	D	1/3/86	Λ	(In A0 Zone, use	e depth)		BLISHED FOR ZONÉ A , IF AVAILABLE O 1	
Elevation reference	mark used a	pears on F	RM Yes	No (See revers	se side for deta	ils)			
SECTION III CERTIFICATION									
property owner, or th	for zones A1-A3 e owner's represent information, r	10, AË, AH, A sentative can nav also sion	(with BFE), V1-V30, sign the certification the certification, I d	. VE, and V(with E n. Community off, sertify that the inf	BFE) is required. icials who are aut ormation on this c	In the cas Ihorized b certificate	se of zone AO, the ry local law or ordi represents my be	e building official, the inance to provide ast efforts to interoret	
Skipper C	. Ruther	ford			3961	ER (or Affix	Seath		
Land surv	revor		901	R Surveyi		•	•		
IIILE BULL	CYOL			COMPANY NAME		، المنتجر	· Lile.		
	nnessee	Ave. (P.O. Box	958) Lyr	n Haven,	F1.	32444 STATE	ZIP	
SIGNATURE /2	-1-				1/19/92	(90 DATE	04) 265-6 PHO		
	nt should attach the policyholder and the policyhol	he original copy the third copy r	y of the completed for retained by the agent. THIS FORM	rm to the flood insu The fourth copy is MMAY BE REPROD	for the local comm	ation. The nunity perm	second copy should office, if required	d be supplied to the	