U.S. DEPARTMENT OF HOMELAND SECURITY ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires July 31, 2015

ederal Emergency Manager lational Flood Insurance Pro			LALL BROBERT	V INIT CARRAGE		I Cortman Company loo
JOB No. 52-05-14 MAIN RE		SECT	ION A - PROPERT	YINFORMAI	IUN	For Insurance Company Use. Policy Number
A1. Building Owner AMANDA CO	RBIN					
A2. Building Street Address 1101 VERMONT AV	s (including Apt. ENUE	, Unit, Suite, and/or B		e and Box No.		Company NAIC Number
City LYNN HAVEN	State FL		ZIP Code 32444			Marchael Colonia Colon
3. Property Description (Lo LOTS 19 & 20 BLOC	K 26A LYNN I	HAVEN TAX PARC	EL NOMBER 1094	4-030-000		
4. Building Use (e.g., Resi	dential, Non-Res	idential, Addition, Acc	essory, etc.) RESID	ENTIAL	Horizontal Datur	m: NAD 1927 2 NAD 1983
Latitude/Longitude Lat. A6. Attach at least 2 photog	raphs of the build	ding if the Certificate i	s being used to obtain	flood insurance	9	
7 Building Diagram Numb	er o				ng with an attache	ed garage:
AS For a building with a cra a) Square footage of cr	wispace or encid	closure(s)	1940 ea ft	a) Square for	otage of attached	garage 0 sq h
b) No of permanent flo	od openings in the	he crawlspace or		b) No. of perm within 1	nanent flood open .0 foot above adja	ings in the attached garage
enclosure(s) within 1 c) Total net area of floor	d openings in Al	sjacent grade 8.b	15 1950 sq in	c) Total net are	ea of flood openin	igs in A9.b 0 sq in
d) Engineered flood op	enings?	Yes 🛭 No		d) Engineered	flood openings?	☐ Yes ☒ No
	S	ECTION B - FLOO	D INSURANCE RA	TE MAP (FIR	M) INFORMAT	ION CONTRACTOR OF THE PARTY OF
B1. NFIP Community Name		Number	B2. County Name BAY			B3. State
CITY OF, LYNN HAV	EN 120009		DAI			
B4. Map/Panel Number 12005C0331	B5. Suffix	B6. FIRM Index Date 6/2/09	B7. FIRM F Effective/Revis 6/2/09	ed Date	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (2 AO, use base flood depth) 7 FEET
FIS Profile 811. Indicate elevation date	☑ FIRM m used for BFE in a Coastal Barr ☐ CBRS	☐ Community Determin Item B9: ☐ NGVI rier Resources System	mined Ot 0 1929 NA n (CBRS) area or Oth	erwise Protected	Other (Described Area (OPA)?	☐ Yes ⊠ No
B11. Indicate elevation data B12. Is the building located Designation Date	M FIRM Im used for BFE in a Coastal Ban CBRS	☐ Community Determine Item B9: ☐ NGVI Trier Resources System TION C - BUILDIN	mined Ot 0 1929 NA m (CBRS) area or Oth OPA	VD 1988 Cerwise Protected	Other (Describe d Area (OPA)?	☐ Yes ☑ No
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FIS Profile S11. Indicate elevation datu S12. Is the building located Designation Date C1. Building elevations are "A new Elevation Certification according to the Benchmark Utilized US Indicate elevation datur Datum used for building a) Top of bottom floor b) Top of the next hig c) Bottom of the lowe d) Attached garage (t) e) Lowest elevation (Describe type of e f) Lowest adjacent (f) g) Highest adjacent (f) h) Lowest adjacent gistructural support This certification is to be sign formation. I certify that the Inderstand that any false sta	FIRM Im used for BFE in a Coastal Ban CBRS SEC based on: cate will be requi A30, AE, AH, A (building diagram C&GS K-290 n used for the ele elevations must (including baser her floor (LIVING st horizontal stru op of slab) If machinery or en quipment and lou nished) grade ne inished) grade ne	CTION D - SURVEY quipment servicing the cation in Comments) extraction in Comments) extraction Datum 1988 exations in items a) the cation in Comments (V Zon Course) extraction in Comments) extraction in Comments extract	mined Ot 1929 NA In (CBRS) area or Other OPA GELEVATION INF wings* Bit of the building is contained in of the building is contained in of the building is contained in or only, each of the BFE. enclosure floor) descriptions of the BFE. enclosure floor)	ORMATION (Suilding Under Complete. ARIA, ARIAE, ARINTER METERS. GVD 1929 7.60 feet. 8.70 feet. 8.70 feet. 7.30 feet.	Other (Described Area (OPA)? SURVEY REQUESTRUCTION* R/A1-A30, AR/AH NAVD 1988 OCCUPATION OF CONTINUE TO CONTIN	☐ Yes ☑ No JIRED) ☑ Finished Construction AR/AO. Complete Items C2.a-h
FIS Profile 311. Indicate elevation datu 312. Is the building located Designation Date C1. Building elevations are "A new Elevation Certific Elevations – Zones A1- below according to the Benchmark Utilized US Indicate elevation datur Datum used for building a) Top of bottom flood b) Top of the next hig c) Bottom of the lowe d) Attached garage (t) e) Lowest elevation (Describe type of e f) Lowest adjacent (f) g) Highest adjacent (f) h) Lowest adjacent go structural support his certification is to be signiformation. I certify that the inderstand that any false state TREASURER	FIRM Im used for BFE in a Coastal Ban CBRS SEC based on: cate will be requi A30, AE, AH, A (building diagram C&GS K-290 In used for the ele elevations must (including baser her floor (LIVINO st horizontal stru op of slab) f machinery or en quipment and lon nished) grade ne inished) grade ne inishe	Community Determine the community Determined when construction Drawing with BFE), VE, V1-V3 specified in Item A7. Vertical Datum 1988 evations in items a) the best of the same as that the community of the cation in Comments, and the cation of deck or stain the cation of deck or stain the cation in Comments, and the cation of deck or stain the cation in Comments, and the cation of deck or stain the cation of the cation of deck or stain the cation	mined Ot 1929 NA n (CBRS) area or Othe OPA GELEVATION INF wings* Bit of the building is contour to the building is contour to the building is contour to the BFE. In Puerto Rico only, est or the BFE. enclosure floor) the only of the building or the BFE. enclosure floor) the only of the building or the BFE. enclosure floor or the BFE. en	ORMATION (Suilding Under Complete. ARIA, ARIAE, ARINTER METERS. GVD 1929 7.60 feet. 8.70 feet. 8.70 feet. 7.30 feet.	Other (Described Area (OPA)? SURVEY REQUESTRUCTION* R/A1-A30, AR/AH NAVD 1988 OCT CERTIFICATION CONTROL (Area available, 1 ction 1001. A provided by a No.	☐ Yes ☑ No JIRED) ☑ Finished Construction AR/AO. Complete Items C2.a-h

The second secon		· · · · · · · · · · · · · · · · · ·		
SECTION D - S	SURVEYOR, ENGINEER, OF	R ARCHITECT CERTI	ICATION	
IMPORTANT: In these spaces, copy the			For L. Wrance Com	ipány Use:
Building Street Address (including Apt., Unit, Suite, and/o	or Blog. No.) or P.O. Route and E	Box No.	Pole, Namber	* s
City LYNN HAVEN State FL ZIP Code 32444	* 7		Com JINAIC Nu	imper
	44			
	YOR, ENGINEER, OR ARCH			
copy both sides of this Elevation Certificate for (1) commu	inity official, (2) insurance agent/	company, and (3) building	owner.	<u> </u>
comments 32. a). CRAWLSPACE IS GROUND AND NOT IMPROVE	ED: UTILIZED FOR PIPING SER	VICING THE RESIDENC	5.	
22. e). AIR CONDITIONER COMPRESSOR THAT SERV	ICES RESIDENCE LOCATED O	N THE NORTH SIDE OF	RESIDENCE.	
1 83		d		
Signature	Date 0	5/28/14		
	<u> </u>			ere if attachmen
SECTION E - BUILDING ELEVATION INF	ORMATION (SURVEY NOT	REQUIRED) FOR ZOI	NE AO AND ZONE	ALHONL BLE
For Zones AO and A (without BFE), complete Items E1-E and C. For Items E1-E4, use natural grade, if available. E1. Provide elevation information for the following and c (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawisp b) Top of bottom floor (including basement, crawisp E2. For Building Diagrams 6-9 with permanent flood oper (elevation C2:b in the diagrams) of the building is E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment sen E5. Zone AO only: If no flood depth number is available ordinance? Yes No Unknown. The	Check the measurement used. I check the appropriate boxes to shace, or enclosure) is	feet meter feet meter feet meter feet meter feet meter feet meter s 8 and/or 9 (see pages 6 ers below the HAG. feet meters feet meters feet meters feet meters	meters. is above or below the high s above or below, is above or below, is above or below, is of Instructions), the now is the HAG. above or below the	Tedjacent grad (AG) (AG) (AG) (AG) (AR)
	RTY OWNER (OR OWNER'S		CERTIFICATION	
The property owner or owner's authorized representative	who completes Sections A. B. an	d F for Zone A (without a		y-iso, (Fig.) or
Zone AO must sign here. The statements in Sections A, Property Owner's or Owner's Authorized Representative:		f my knowledge.		
	* <i>F</i>			
Address	City	State	ZIP Code	
Signature	Date	Tele	phone-	
Comments	W 44 M	<u> </u>	*	
The second secon	in the second se	Total		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Check h	ere if attach
T SECT	ION G - COMMUNITY INFO	RMATION (OPTIONAL		4)(4)(6)
The local official who is authorized by law or ordinance to and G of this Elevation Certificate. Complete the applica	administer the community's floor ble item(s) and sign below. Chec	planing that a		ASBIC OFF
G1. The information in Section C was taken from or is authorized by law to certify elevation information.	ther documentation that has been			المراتات مهتالية
G2 A community official completed Section E for a	tion. (Indicate the source) Total		he Comments area below)	
G3. The following information (Items G4-G9) is pro	vided for community of the limit	TO CONTRACTION OF THE STATE OF	RUNRY ISSUED BITE) OF ZOTE	MOT
	e Permit Issue		100100000000000000000000000000000000000	
				تان اس ابداد ا
G7. This permit has been issued for: New Cons G8. Elevation of as-built lowest floor (including baseme	tructio Storentalling			
G9. BFE or (in Zone AO) depth of flooding at the building	тус <u>, ————</u>			
G10. Community's design flood elevation	(නිසෝක්ට් සාට් මෙසෙක්ට් සාට්		
Local Official's Name			/e. v	
Community Name	1 	; 		
<u> </u>	ų"	n •10		and the second second
Signature	٠			
Comments 1,				
FEMA/Form(086:0:33/(7//12))				دست سرنکاری کا از ارا
· · · · · · · · · · · · · · · · · · ·				

Building Photographs Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1101 VERMONT AVENUE

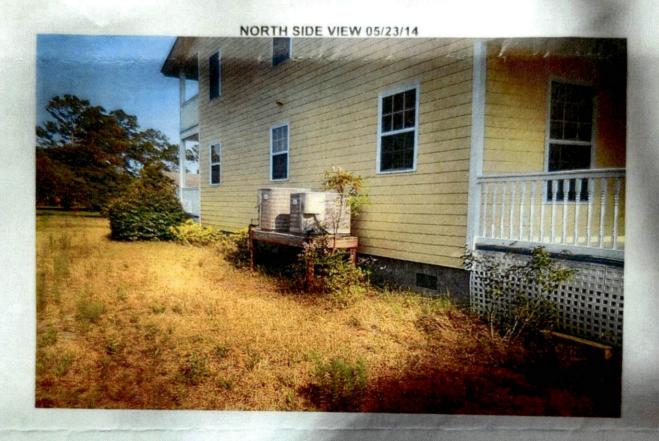
For Insurance Company Use:

Policy Number

City LYNN HAVEN State FL 32444 ZIP Code

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with date taken, "Front View" and "Rear View", and, if required, "Right Side View" and "Left Side View."



Building Photographs

See Instructions for Item A6

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1101 VERMONT AVENUE

LYNN HAVEN State FL ZIP Code 32444

City

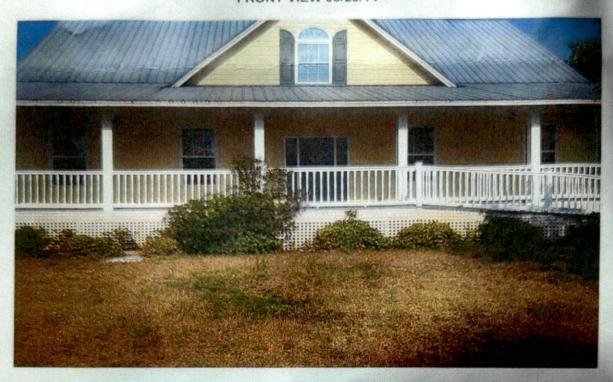
For Insurance Company Use

Policy Number

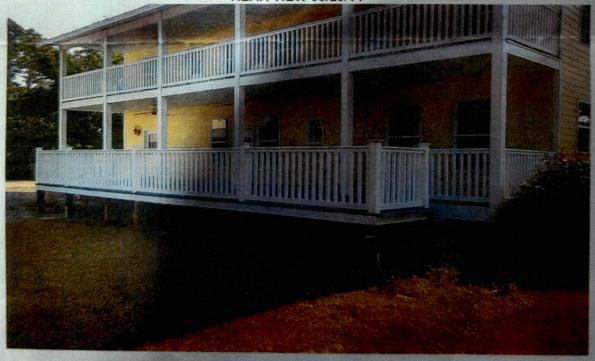
Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with: date taken, "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following. When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

FRONT VIEW 05/23/14



REAR VIEW 05/23/14



FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

CITY LYNN HAVEN STATE LYNN HAVEN STATE SIP CODE 32444 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT(S) 19-20 BLOCK A-26 LYNN HAVEN PLAT BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) (##6 - ## - ##.### or ##.#####6) SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER LYNN HAVEN 120004 B4. MAP AND PANEL NUMBER 12005C0331 G B6. FIRM INDEX DATE 9/18/02 B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/18/02 B8. FLOOD ZONE(S) AE B9. BASE FLOO ZONE (Core AO, use 7 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	AIC Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. COMPANY NO. 1101 VERMONT AVENUE CITY STATE SOURCE: STATE STATE STATE SOURCE: STATE STATE SOURCE: SOURCE: STATE SOURCE: SOURCE	
CITY LYNN HAVEN STATE LYNN HAVEN FL 32444 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT(S) 19-20 BLOCK A-26 LYNN HAVEN PLAT BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) (##^-##-#### or ##.####*) SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER LYNN HAVEN 120004 B4. MAP AND PANEL NUMBER 12005C0331 G B5. FIRM INDEX DATE 9/18/02 B6. FIRM INDEX DATE 9/18/02 B7. FIRM PANEL B8. FLOOD ZONE(S) AE B9. BASE FLOOD Corne AO, use 7 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	
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PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT(S) 19-20 BLOCK A-26 LYNN HAVEN PLAT BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): USGS Quad Map SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B3. STATE LYNN HAVEN 120004 B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX DATE PRECIOENTE B7. FIRM PANEL EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) 12005C0331 G 9/18/02 B7. FIRM PANEL B8. FLOOD ZONE(S) B9. BASE FLOOD ZONE(S) 7. STATE PLOOD INDEX DATE PRECIONAL B9. B9. BASE FLOOD ZONE(S) B9. BASE FLOOD ZONE(S) B1. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	Other
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): USGS Quad Map SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER LYNN HAVEN 120004 B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX DATE PLOOD B7. FIRM PANEL EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use 12005C0331 G 9/18/02 9/18/02 AE 7.	Other:
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER LYNN HAVEN 120004 B5. SUFFIX NUMBER 12005C0331 B6. FIRM INDEX DATE 12005C0331 B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/18/02 B8. FLOOD ZONE(S) Cone AO, use 9/18/02 B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B3. STATE FL B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/18/02 B8. FLOOD ZONE(S) Cone AO, use 9/18/02 B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B3. STATE FL B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/18/02 B8. FLOOD ZONE(S) Cone AO, use 9/18/02 B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B3. STATE FL B9. BASE FLOOD FLOOD ZONE(S) F	Other:
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER LYNN HAVEN 120004 B4. MAP AND PANEL NUMBER 12005C0331 B5. SUFFIX B6. FIRM INDEX DATE 9/18/02 B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/18/02 B8. FLOOD ZONE(S) (Zone AO, use 9/18/02 AE 7. 10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	
BAY B4. MAP AND PANEL NUMBER 12005C0331 G B5. SUFFIX B6. FIRM INDEX DATE 12005C0331 G B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/18/02 B8. FLOOD ZONE(S) (Zone AO, use 7/18/10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	364 - Tu-
NUMBER 12005C0331 B6. FIRM INDEX DATE 9/18/02 EFFECTIVE/REVISED DATE 9/18/02 B8. FLOOD ZONE(S) (Zone AO, use 9/18/02 AE 7/18/10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	
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	e depth of flooding) FEET
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe):	
11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 NAVD 1988 Other (Describe):	
12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes 🗵 No Designation Date	
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the C Section D or Section G, as appropriate, to document the datum conversion. Datum Conversion/Comments Elevation reference mark used K-290 Does the elevation reference mark used appear on the FIRM? Yes No a) Top of bottom floor (including basement or enclosure) b) Top of next higher floor c) Bottom of lowest horizontal structural member (V zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) f) Lowest adjacent (finished) grade (LAG) g) Highest adjacent (finished) grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A	927
► f) Lowest adjacent (finished) grade (LAG) 3.30 ft.(m)	
▶ g) Highest adjacent (finished) grade (HAG) 6. 65 ft.(m)	810
▶ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A	2
i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)	sk)
1) Total area of all permanent openings (nood venis) in Co.m. (viv. sq. cm)	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
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 in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.	
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IMPORTANT: In these spaces, copy the	For Insurance Company Use: •		
BUILDING STREET ADDRESS (Including Apt., Unit, St. 1101 VERMONT AVENUE			Policy Number
CITY LYNN HAVEN	STATE FL	ZIP CODE 32444	Company NAIC Number
SECTION D -	SURVEYOR, ENGINEER, OR ARCH	ITECT CERTIFICATION (CONT	(INUED)
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/co	mpany, and (3) building owner.	
COMMENTS C3 E AIR CONDITIONER COMPRESSOR THA	L SEBVICES HOUSE	1 1 3.	
WE AIR CONDITIONER COVIFRESSOR THA	I SERVICES HOUSE.		and the second s
	ON INTORNATION (OUR) PV NOT	DECLUDED FOR TONE 40 AL	Check here if attachments
	ON INFORMATION (SURVEY NOT F		
For Zone AO and Zone A (without BFE), complete Section C must be completed.	nems E i through E4. If the Elevation Certif	icate is interioed for use as supporting	ig information for a LOWA or LOWIR-F,
E1. Building Diagram Number_(Select the building	diagram most similar to the building for which	this certificate is being completed -:	see pages 6 and 7. If no diagram accurately
represents the building, provide a sketch or ph	otograph.)		
E2. The top of the bottom floor (including basement	or enclosure) of the building isft_(m)ir	n.(cm) above or below (che	ck one) the highest adjacent grade. (Use
natural grade, if available). E3. For Building Diagrams 6-8 with openings (see p	one 7) the next higher floor or also rated floor	or (algustian b) of the building is	ft (m) in (am) about the highest ediacon
grade. Complete items C3.h and C3.i on front		in (elevation b) of the building is	ic(iii)iii.(ciii) above the riighest adjace ii
E4. For Zone AO only: If no flood depth number is		ated in accordance with the commu	nity's floodplain management ordinance?
Yes No Unknown. The local of	ficial must certify this information in Section	rG.	
SECTION F -	PROPERTY OWNER (OR OWNER'S	REPRESENTATIVE) CERTIFIC	CATION
The property owner or owner's authorized represe	그리고 사람들이 하시면 하는 것이 없어 하시면 사람들이 되었다면 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.	사용하는 경우 등 경우 등 경우 등 경우 등 등 경우 등 하는 경우 등 하는 것이 되었다. 그런 그 등 하는 것이 되었다.	ne A (without a FEMA-issued or community
issued BFE) or Zone AO must sign here. The sta		rect to the best of my knowledge.	
PROPERTY OWNER'S OR OWNER'S AUTHOR	RIZED REPRESENTATIVE'S NAME		
ADDRESS	C	ITY	STATE ZIP CODE
SIGNATURE	n.	ATE	TELEPHONE
			TEELTIONE
COMMENTS			
			☐ Check here if attachments
5 8	SECTION G - COMMUNITY INFOR		
The local official who is authorized by law or ordinan	40 (156), 장마스 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1	management ordinance can complete	e Sections A, B, C (or E), and G of this Eleva
Certificate. Complete the applicable item(s) and sign G1. The information in Section C was taken from		d and ambassad by a licensed supposed	unr anainear or ambitant who is authorized
	ation. (Indicate the source and date of the		
G2. A community official completed Section E			
G3. The following information (Items G4-G9) is	provided for community floodplain manager	ment purposes.	
G4. PERMIT NUMBER G5.	DATE PERMIT ISSUED	G6. DATE CERTIFICATE O	F COMPLIANCE/OCCUPANCY ISSUED
G7. This permit has been issued for: New Consi G8. Elevation of as-built lowest floor (including base		ft.(m)	Datum:
56. Elevation of as-built lowest floor (including base 59. BFE or (in Zone AO) depth of flooding at the bu		t.(n)	Datum:
	many one to	TITLE	
LOCAL OFFICIAL'S NAME		A CONTROL OF THE STATE OF THE S	
COMMUNITY NAME		TELEPHONE	
SIGNATURE		DATE	
COMMENTS			
			<u> </u>
			Check here if attachments