FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

HIS JOHN IS ID BE US	ed for: 1) Post-FIRM	Construction or	nly when the base instructions for con	flood information is apleting this form car	avariable for t	he Building site. Na 18verse bide.	and 2) Pre-FIRM buildings	fated using Post-FIRM rule
•	Eckert, I		·1 ·				· · · · · · · · · · · · · · · · · · ·	
BUILDING OWNER'S	NAME		1 302	mue r.				
	10704 Sec	ond Av	enue .				POLICY NUMBER	
STREET ADDRESS								
AptA/Unit-U Sulle-	S/Blag.·B		. NO.			ROUTE	· ·	
	Lot 49 B	lock 1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		REMUN XOB
OTHER DESCRIPTIO	N (Block and lot nu	mpers., etc.)	J 08247	•	******			
CITY							STATE	ZIP CODE
This form is to be information for zon owner, of the owner authorized by local	of's representativ	e should comp to provide the	plete the inform	ation in Section in terment information	and may all	so complete this	artify elevation information 2006 AO, the building the certification. Communication.	on when the elevation
				UILDING ELEV				
1. Using the Floor	d Insurance Ma	nual or the h	NFIP Flood Ins	surance Applica	tion-Part	2 Worksheet	t, indicate the proper	diagram number <u>6</u>
elevation of 1	1-A30, AE, AH, 2 - 3 7	and A (with	BFE). The to	p of the refere	nce level fi	oor from the	selected diagram is	at an
3. FIRM Zones V	1-V30. VE. and	V (with BEE	Other gatum-t	B 00 #5) Tof the lowest	horizontal	oferiotical ex	ember of the reference	an Invest the section
the selected di	agram is at an	elevation of	leet	NGVD (or othe	r datum-se	skiucioiai in ≥e #5).	auther of the taleted	se level tipot itom
4. FIRM Zone AC	. The floor use	d as the refe	erençe level fi	rom the selecte	d diagram	is Lifeet	above highest natur	al grade next to
the building (also enter in line 8). This value must be equal to or greater than the AO Zone flood depth number listed below. If no flood depth number is available, is the building's lowest floor (or reference level) elevated in accordance with the community's								
floodplain man	agement ordina	ine, is the bus	Yes No	Lieksows	ence level)	elevated in	accordance with the	community's
					ierence lev	el elevations	MOVD TOTHER	(describe on back)
5. Indicate the elevation datum system used in determining the above reference level elevations: NGVD Other (describe on back) 6. Indicate the elevation datum system used on the FIRM for base flood elevations: NGVD Other (describe on back)								
(ATTENTION	l: If the elevation	datum used i	in measuring the	e elevatione le di			the FIRM, then the elev	
must be con	ABUIRD TO THE DELI	um system us	ad on the FIRM	i.)				p.01,050
construction.	er is only valid and do not co	if the building the second of the residual of	ng does not h tion #8. If "No	ave the reference or is checked.	this centific	ation will be	Fill in the elevation is valid only for building elevation certificate	IQS in the course of
8. Provide the foll	owing measure	ements using	the natural g	rade next to th	e building	(round to the	e nearest foot).	
a. The reference		laur fahaat, s		D.		e floor (if ap		
	above Dee	low (check o	ne) the lowes	st grade. t grade.	10 feet	above	below (check one below (check one) the highest grade.) the lowest grade.
		SECTION	II FLOOD	INSURANCE	RATE MAF	INFORMAT	TION	
	ing from the pr	oper FIRM (see Instruction	ns on back-Da	te of FIRM	and accom	panying insurance a	
COMMUNITY NO.	PANEL NO.	SUFFIX	DATE OF FIR	M FIRM ZON		SE FLOOD ELE O Zone, use das	V. COMMUNITY EST	MATEU BASE FLOOD
345323	0001	С	2/2/8	3 A-7		10'	OR ZONE V	IF AVAILABLE
Elevation reference mark used appears on FIRM Yes No (See reverse side for details)								
This certification is	to be signed by a	iana surveyo	SECTION, engineer, or	architect who is	IFICATION	v slate law to	certify elevation inform	lion when the
ויסטפוות ווופועטטיין	TOTAL HALVITONICUM.	niev eiso sion	I ING CHIDIREALIOI	o. I Cennov Inali in	a informatioi	7 OO INIS COM	certify elevation inform: le case of zone AO, the zed by local law or ordi ficate represents my be 18 U.S. Code, Section 1	ST AMONTS IN INTERNALL L
Sam De	neka		# 1	2659				
CERTIFIER'S NAME		C				SE NUMBER (O	f Affix Seai)	
PE LS		stone r	arbor 5	urveyors		rs.		···
	ox 511,	Stone !	larbor,					
ADDRESS	w B	enell	B	Č	TY	9/7/88	STATE 609-368-	7451
SIGNATURE						DA	TE PHON	IE
The insurance age	ent should attach to policyholder and	he original copy the third copy r	rotained by the ag	ient. The fourth co	by is for the b	Hey application	. The accord copy should permit office. If required.	be supplied to the
FOR OPTIONAL CO			THIS F	FORM MAY BE REP	RODUCED.		plain management ordin	
	NO the elevation			feet NGVD.		,		