

02-1906

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.

**SECTION A - PROPERTY OWNER INFORMATION**

For Insurance Company Use:  
 Policy Number \_\_\_\_\_  
 Company NAIC Number \_\_\_\_\_

BUILDING OWNER'S NAME  
Jackson Walker Investment

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.  
3029 North Roosevelt Blvd, Unit 35

CITY  
Key West

STATE  
FL

ZIP CODE  
33040

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)  
Residential

LATITUDE/LONGITUDE (OPTIONAL)  
(##° - ##' - ##.###" or ##.####°)

HORIZONTAL DATUM:  NAD 1927  NAD 1983

SOURCE:  GPS (Type): \_\_\_\_\_  
 USGS Quad Map  Other: \_\_\_\_\_

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER  
City of Key West 120168

B2. COUNTY NAME  
Monroe

B3. STATE  
FL

B4. MAP AND PANEL NUMBER  
1709

B5. SUFFIX  
G

B6. FIRM INDEX DATE  
12-22-98

B7. FIRM PANEL EFFECTIVE/REVISED DATE  
3-3-97

B8. FLOOD ZONE(S)  
AE

B9. BASE FLOOD ELEVATION(S)  
(Zone AO, use depth of flooding)  
9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_

B12. 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)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 5 (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 photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
 Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum	Conversion/Comments	Does the elevation reference mark used appear on the FIRM?
local		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	14.3 ft.(m)	
<input type="checkbox"/> b) Top of next higher floor	24.7 ft.(m)	
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	NA ft.(m)	
<input type="checkbox"/> d) Attached garage (top of slab)	NA ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	NA ft.(m)	
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	4.3 ft.(m)	
<input type="checkbox"/> g) Highest adjacent grade (HAG)	4.6 ft.(m)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	NA	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	NA sq. in. (sq. cm)	

**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. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: J. Lynn O'Flynn

TITLE: Professional Land Surveyor

ADDRESS: 3430 Buck Avenue

DATE: 12/4/02

COMPANY NAME: Norby & O'Flynn Surveying, Inc.

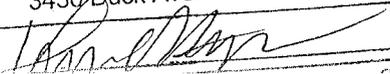
CITY: Key West

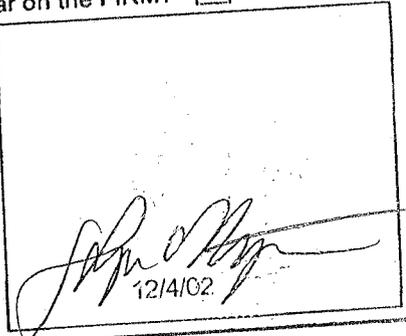
STATE: FL

ZIP CODE: 33040

TELEPHONE: (305)296-7422

LICENSE NUMBER: 6298

SIGNATURE: 

License Number, Embossed Seal, Signature, and Date: 

SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS