

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

1. Building Owner's Name: <u>Aid's Help</u>	For Insurance Company Use:
2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>903 Venetia Street</u>	Policy Number
City <u>Key West</u> State <u>FL</u> ZIP Code <u>33040</u>	Company NAIC Number

3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
E: 00063400-000000

4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

5. Latitude/Longitude: Lat. 24.5545 N Long. 81.7790 W

6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.
7. Building Diagram Number 5

Horizontal Datum: NAD 1927 NAD 1983

8. For a building with a crawl space or enclosure(s), provide:

a) Square footage of crawl space or enclosure(s) <u>0</u> sq ft	A9. For a building with an attached garage, provide:
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>0</u>	a) Square footage of attached garage <u>NA</u> sq ft
c) Total net area of flood openings in A8.b <u>0</u> sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>NA</u>
	c) Total net area of flood openings in A9.b <u>NA</u> sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number of Key West <u>120168</u>		B2. County Name <u>Monroe</u>		B3. State <u>FL</u>	
B4. Map/Panel Number <u>12087C 1517</u>	B5. Suffix <u>K</u>	B6. FIRM Index Date <u>2/18/05</u>	B7. FIRM Panel Effective/Revised Date <u>2/18/05</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>8</u>

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

Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____
Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?
 CBRS OPA Yes No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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.
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 C2.a-g
Elevation according to the building diagram specified in Item A7.
Benchmark Utilized local Vertical Datum 1929
Inversion/Comments _____

Check the measurement used.

Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>8.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Top of the next higher floor	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Attached garage (top of slab)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>7.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Lowest adjacent (finished) grade (LAG)	<u>3.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
Highest adjacent (finished) grade (HAG)	<u>3.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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 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.

Check here if comments are provided on back of form.

Name J. Lynn O'Flynn License Number 6298
Professional Surveyor & Mapper
Company Name J. Lynn O'Flynn, Inc.
3430 Duck Avenue City Key West State FL ZIP Code 33040
Date 4/3/07 Telephone (305) 296-7422

