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

OWNER'S NAME: Segel	For Insurance Company Use:
STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 12 Olivia Street (rear)	Policy Number
CITY: Key West; STATE: FL; ZIP CODE: 33040	Company NAIC Number

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		B2. COUNTY NAME		B3. STATE
City of Key West 120168		Monroe		FL

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
1716	H	12-22-98	3-3-97	X	

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

B11. Indicate the elevation datum used for the BFE in B9: |X| 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 |X| No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

1. Building elevations are based on: |__| Construction Drawings* |__| Building Under Construction* |X| Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

2. Building Diagram Number 1 (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.)

3. 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 _____
Elevation reference mark used local Does the elevation reference mark used appear on the FIRM? |__| Yes |X| No

- a) Top of bottom floor (including basement or enclosure) 7.6 ft.(m)
- b) Top of next higher floor 18.2 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) NA ft.(m)
- d) Attached garage (top of slab) NA ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building NA ft.(m)
- f) Lowest adjacent grade (LAG) 7.2 ft.(m)
- g) Highest adjacent grade (HAG) 7.7 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA
- i) Total area of all permanent openings (flood vents) in C3h NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date: 8/20/01

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		LICENSE NUMBER: 6298	
TITLE: Professional Surveyor	COMPANY NAME: Norby & Associates, Inc.		
ADDRESS: 3470 Duck Avenue	CITY: Key West	STATE: FL	ZIP CODE: 33040
SIGNATURE	DATE: 8/20/01	TELEPHONE: (305) 296-7422	

Form 81-31 AUG99

SEE REVERSE SIDE FOR CONTINUATION