

FLO 2000-00010

NATIONAL FLOOD INSURANCE PROGRAM ELEVATION CERTIFICATE

U.M.B. No. 3087-0077
Expires July 31, 2002

Important: Read the instructions on pages 1-7.
SECTION A - PROPERTY OWNER INFORMATION

BLD2000-03483

BUILDING OWNER'S NAME Dave Korbel		Policy Number	
BUILDING STREET ADDRESS (including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3814 Winged Foot Ct.		County NAIC Number	
CITY Orlando	STATE FL	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Number, Tract Parcel Number, Legal Description, etc.) 09-23-29-081-03-000			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Single Family			
LATITUDE/LONGITUDE (OPTIONAL) (#P-#P-#P#P or #N#W#W#P)		HORIZONTAL DATUM <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type: _____) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER 120188		B2. COUNTY NAME Orange		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0005	B5. SUFFIX D	B6. FIRM INDEX DATE 3/28/82	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) A5	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 86.0

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

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIAH, ARIAO
 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 _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	90.78 ft(m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft(m)
<input type="checkbox"/> d) Attached garage (top of slab)	90.38 ft(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	89.78 ft(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	89.78 ft(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	90.53 ft(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)	

License Number, Embossed Seal, Signature and Date

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: James L. Rickman LICENSE NUMBER: 5533

TITLE: Director of surveying & Mapping	COMPANY NAME: Allen & Company
ADDRESS: 18 East Point Street	CITY: Winter Garden
STATE: FL	STATE: FL
ZIP CODE: 34787	DATE: 4/30/01
TELEPHONE: 407-884-6566	