ELEVATION CERTIFICATE

thing is available for the building site; and 2) Pro-EIRM buildings rated using Post-FIRM rules

OMB 3067-007 EXPIRES: JUNE 30 1990

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

This form is to be used for: 1) Post-FIRM construction only when the base flood information is available. Instructions for completing this form can be for	und on the reverse side.
HUNT BUILDING CORP.	
BUILDING OWNER'S NAME	POLICY NUMBER
503 Forest Way	
STREET ADDRESS	
AptA/Unit-U Suite-S/BldgB NO.	ROUTE BOX NUMBER
UNIT 5, BUILDING 3, CEDARS EAST, SECTION I	1,0012
OTHER DESCRIPTION (Block and lot numbers., etc.)	1
LONGBOAT KEY,	FLORIDA 34228
CITY	STATE ZIP CODE
This form is to be completed by a land surveyor, engineer, or architect who is authorized by state law to certify elevation information when the elevation information for zones A1-A30, AE, AH, A(with BFE), V1-V30, VE, and V(with BFE) is required. In the case of zone AO, the building official, the property owner, or the owner's representative should complete the information in Section I and may also complete the certification. Community officials who are authorized by local law or ordinance to provide floodplain management information may also complete this form.	
SECTION I BUILDING ELEVATI	
Using the Flood Insurance Manual or the NFIP Flood Insurance Application-	-Part 2 Worksheet, indicate the proper diagram number 6
2. FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference	level floor from the selected diagram is at an
elevation of 15.50 feet NGVD. (or other datum-see #5)	
3. FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal	
the selected diagram is at an elevation offeet NGVD (or other da	
4. FIRM Zone AO. The floor used as the reference level from the selected di	agram isfeet above highest natural 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 management ordinances? Yes No Unknown	, 10101, 01012100 200122100
5. Indicate the elevation datum system used in determining the above referen	nce level elevations NGVD Other (describe on back)
6. Indicate the elevation datum system used on the FIRM for base flood elevations: XXNGVD Other (describe on back)	
(ATTENTION: If the elevation datum used in measuring the elevations is different than that used on the FIRM, then the elevations provided must be converted to the datum system used on the FIRM.)	
 7. Is the reference level based on actual construction?	
	feet above below (check one) the lowest grade.
SECTION II FLOOD INSURANCE RATE MAP INFORMATION	
Provide the following from the proper FIRM (see Instructions on back-Date o	f FIRM) and accompanying insurance application:
COMMUNITY NO. PANEL NO. SUFFIX DATE OF FIRM FIRM ZONE	BASE FLOOD ELEV. COMMUNITY ESTIMATED BASE FLOOD (In A0 Zone, use depth) ELEVATION ESTABLISHED FOR ZONE A
125126 0005 C 10/01/83 A-13	(In A0 Zone, use depth) ELEVATION ESTABLISHED FOR ZONE A OR ZONE V. IF AVAILABLE
1 100 100 100 100 100 100 100 100 100 1	se side for details)
SECTION III CERTIFICATION	
This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state law to certify elevation information for zones A1-A30, AE, AH, A(with BFE), V1-V30, VE, and V(with BFE) is required. In the case of zone A0, the building official, the property owner, or the owner's representative can sign the certification. Community officials who are authorized by local law or ordinarity to provide floodplain management information, may also sign the certification. I certify that the information on this certificate 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.	
JAMES N. GATCH, JR.	4295 LICENSE NUMBER (or Affix Seal)
ASSISTANT DIRECTOR OF SURVEYING ZOLLER, NATURE COMPANY NAME	AJJAR & SHROYER, INC.
POST OFFICE BOX 9448 BRADENTON	FLORIDA 34206
ADDBESS CITY	STATE ZIP
yan N. Galer J	04/24/90 (813) 748-8080
SIGNATURE	DATE PHONE
The insurance agent should attach the original copy of the completed form to the flood insur- collection and the third copy retained by the agent. The fourth copy is	rance policy application. The second copy should be supplied to the for the local community permit office, if required,