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	Service Service - Service	1	9-30-8		-30-81	AS		16
70	Indicate the source of	Page Floor F	Havation (BFE) dat	ta or base flood	depth entered in Item	B9.		9
IO. :	Indicate the source of	the base Flood L	-10 (DBOIL (D)		Other (Describe)		* 1	
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	ng Apt., Unit, Suite, and/or eldg. No.) or F.		7,00	Company NAIO Number PXF
- SE DIU BAIL	State		21P Code 3/3ZZ	Company varo her bets
Cooren	CTION D - SURVEYOR, ENGINEER,	OR ARCHITECT CE	RTIFICATION (CON	TINUED)
SE	CTION D - SURVEYUR, ENGINEER,	cumpre arent/compa	nv. and (3) bullding own	er.
opy both sides of this Elevation	on Certificate for (1) community official, (2) i	ipalance agentoompai		ا بده فرزار شده ا
comments ECTION C- CZ-6		THIS CENTIFIC	MATE 15 FOR	OF THE INTELLATE.
Alony, HER	My ANOTHEN WITHERS	DUE Comple	MA TON DO	
Signature //	A COMMAND A SECURITY OF THE SE	8-14-08		Check here if attachments
SECTIONE - BUILDING	G ELEVATION INFORMATION (SUR	VEY NOT REQUIRE) FOR ZONE AO A	ND ZONE A (WITHOUT BEE)
For Zones AO and A (without 1 and C. For Items E1-E4, use I	BFE), complete flems E1-E5. If the Certific natural grade, if available. Check the meas	ate is intended to suppo	ort a LOMA or LOMR-E	bove or below the highest adjacent
gradie (HAG) and the low a) Top of bottom floor:(in b) Top of bottom floor (in	rest adjacent grade (crawl space, or enclosus) cluding basement, crawl space, or enclosus -8 with permanent flood openings provided	re) is	feet meters a	have or below the LAG.
(ele-vation C2,b in the dia	slab) is feet _ meter	s above or be	low the HAG.	bove or Delow the HAG.
E5. Zon-e AO only: If no floo	nery and/or equipment servicing the buildir d depth number is available, is the top of the No Unknown. The local official mus			community's floodplain management
The state of the s	The second secon		A. F. A. S. S.	ICATION
SE	ECTION F - PROPERTY OWNER (OR	OWNER'S REPRES	Zana A (without a FE	MA-issued or community-issued BFE
ne A.O must sign here.	authorized representative who completes the statements in Sections A, B, and E are	Sections A, B, and E to correct to the best of m	knowledge.	
	Authorized Representative's Name		01-1-	ZIP Code
		City	State	ZIP COOR
Address		1 49 545 * V		
		Date	Telepho	one
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Signature			Telepho	
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Signature Comments ne local official who is authorized G of this Elevation Certifical	SECTION G - COMMU zed by law or ordinance to administer the c ate. Complete the applicable item(s) and si	Date NITY INFORMATION ommunity's floodplain in gn below. Check the m	I (OPTIONAL) lanagement ordinance	Check here if attachms can complete Sections A, B, C (or E), ms GB. and G9.
Signature Comments he local official who is authorized G of this Elevation Certification.	SECTION G - COMMU zed by law or ordinance to administer the cate. Complete the applicable item(s) and si action C was taken from other documentation	Date NITY INFORMATION ommunity's floodplain in gn below. Check the in	I (OPTIONAL) anagement ordinance easurement used in Ite and sealed by a licens e elevation data in the 0	Check here if attachments area below.) Check here if attachments area below.)
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