FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

This form is to be used	d for: 1) Post-FIRM		y when the base flood structions for completin			ne buildie; a ne reverse side.	nd 2) Pre-Fl	RM buildings rate	ed using Post-FIRM rule
STEE!	PLECHASE	CONDOM	NIUM ASSO	CIATION	INC.				
BUILDING OWNERLS.	INNINE						POLI	CY NUMBER	
2806 STREET ADDRESS	AINTREE	LANE, N	IAPLES 339	62					
AptA/Unit-U Suite-S	•	•	<b>NO</b>	)		ROUTE		8	OX NUMBER
Steeplecha OTHER DESCRIPTION		nbers., etc.)	Building H		······································				
Naples			COLLIER COU		***************************************		***************************************	Florida	33962 ZIP CODE
This form is to be c information for zone owner, or the owne authorized by local	r's representative	should comp	el, VI-VSU, VE, and plete the information podplain manageme	in Section I a nt information	nd may al may also	in the case of so complete th complete this f	zone AO, e certifica orm.		
				DING ELEVA					
1. Using the Floor	Insurance Mai	nual or the N	IFIP Flood Insura	nce Application	on-Part	2 Worksheet,	indicate	the proper di	iagram number 3
2. FIRM Zones A	1-A30, AE, AH,	and A (with	BFE). The top of	the reference	e level fi	oor from the	selected	diagram is a	t an
3. FIRM Zones V1	I-V30, VE, and	V (with BFE	other datum-see i). The bottom of	the lowest ho	orizontal	structural me	mber of	the reference	level floor from
			feet NG						
4. FIRM Zone AQ the building (al- flood depth nur floodplain mans	so enter in line nber is availabl	8). This val e, is the bui	erence level from ue must be equa ilding's lowest flo Yes \(\sumbole \text{No } \subseteq \text{I}	to or greate or (or referen	than the	e AO Zone fle	ood depti	h number list	ed below If no
5. Indicate the ele	-				rence lev	el elevations	X NGVI	Other (	describe on back)
6. Indicate the ele									
(ATTENTION	: If the elevation	datum used i	n measuring the ele ed on the FIRM.)						•
tion drawings construction. a continued floo	er is only valid and do not cor After constructi d insurance co	if the buildir nplete quest on of the re verage.	ng does not have tion #8. If "No" is ference level floo	the reference s checked, the r is complete	is certific d, a post	cation will be -construction	valid onl elevation	y for building n certificate w	ased on construc- is in the course of vill be required for
8. Provide the followa. The reference	owing measure e level is:	ments using	the natural grad	e next to the b. 7	building he garag	round to the ge floor (if ap	nearest plicable)	foot). is:	
LL feet C	above bellabove bel	ow (check o ow (check o	ne) the highest g ne) the lowest gr		⊥lleet ⊥lleet	□ above □ above	□ below □ below	(check one) (check one)	the highest grade the lowest grade.
		SECTION	II FLOOD IN	SURANCE R					
Provide the follow	ing from the pr	oper FIRM (						nsurance app	olication:
COMMUNITY NO.	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE		SE FLOOD ELEV			ATED BASE FLOOD
120067	415	D	6/3/86	AE	(In A	10 Zone, use dep 7	th) ELE	VATION ESTABL OR ZONE V, I	ISHED FOR ZONE A F AVAILABLE
Elevation referenc	e mark used a	ppears on F		No (See rev		<del></del>			
This certification is t	o be signed by a	land surveyo	SECTION I		ICATION		certily ele	vation informat	ion when the
This certification is t elevation information property owner, or to floodplain managem the data available, I	he owner's repre: ent information, i	sentative can may also sign	sign the certification to	n. Community : certify that the	officials wi informatio	ho are authoriz n on this certif	red by loca icate repre	al law or ordina esents my best	ance to provide elforts to interpret
Stephen P.	Erek					327		,	
				BRUCE		ISE NUMBER (or ASSOCI	•	INC.	
Land Surve	Y-U-1			COMPANY NA					
	Avenue Sou	E)1 20	3	Nap1	es	***************************************	F	lorida STATE	33940
XX	J	Sie		OII I		9/27/	90	813/262/	<del>-</del>
SIGNATURE						DAT	E	PHONE	
The insulance age	nt should attach the policyholder and t	ne original copy he third copy r	of the completed for etained by the agent. THIS FORE	m to the flood in The fourth copy I MAY BE REPR	isurance po is for the i DDUCED.	olicy application. local community	The secon permit offi	d copy should b ce, if required.	e supplied to the
FOR OPTIONAL COL		s the referen	ce level also the lov						nces?