

National Flood Insurance Program

# Elevation Certificate and Instructions

**2023 EDITION**

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**FEMA**

## ELEVATION CERTIFICATE AND INSTRUCTIONS

### PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

### PRIVACY ACT STATEMENT

**Authority:** Title 44 CFR § 61.7 and 61.8.

**Principal Purpose(s):** This information is being collected for the primary purpose of documenting compliance with National Flood Insurance Program (NFIP) floodplain management ordinances for new or substantially improved structures in designated Special Flood Hazard Areas. This form may also be used as an optional tool for a Letter of Map Amendment (LOMA), Conditional LOMA (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional LOMR-F (CLOMR-F), or for flood insurance rating purposes in any flood zone.

**Routine Use(s):** The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ FEMA-003 – *National Flood Insurance Program Files System of Records Notice* 79 Fed. Reg. 28747 (May 19, 2014) and upon written request, written consent, by agreement, or as required by law.

**Disclosure:** The disclosure of information on this form is voluntary; however, failure to provide the information requested may impact the flood insurance premium through the NFIP. Information will only be released as permitted by law.

### PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the NFIP. It can be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to inform the proper insurance premium, and to support a request for a LOMA, CLOMA, LOMR-F, or CLOMR-F.

The Elevation Certificate is used to document floodplain management compliance for Post-Flood Insurance Rate Map (FIRM) buildings, which are buildings constructed after publication of the FIRM, located in flood Zones A1–A30, AE, AH, AO, A (with Base Flood Elevation (BFE)), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, and A99. It may also be used to provide elevation information for Pre-FIRM buildings or buildings in any flood zone.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. Lowest Adjacent Grade (LAG) elevations certified by a land surveyor, engineer, or architect, as authorized by state law, will be required if the certificate is used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. A LOMA, CLOMA, LOMR-F, or CLOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 application package, whichever is appropriate. If the certificate will only be completed to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request, there is an option to document the certified LAG elevation on the Elevation Form included in the MT-EZ and MT-1 application.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the BFE. A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

The expiration date on the form herein does not apply to certified and completed Elevation Certificates, as a completed Elevation Certificate does not expire, unless there is a physical change to the building that invalidates information in Section A Items A8 or A9, Section C, Section E, or Section H. In addition, this form is intended for the specific building referenced in Section A and is not invalidated by the transfer of building ownership.

Additional guidance can be found in FEMA Publication 467-1, *Floodplain Management Bulletin: Elevation Certificate*.

**U.S. DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
National Flood Insurance Program**

OMB Control No. 1660-0008  
Expiration Date: 06/30/2026

**ELEVATION CERTIFICATE**

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11**

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE		
A1. Building Owner's Name: REUBEN ADAN	Policy Number: _____		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 248 E 23RD STREET	Company NAIC Number: _____		
City: RIVIERA BEACH	State: FL ZIP Code: 33404		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: TAX PARCEL NO. 56434228150000990			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL			
A5. Latitude/Longitude: Lat. 26.78151 Long. -80.0505 Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84			
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).			
A7. Building Diagram Number: 8			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s): 1133 sq. ft.			
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: 15 Engineered flood openings: N/A			
d) Total net open area of non-engineered flood openings in A8.c: 1470 sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A sq. ft.			
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.			
A9. For a building with an attached garage:			
a) Square footage of attached garage: N/A sq. ft.			
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A Engineered flood openings: NO			
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.			
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): N/A sq. ft.			
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.			
<b>SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>			
B1.a. NFIP Community Name: CITY OF RIVIERA BEACH	B1.b. NFIP Community Identification Number: 125142		
B2. County Name: PALM BEACH COUNTY	B3. State: FL	B4. Map/Panel No.: 12099C0391	B5. Suffix: F
B6. FIRM Index Date: 10/05/2017	B7. FIRM Panel Effective/Revised Date: 10/05/2017		
B8. Flood Zone(s): AE	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 5		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## ELEVATION CERTIFICATE

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <b>248 E 23RD STREET</b>	<b>FOR INSURANCE COMPANY USE</b>
City: <b>RIVIERA BEACH</b>	Policy Number: _____
State: <b>FL</b>	Company NAIC Number: _____

### **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. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: **PALM BEACH CO. B.M. AD 2876** Vertical Datum: **NAVD 1988**

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe the source of the conversion factor in the Section D Comments area.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	6.4 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor (see Instructions):	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab):	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	3.8 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished	3.5 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished	4.2 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	N/A <input type="checkbox"/> feet <input type="checkbox"/> meters

### **SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. *I certify that the information 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.*

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Check here if attachments and describe in the Comments area.

Certifier's Name: **CLYDE MCNEAL** License Number: **LB 8111**

Title: **REG. LAND SURVEYOR**

Company Name: **NEXGEN SURVEYING, LLC**

Address: **1547 PROSPERITY FARMS ROAD**

City: **LAKE PARK** State: **FL** ZIP Code: **33403**

Telephone: **(561) 508-6272** Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

**Clyde O McNeal** Digitally signed by Clyde O McNeal  
Signature: \_\_\_\_\_ Date: 02/26/2024



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):  
This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance and is not to be used for any construction permitting purposes.

Latitude/Longitude in A5 derived from Google Maps. Machinery/Equipment in C2e is an A/C Pad.

## ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 248 E 23RD STREET	FOR INSURANCE COMPANY USE
City: RIVIERA BEACH State: FL ZIP Code: 33404	Policy Number: _____ Company NAIC Number: _____

### SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_  feet  meters  above or  below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: \_\_\_\_\_  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is: \_\_\_\_\_  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: \_\_\_\_\_  feet  meters  above or  below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown The local official must certify this information in Section G.

### SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

## ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 248 E 23RD STREET	FOR INSURANCE COMPANY USE
City: RIVIERA BEACH State: FL ZIP Code: 33404	Policy Number: _____ Company NAIC Number: _____

### SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a.  A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b.  A local official completed Section H for insurance purposes.
- G3.  In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4.  The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: \_\_\_\_\_ G6. Date Permit Issued: \_\_\_\_\_
- G7. Date Certificate of Compliance/Occupancy Issued: \_\_\_\_\_
- G8. This permit has been issued for:  New Construction  Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G11. Variance issued?  Yes  No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

NFIP Community Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

## ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 248 E 23RD STREET	FOR INSURANCE COMPANY USE
City: RIVIERA BEACH State: FL ZIP Code: 33404	Policy Number: _____ Company NAIC Number: _____

### SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

- a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom \_\_\_\_\_  feet  meters  above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:
- b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: \_\_\_\_\_  feet  meters  above the LAG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes  No

### SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11**  
**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 248 E 23RD STREET	<b>FOR INSURANCE COMPANY USE</b>
City: RIVIERA BEACH	Policy Number: _____
State: FL ZIP Code: 33404	Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Photo Taken 02/23/2024 "Front View"

[Clear Photo One](#)



Photo Two

Photo Two Caption: Photo Taken 02/23/2024 "Rear View"

[Clear Photo Two](#)

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11**  
**BUILDING PHOTOGRAPHS**

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 248 E 23RD STREET	FOR INSURANCE COMPANY USE
City: RIVIERA BEACH State: FL ZIP Code: 33404	Policy Number: _____ Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: Photo Taken 02/23/2024 "Side View with A/C"

Clear Photo Three



Photo Four

Photo Four Caption: Photo Taken 02/23/2024 "Side View"

Clear Photo Four



# STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057 Kalispell MT 59903 USA

Foremost Insurance Company

Grand Rapids MI

<https://www.foremost.com/>

(800) 260-9270

Date	Application Number	Effective Date	Expiration Date	Waiting Period
03-06-2024	FLD1660019668	03-30-2024	03-30-2025	Standard - 30 Day Wait

Insured Name(s) REUBEN ADAN	Mailing Address & Phone 248 E 23rd St, West Palm Beach, FL, 33404	Property Address 248 E 23RD ST, 33404, West Palm Beach, Palm Beach, FL	Agency Name, Address & Phone 7860 PETERS RD STE 102 F, Fort Lauderdale, FL, 33324
Home Phone: Work Phone: Cell Phone: (954)701-1152 Email: reuben.adan@gmail.com	Property Address Type: Location	Email: Jason@lordinsurancegroup.com Phone Number: 9544749501 Agent Name: LORD INSURANCE GROUP INC	

Applicant Type: INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

**Current Community Information**

Community Name: RIVIERA BEACH, CITY OF

Community Number: 125142

Map Panel: 0391

Map Panel Suffix: F

Current Flood Zone: AE

Current Base Flood Elevation(BFE): 4

FIRM Date: 09-22-1972

Program: FLOODREGULAR

Program Status:

County: Palm Beach

Current Map Date: 10-05-2017

Rating Map Date:

Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date: 09-22-1972

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction: 12-31-1951

Building Substantially Improved: NO

Post-FIRM Construction: NO

Substantial Improvement Date:

Building is on list of Historic Buildings:

Prior Policy Information

Is this a new purchase (within the last year)? YES

Prior Owner Policy Number:

Prior Owner Company Name:

Did the applicant have a prior NFIP policy for the building that lapsed?:

Was the policy receiving a PRE-FIRM or Newly Mapped discount?:

Mapped discount when it lapsed?:

Did the Policy lapse for a valid reason?:

**Occupancy Information**

Occupancy Type: Single Family

Building Description:

Is the insured a small business with

less than 100 employees?: NO

Is this the Applicant's Primary

Residence: YES

Is the insured a nonprofit entity?: NO

DS  
RL

Date:

APC PRV 07 21



# STANDARD FLOOD INSURANCE QUOTE

PO Box 2057 Kalispell MT 59903 USA

Foremost Insurance Company

Grand Rapids MI

<https://www.foremost.com/>

(800) 260-9270

Date	Application Number	Effective Date	Expiration Date	Waiting Period
03-06-2024	FLD1660019668	03-30-2024	03-30-2025	Standard - 30 Day Wait

**Building Information**

Building Located In CBRS/OPA:NO

**CBRS/OPA Designation Date:**

If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA?:

Is the building use consistent with the protected area purpose?:

## Prior NFIP Claims:

Building Severe Repetitive Loss (SRL)

## Property:

Property on NFIP SRL list, Document(s) provided indicating non-SRL:

## Coverage Req'd for Disaster Assistance:

**Foundation Information**

Foundation:Crawlspace (includes subgrade)

## Enclosure/Crawlspace Size:

## Number of Elevators:

**Venting Information (excluding V-Zones)**

Enclosure/Crawlspace Has Valid Flood Openings:

## Number of Openings:

**Building Machinery, Equipment and Appliances**

Does the building contain appliances?:

Are all appliances elevated above the first floor?:

**Elevation Certificate Information**

Elevation Certificate Section Used:C

Elevation Certificate Date:02-26-2024

Diagram Number:8

Top of Bottom Floor:

Top of Next Higher Floor:

Lowest Adjacent Grade (LAG):

Building Located Over Water:Not over Water

Building in Course of Construction:No

Building Construction Type:Masonry

Construction Type Description:

Estimated Building Replacement Cost:250000

Replacement Cost Value Returned by FEMA:180790

Total sq. footage of building:1182

Total # of floors in building:1

Total # of units in building:1

What floor is the unit located on?:

Number of Detached Structures:0

Building Located on Federal Land:

Is the policy force-placed by the lender?:

**Mobilehome/Travel Trailer Information**

On Permanent Foundation:

Anchored By:

Serial Number:

Area of Permanent Openings (Sq. In.):

Has Engineered Openings:

Does the building contain machinery and equipment servicing the building?:

Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: NO

**Premium Calculations**

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	2,000.00	Building Premium:	\$ 1,161.00
Content	100,000.00	2,000.00	Content Premium:	\$ 734.00
			Increased Cost of Compliance (ICC) Premium:	\$ 36.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ (173.00)
			Full Risk Premium:	\$ 1,758.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 1,758.00
			Reserve Fund Assessment:	\$ 316.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 2,146.00

DocuSigned by:

5FC244319DD6443...  
Signature of Insurance Agent/Producer

3/6/2024 | 6:41 PM

Date

DocuSigned by:

F84F8734F186446...  
Signature of Policy Holder (Optional)

3/6/2024 | 6:38 PM EST

Date

Date:

APC PRV 07 21



FLD1660019668 / REUBEN ADAN

Quote Source: AGENT

248 E 23RD ST, West Palm Beach, Palm Beach County, FL, 33404 - 4512

reuben.adan@gmail.com



248 E 23rd St, West Palm Beach, Palm Beach County, FL, 33404 - 4512

(954)701-1152



Renew indicator : BATCH RENEWAL

Agent Tasks :

Term Start Date :	03/30/2024	Term End Date :	03/30/2025	Transaction Type :	Cancel Policy-Cancel and rewrite due to administrative error
Transaction Eff. Dt. :	03/30/2024	Waiting Period:	Standard - 30 Day Wait	last Updated Date :	04-02-2024
Last Updated By :	SOPHIE COOPER	Applicant Date :	02/29/2024		
Claims	0	Loss Run	Risk Rating		2.0
Total Premium Change	\$1,946.00		Bill To :	POLHOLDER	Serv Rep :
Total Premium :	\$16.00		U/writer :		Product Name : Flood Program

Coverage



Property Info



Additional info



Billing



Account View Receivable View Invoicing Subledger

Unposted

## Policy Transaction

ACCOUNTING DT.	TRANS TYPE	TRANS REF	CHECK NO	CERTIFIED DATE	DEBIT	CREDIT	BALANCE	SYSTEM DT
03/07/2024	PAYMENT	F2166000016138		03/07/2024	\$0.00	\$(2,146.00)	\$(2,146.00)	03/07/2024
03/14/2024	INVOICE	INV00805335			\$2,146.00	\$0.00	\$0.00	03/14/2024
04/02/2024	INVOICE	INV00811505			\$0.00	\$(200.00)	\$(200.00)	04/02/2024
04/02/2024	INVOICE	INV00811736			\$0.00	\$(1,946.00)	\$(2,146.00)	04/02/2024
04/02/2024	REVERSAL	REF2108748113			\$2,146.00	\$0.00	\$0.00	04/02/2024



Foremost Insurance Company Grand Rapids MI  
PO Box 2057 Kalispell MT 59903 USA

Foremost Insurance Company Grand Rapids MI  
<https://www.foremost.com/>  
(800) 260-9270  
NAIC# : 21660

PROPERTY ADDRESS #: 248 E 23RD ST, West Palm Beach, FL, 33404

ENDORSEMENT EFFECTIVE DATE: 05-02-2024

POLICY #: FLD1660019668

REASON FOR CHANGE: Building Information,  
Mortgagor

NFIP POLICY #: 1660019668

POLICY FORM: Dwelling Policy

POLICY TERM: 03-30-2024 (12:01 AM) - 03-30-2025 (12:01 AM)

POLICY DECLARATIONS TYPE: Revised Policy Declarations

POLICY ISSUED BY: Foremost Insurance Company Grand Rapids MI

RATE CATEGORY :

PAYOR: REUBEN ADAN

#### INSURED NAME & MAILING ADDRESS

#### AGENT CONTACT INFORMATION

REUBEN ADAN & BONNIE BREEDLOVE

LORD INSURANCE GROUP INC

248 E 23rd St,

JASON LORD

West Palm Beach, FL, 33404

7860 PETERS RD STE 102 F, Fort Lauderdale, FL, 33324

Phone : 9544749501

## FLOOD INSURANCE POLICY DECLARATIONS

This Declarations Page is part of your policy. THIS IS NOT A BILL.

### Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE
Building	\$ 250,000	\$ 2,000
Contents	\$ 100,000	\$ 2,000

Coverage limitations may apply. See your Policy Form for details.

**\$ 1,927**

Total Annual Payment

Includes Premium, Discounts, Fees, and Surcharges

### Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	2.9
Method Used to Determine FFH	EC
Property Description	Crawlspac (includes subgrade), 1 Floors , Masonry
Date of Construction	12-31-1951
Prior NFIP Claims	0 Claim(s)

Your property's NFIP flood claims history can affect your premium.

### Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 1,038
Contents Premium:	\$ 655
Increased Cost of Compliance (ICC) Premium:	\$ 32
Community Rating System Discount:	<b>\$ (153.00)</b>
<b>Full-Risk Premium:</b>	\$ 1,572
<b>Discounted Premium:</b>	\$ 1,572
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 283
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 1,927</b>

### ADDITIONAL INTERESTS

First Mortgagee

ServiceMac, LLC ISAOA / ATIMA,  
PO Box 29411,  
Phoenix, AZ, 85038  
Loan # : 2101063185

ADDITIONALINSURED  
BONNIE BREEDLOVE ,  
248 E 23rd St

If there have been any mortgagee changes, please make sure your profile reflects the changes.

For questions about your flood insurance rating, contact your agent or insurance company.

To learn more about your flood risk, please visit FloodSmart.gov

Date Mailed: 04-02-2024



# Closing Disclosure

This form is a statement of final loan terms and closing costs. Compare this document with your Loan Estimate.

## Closing Information

Date Issued 03/27/2024  
 Closing Date 04/08/2024  
 Disbursement Date 04/08/2024  
 Settlement Agent COMPLETE TITLE SOLUTIONS INC  
 File # 2024-26  
 Property 248 E 23rd St Riviera Beach, FL 33404-4512  
 Sale Price \$403,900

## Transaction Information

Borrower Reuben S Adan  
 1777 SE 15TH ST. APT 308  
 Fort Lauderdale, FL 33316  
 Seller JOHN WAGNER  
 248 E 23RD ST  
 Riviera Beach, FL 33404  
 Lender Homebridge Financial Services, Inc. DBA  
 Real Estate Mortgage Network

## Loan Information

Loan Term 30 years  
 Purpose Purchase  
 Product Fixed Rate  
 Loan Type  Conventional  FHA  
 VA  \_\_\_\_\_  
 Loan ID # 2101063185  
 MIC #

## Loan Terms

### Can this amount increase after closing?

Loan Amount	\$323,120	NO
Interest Rate	7.125%	NO
Monthly Principal & Interest <i>See Projected Payments below for your Estimated Total Monthly Payment</i>	\$2,176.92	NO

### Does the loan have these features?

Prepayment Penalty	NO
Balloon Payment	NO

## Projected Payments

Payment Calculation	Years 1-30
Principal & Interest	\$2,176.92
Mortgage Insurance	+ 0
Estimated Escrow <i>Amount can increase over time</i>	+ 1,171.00
Estimated Total Monthly Payment	\$3,347.92

Estimated Taxes, Insurance & Assessments <i>Amount can increase over time</i> See page 4 for details	\$1,171.00 a month	This estimate includes <input checked="" type="checkbox"/> Property Taxes <input checked="" type="checkbox"/> Homeowner's Insurance <input type="checkbox"/> Other: <i>See Escrow Account on page 4 for details. You must pay for other property costs separately.</i>	In escrow? YES YES
--	-----------------------	--	--------------------------

## Costs at Closing

Closing Costs	\$22,813.28	Includes \$6,326.54 in Loan Costs + \$19,175.10 in Other Costs - \$2,688.36 in Lender Credits. See page 2 for details.
Cash to Close	\$111,178.72	Includes Closing Costs. See Calculating Cash to Close on page 3 for details.



# CANCELLATION NOTICE

Foremost Insurance Company Grand Rapids MI  
PO Box 2057 Kalispell MT 59903 USA

Foremost Insurance Company  
Grand Rapids MI  
<https://www.foremost.com/>  
(800) 260-9270  
NAIC# : 21660

**PROPERTY ADDRESS : 248 E 23RD ST, West Palm Beach, FL, 33404**

**POLICY # :FLD1660019668**

**NFIP POLICY # :1660019668**

**POLICY ISSUED BY: Foremost Insurance Company Grand Rapids MI**

## INSURED NAME & MAILING ADDRESS

REUBEN ADAN

MAILED TO: 248 E 23rd St, West Palm Beach, FL, 33404

DEAR REUBEN ADAN,

## THIS IS A NOTICE OF CANCELLATION OF YOUR FLOOD POLICY FOR THE PROPERTY LOCATED AT:

**248 E 23RD ST, West Palm Beach, FL, 33404**

This notice is to advise that the above policy has been cancelled effective: **03-30-2024**

The reason for cancellation is:

- 22 - Cancel and rewrite due to administrative error

**Return Premium Amount: \$ 0.00**



**IF YOU HAVE ANY QUESTIONS ON YOUR POLICY, PLEASE CONTACT YOUR AGENT FOR ASSISTANCE.**

AGENT : LORD INSURANCE GROUP INC

AGENCY : LORD INSURANCE GROUP INC

PHONE : 9544749501

AGENCY ADDRESS : 7860 PETERS RD STE 102 F,

Fort Lauderdale, FL, 33324



Foremost Insurance Company Grand Rapids MI  
PO Box 2057 Kalispell MT 59903 USA

Foremost Insurance Company Grand Rapids MI  
<https://www.foremost.com/>  
(800) 260-9270  
NAIC# : 21660

**PROPERTY ADDRESS #:** 248 E 23RD ST, West Palm Beach, FL, 33404  
**POLICY #:** FLD1660036885  
**NFIP POLICY #:** 1660036885  
**POLICY TERM:** 04-08-2024 (12:01 AM) - 04-08-2025 (12:01 AM)  
**POLICY ISSUED BY:** Foremost Insurance Company Grand Rapids MI  
**PAYOR:** REUBEN ADAN

**POLICY FORM:** Dwelling Policy  
**POLICY DECLARATIONS TYPE:** New Policy Declarations

#### INSURED NAME & MAILING ADDRESS

REUBEN ADAN &  
248 E 23RD ST,  
West Palm Beach, FL, 33404

#### AGENT CONTACT INFORMATION

LORD INSURANCE GROUP INC  
JASON LORD  
7860 PETERS RD STE 102 F, Fort Lauderdale, FL, 33324  
Phone : 9544749501

## FLOOD INSURANCE POLICY DECLARATIONS

This Declarations Page is part of your policy. THIS IS NOT A BILL.

### Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	\$ 1,927
Building	\$ 250,000	\$ 2,000	
Contents	\$ 100,000	\$ 2,000	Total Annual Payment

Coverage limitations may apply. See your Policy Form for details.

Includes Premium, Discounts, Fees, and Surcharges

### Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	2.9
Method Used to Determine FFH	EC
Property Description	Crawlspac (includes subgrade), 1 Floors , Masonry
Date of Construction	12-31-1951
Prior NFIP Claims	0 Claim(s)

### Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 1,038
Contents Premium:	\$ 655
Increased Cost of Compliance (ICC) Premium:	\$ 32
Community Rating System Discount:	\$ (153.00)
<b>Full-Risk Premium:</b>	\$ 1,572
<b>Discounted Premium:</b>	\$ 1,572
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 283
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 1,927</b>

### ADDITIONAL INTERESTS

#### First Mortgagee

ServiceMac, LLC ISAOA / ATIMA,  
PO Box 29411,  
Phoenix, AZ, 85038  
Loan # : 2101063185

#### ADDITIONAL INSURED

,

If there have been any mortgagee changes, please make sure your profile reflects the changes.

For questions about your flood insurance rating, contact your agent or insurance company.

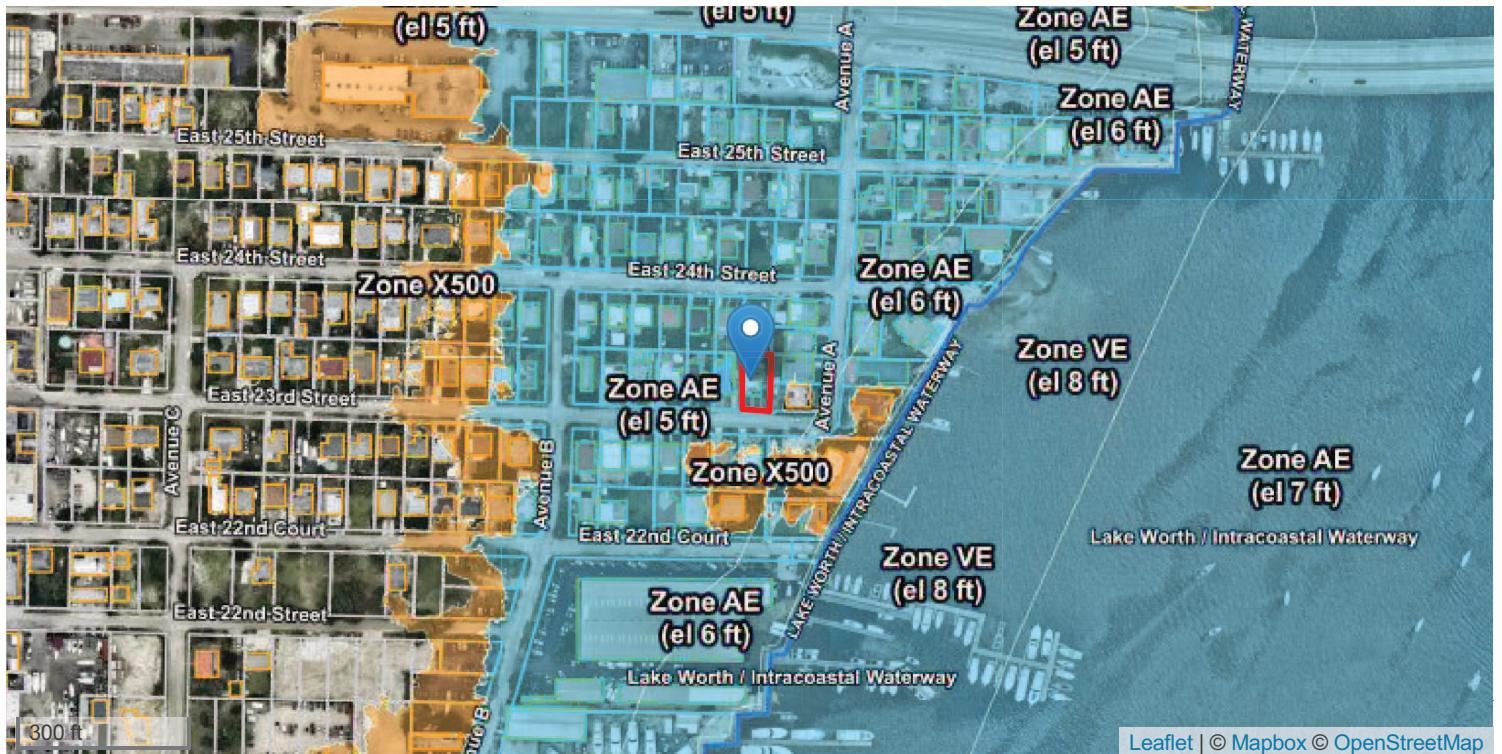
To learn more about your flood risk, please visit FloodSmart.gov

Date Mailed: 04-02-2024



# FloodRisk Standard

Provided Location	248 E 23RD ST, WEST PALM BEACH, FL 33404		
Standardized Location	248 E 23RD ST, RIVIERA BEACH, FL 33404-4512		
Latitude, Longitude	26.781501, -80.050513	Parcel ID	56434228150000990
FIPS / MSA / Tract	12099 / 48424 / 15	Community No.	125142
Community Name	RIVIERA BEACH, CITY OF		
County Name	PALM BEACH		



Leaflet | © Mapbox © OpenStreetMap

Flood Zone	Zone AE	Next Nearest Zone (Dist.)	X (61 ft)		
BFE	5 Feet NAVD88 (6.52 ft NGVD29)	USGS Ground Elev	4 ft NAVD88		
FEMA Map	12099C0391F, 10/05/2017	Previous Map	1251420003D, 09/30/1982, Zone A7		
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	09/22/1972
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$1,458,600 / 274	NFIP PIF*	5222	NFIP Discount	10%
Flood Source	263 ft	Salt Water	6983 ft	Fresh Water	287 ft

\*Aggregated by NFIP community.

Copyright Xactus. All Rights Reserved. This is not a guaranteed flood hazard determination, it is not a substitute for an elevation certificate, and it cannot be used to acquire a Letter of Map Amendment. Go to massivecert.com for certified products, building elevation and construction data, and flood risk scores. If you have questions about this report, call us toll-free at 844-4EZ-CERT, or email us at customersupport@xactus.com.

Date	Description	Inserted By	Mark Hidden
04-02-2024 5:15:1...	deleting refund.. need to cxi/ rewrite to correct LC date 4/8	SOPHIE COOPER	<input type="checkbox"/>
04-02-2024 4:23:...	refund due to change in first floor height method from Tool to EC	SOPHIE COOPER	<input type="checkbox"/>
04-02-2024 4:23:...	SOPHIE COOPER - Processed refund for \$200	SOPHIE COOPER	<input type="checkbox"/>
04-02-2024 1:03:1...	Chat with agent Eli wants to change the effective date for LC adv the pol was issued as per support we can no longer change it then needs to be canceled and rewritten/eoc	ODESA RECIO	<input type="checkbox"/>
04-02-2024 12:54...	ENDORSE - Transaction Deleted: (1717133)	JASON LORD	<input type="checkbox"/>

10 25 30 50

1 2 3 4 >

Date	Description	Inserted By	Mark Hidden
04-02-2024 12:48...	Effective date change	JASON LORD	<input type="checkbox"/>
04-02-2024 12:47...	Updated the Mtg and added EC info.	MARCUS DUNCAN	<input type="checkbox"/>
04-02-2024 12:05...	Chatted w/ Eli asking assistance in updating the mortgagee adv to kindly leave a note in the pol so we can do the update internally.	ROSAN MANOY	<input type="checkbox"/>
04-02-2024 11:24:...	Mortgagee Updated	JASON LORD	<input type="checkbox"/>
04-02-2024 11:21:...	Please update the mortgagee information to: First Mortgagee ServiceMac, LLC ISAOA / ATIMA PO Box 29411 Phoenix, AZ 85038- 9411 loan # 2101063185	JASON LORD	<input type="checkbox"/>

10 25 30 50

< 1 2 3 4 >

Date	Description	Inserted By	Mark Hidden
03-14-2024 2:01:...	Received EC & photos, issued policy	CHRISTINA POWELL	<input type="checkbox"/>
03-14-2024 1:59:0...	Mortgagee Updated(HOMEBRIDGE FINANCIAL SERVICES INC. D/B/A REAL ESTATE MORTGAGE NETWORK ISAOA/ATIMA-First)	CHRISTINA POWELL	<input type="checkbox"/>
03-13-2024 10:41:...	Chat with agent Kacey unable to upload the EC/agt did all possible thing asking if there is another way/agt tried everything/agt assisted/eoc	ODESA RECIO	<input type="checkbox"/>
03-13-2024 10:35:...	Chatted w/ Jason asking for assistance in adding the mortgagee in the pol but as per checking the name of the lender is not in the database and requested it to be lsited.	ROSAN MANOY	<input type="checkbox"/>
03-13-2024 10:16:...	Please add Mortgagee clause to read: HomeBridge Financial Services Inc. D/B/A Real Estate Mortgage Network ISAOA/ATIMA PO Box 202028 Florence, SC 29502-2028 Loan #: 2101063185 Please note that this is NOT Mortgagee billed	JASON LORD	<input type="checkbox"/>

10 25 30 50

< 1 2 3 4 >

Date	Description	Inserted By	Mark Hidden
03-08-2024 11:41:...	Agent task : Needs Photos, Needs elevation cert. UW Note: Please submit the elevation certificate and current dated photos that were taken within the last 90 days. We must receive the requested information within the next 9 days or we will need to remove the elevation certificate information from the application and rate without it.	MARCUS DUNCAN	<input type="checkbox"/>
03-08-2024 11:39:...	Agent task : Needs Photos, Needs elevation cert. UW Note: Please submit the elevation certificate and current dated photos that were taken within the last 90 days. We must receive the requested information within the next 9 days or we will need to remove the elevation certificate information from the application and rate without it.	MARCUS DUNCAN	<input type="checkbox"/>
02-29-2024 9:49:...	Additional Insured Updated (BONNIE BREEDLOVE)	JASON LORD	<input type="checkbox"/>

10    25    30    50

<    1    2    3    4