

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <b>KENNETH AND MARGARET GINEL</b>		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>8230 AQUILA STREET</b>		Policy Number
City <b>PORT RICHEY</b>	State <b>FL</b>	Company NAIC Number
ZIP Code <b>34668-6143</b>		

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**PARCEL 30-25-16-0060-00000-1250, LOT 125, SAND PEBBLE PARCEL NO 1, PLAT BOOK 38, PAGES 12 - 14, PASCO**

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **28.2767** Long. **82.7349** Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **SIX**

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) **1170** sq ft  
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **0**  
c) Total net area of flood openings in A8.b **0** sq in  
d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:

- a) Square footage of attached garage (IN ENCLOSURE) sq ft  
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **0**  
c) Total net area of flood openings in A9.b **0** sq in  
d) Engineered flood openings? ☐ Yes ☒ No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>PORT RICHEY CITY OF 120234</b>		B2. County Name <b>PASCO</b>	B3. State <b>FL</b>	
B4. Map/Panel Number <b>120234 0003</b>	B5. Suffix <b>B</b>	B6. FIRM Index Date <b>06/30/1999</b>	B7. FIRM Panel Effective/Revised Date <b>07/05/1983</b>	B8. Flood Zone(s) <b>A13</b>
B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>14.0 FEET</b>				

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe) \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other (Describe) \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No

Designation Date \_\_\_\_\_ ☐ CBRS ☐ OPA

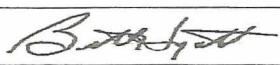
## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

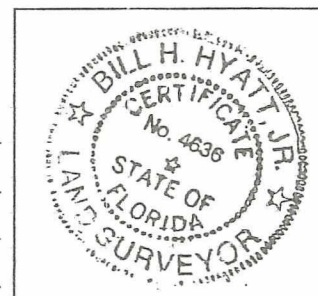
1. Building elevations are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☒ Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.
- C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
- Benchmark Utilized **GPS** Vertical Datum **NAVD 1988**
- Conversion/Comments **NONE** Check the measurement used.
- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **9.00** x feet ☐ meters (Puerto Rico only)  
b) Top of the next higher floor **19.00** x feet ☐ meters (Puerto Rico only)  
c) Bottom of the lowest horizontal structural member (V Zones only) **NA** x feet ☐ meters (Puerto Rico only)  
d) Attached garage (top of slab) **\*\*GARAGE AREA IS IN ENCLOSURE\*\*** **9.00** x feet ☐ meters (Puerto Rico only)  
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **17.0** x feet ☐ meters (Puerto Rico only)  
f) Lowest adjacent (finished) grade next to building (LAG) **8.30** x feet ☐ meters (Puerto Rico only)  
g) Highest adjacent (finished) grade next to building (HAG) **8.90** x feet ☐ meters (Puerto Rico only)  
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **8.30** x feet ☐ meters (Puerto Rico only)

## 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 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.

☒ Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name: **BILL HYATT** License Number: **LS 4636**  
Title: **PRESIDENT** Company Name: **KNOW IT NOW INC**  
Address: **1497 MAIN STREET #321** City: **DUNEDIN** State: **FL** ZIP Code: **34698**  
Signature:  Date: **5/17/12** Telephone: **727-415-8305**




<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>				For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3230 AQUILA STREET				Policy Number	
City	PORT RICHEY	State	FL	ZIP Code	34668-6143
				Company NAIC Number	

### SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments

EQUIPMENT ON PRIOR PAGE IS AIR CONDITIONING UNIT AND IS ELEVATED  
 NOT TO BE USED FOR CONSTRUCTION OR DESIGN, IS FOR FLOOD INSURANCE USE ONLY  
 GARAGE IS IN THE ENCLOSED BOTTOM FLOOR  
 HAS 8 VENTS ON SIDE WALL BUT ALL ARE HIGHER THAN THE ONE FOOT FROM GROUND FEMA ALLOWS

Signature  Date 5/17/12 ☒ Check here if attachments

### SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

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

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

☐ Check here if attachments

### SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ ☐ feet ☐ meters (PR) Datum
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ ☐ feet ☐ meters (PR) Datum
- G10. Community's design flood elevation \_\_\_\_\_ ☐ feet ☐ meters (PR) Datum

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

☐ Check here if attachments





Address Verification



Front



Rear



Side



Rear



Rear



AUTO CLUB SOUTH INSURANCE COMPANY  
PO Box 2057 Kalispell MT 59903 USA

AUTO CLUB SOUTH INSURANCE COMPANY  
<https://www.acg.aaa.com/>  
(800) 610-0865  
NAIC# : 41041

PROPERTY ADDRESS #: 8230 AQUILA ST, Port Richey, FL, 34668  
POLICY #: FLD1041001572  
NFIP POLICY #: 1041001572  
POLICY TERM: 12-16-2023 (12:01 AM) - 12-16-2024 (12:01 AM)  
POLICY ISSUED BY: AUTO CLUB SOUTH INSURANCE COMPANY  
PAYOR: BARBARA WHELAN

POLICY FORM: Dwelling Policy  
POLICY DECLARATIONS TYPE: New Policy Declarations  
RATE CATEGORY : RatingEngine

INSURED NAME & MAILING ADDRESS

BARBARA WHELAN  
8230 Aquila St,  
Port Richey, FL, 34668

AGENT CONTACT INFORMATION

ACG SOUTH INSURANCE AGENCY LLC  
PO BOX 31087, Tampa, FL, 33631

Phone : 8008914222

## 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	\$ 2,502
Contents	\$ 0	\$ 0	
Coverage limitations may apply. See your Policy Form for details.			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)	11
Method Used to Determine FFH	EC
Property Description	Elevated with enclosure on piers, posts & piles, 2 Floors , Frame
Date of Construction	01-01-2000
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:	\$ 2,116
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 40
Mitigation Discounts:	\$ (97.00)
Community Rating System Discount:	\$ 0
<b>Full-Risk Premium:</b>	\$ 2,059
<b>Discounted Premium:</b>	\$ 2,059
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 371
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 2,502</b>

### ADDITIONAL INTERESTS

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: 11-20-2023





# STANDARD FLOOD INSURANCE APPLICATION

AUTO CLUB SOUTH  
INSURANCE COMPANY

<https://www.acg.aaa.com/>

(800) 610-0865

PO Box 2057 Kalispell MT 59903 USA

<b>Date</b> 11-16-2023	<b>Application Number</b> FLD1041001572	<b>Effective Date</b> 12-16-2023	<b>Expiration Date</b> 12-16-2024	<b>Waiting Period</b> Standard - 30 Day Wait
<b>Insured Name(s)</b> BARBARA WHELAN	<b>Mailing Address &amp; Phone</b> 8230 Aquila St,Port Richey,FL,34668  <b>Home Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b> (727)597-3251 <b>Email:</b> BHWHELAN@AOL.COM	<b>Property Address</b> 8230 AQUILA ST, 34668, Port Richey, Pasco, FL  <b>Property Address Type:</b> Location	<b>Agency Name, Address &amp; Phone</b> PO BOX 31087,Tampa,FL,33631  <b>Email:</b> Correspondence@aaasouth.com <b>Phone Number:</b> 8008914222 <b>Agent Name:</b> ACG SOUTH INSURANCE AGENCY LLC	
<b>Applicant Type:</b> INDIVIDUAL <b>Prior Company NAIC:</b> <b>Prior Policy Number:</b> <b>Prior Company Name:</b> <b>Renewal Billing:</b>		<b>Other Policy Number:</b> <b>Potential Duplicate Policy:</b>		
<b>Current Community Information</b> <b>Community Name:</b> PORT RICHEY, CITY OF <b>Community Number:</b> 120234 <b>Map Panel:</b> 0188 <b>Map Panel Suffix:</b> G <b>Current Flood Zone:</b> AE <b>Current Base Flood Elevation(BFE):</b> 8 <b>FIRM Date:</b> 08-17-1981 <b>Program:</b> FLOODREGULAR <b>Program Status:</b> <b>County:</b> Pasco <b>Current Map Date:</b> 06-05-2020 <b>Rating Map Date:</b>		<b>Prior Community Information</b> <b>Community Number:</b> <b>Map Panel:</b> <b>Map Panel Suffix:</b> <b>Flood Zone:</b> <b>FIRM Date:</b> 08-17-1981 <b>Has This Property Been Remapped?:</b> <b>Map Revision Date:</b>		
<b>Construction Date</b> <b>Date of Original Construction:</b> 01-01-2000 <b>Building Substantially Improved:</b> NO <b>Post-FIRM Construction:</b> YES <b>Substantial Improvement Date:</b> <b>Building is on list of Historic Buildings:</b>		<b>Prior Policy Information</b> <b>Is this a new purchase (within the last year)?</b> :NO <b>Prior Owner Policy Number:</b>  <b>Prior Owner Company Name:</b> <b>Did the applicant have a prior NFIP policy for the building that lapsed?:</b> <b>Was the policy receiving a PRE-FIRM or Newly Mapped discount?:</b> <b>Mapped discount when it lapsed?:</b> <b>Did the Policy lapse for a valid reason?:</b>		
<b>Occupancy Information</b> <b>Occupancy Type:</b> Single Family <b>Building Description:</b>  <b>Is this the Applicant's Primary Residence:</b> YES		<b>Is the insured a small business with less than 100 employees?:</b> NO <b>Is the insured a nonprofit entity?:</b> NO		

Date:

APC PRV 07 21





# STANDARD FLOOD INSURANCE QUOTE

PO Box 2057 Kalispell MT 59903 USA

AUTO CLUB SOUTH  
INSURANCE COMPANY

<https://www.acg.aaa.com/>

(800) 610-0865

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-16-2023	FLD1041001572	12-16-2023	12-16-2024	Standard - 30 Day Wait
<b>Building Information</b> 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:		<b>Building Located Over Water:</b> Not over Water <b>Building in Course of Construction:</b> NO <b>Building Construction Type:</b> Frame <b>Construction Type Description:</b> <b>Estimated Building Replacement Cost:</b> 250000 <b>Replacement Cost Value Returned by FEMA:</b> 238598 <b>Total sq. footage of building:</b> 1413 <b>Total # of floors in building:</b> 2 <b>Total # of units in building:</b> 1 <b>What floor is the unit located on?:</b> <b>Number of Detached Structures:</b> 0 <b>Building Located on Federal Land:</b> <b>Is the policy force-placed by the lender?:</b>		
<b>Foundation Information</b> Foundation:Elevated with enclosure on piers, posts & piles Enclosure/Crawlspace Size: Number of Elevators:		<b>Mobilehome/Travel Trailer Information</b> <b>On Permanent Foundation:</b> <b>Anchored By:</b> <b>Serial Number:</b>		
<b>Venting Information (excluding V-Zones)</b> Enclosure/Crawlspace Has Valid Flood Openings: Number of Openings:		<b>Area of Permanent Openings (Sq. In.):</b> <b>Has Engineered Openings:</b>		
<b>Building Machinery, Equipment and Appliances</b> Does the building contain appliances?: Are all appliances elevated above the first floor?:		<b>Does the building contain machinery and equipment servicing the building?:</b>  <b>Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?:</b> YES		

Elevation Certificate Information  
Elevation Certificate Section Used:C  
Elevation Certificate Date:05-17-2012  
Diagram Number:6  
Top of Bottom Floor:9  
Top of Next Higher Floor:19  
Lowest Adjacent Grade (LAG):8

Floodproofing Certificate:  
Flood Proofing Elevation:  
Lowest (Rating) Floor Elevation:  
Elevation Certificate First Flood Height:11  
FEMA First Floor Height:11  
First Floor Height Method Used:EC

## Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	2,000.00	Building Premium:	\$ 2,144.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 41.00
			Mitigation Discount:	\$ (98.00)
			Community Rating System Reduction:	\$ 0.00
			Full Risk Premium:	\$ 2,087.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 2,087.00
			Reserve Fund Assessment:	\$ 376.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			<b>Total Quoted Premium</b>	<b>\$ 2,535.00</b>

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



FLD1041001572 / BARBARA WHELAN

8230 AQUILA ST, Port Richey, Pasco County, FL, 34668 - 6143

BHWHELAN@AOL.COM (727)597-3251

8230 Aquila St, Port Richey, Pasco County, FL, 34668 - 6143

Renew indicator : BATCH RENEWAL Agent Tasks : Needs Photos

Term Start Date :	12/16/2023	Term End Date :	12/16/2024	Transaction Type :	New Business- Agent Business
Transaction Eff. Dt. :	12/16/2023	Waiting Period:	Standard - 30 Day Wait	last Updated Date :	11-20-2023
Last Updated By :	CHRISTINA POWELL	Applicant Date :	11/16/2023		
Claims	0	Loss Run		Risk Rating	2.0
Total Premium Change :	\$2,502.00	Bill To :	POLHOLDER	Serv Rep :	
Total Premium :	\$2,502.00			U/writer :	
				Product Name :	Flood Program

Coverage	+
Property Info	+
Additional info	+
Billing	-

Account View

Receivable View

Invoicing

Subledger

Unposted

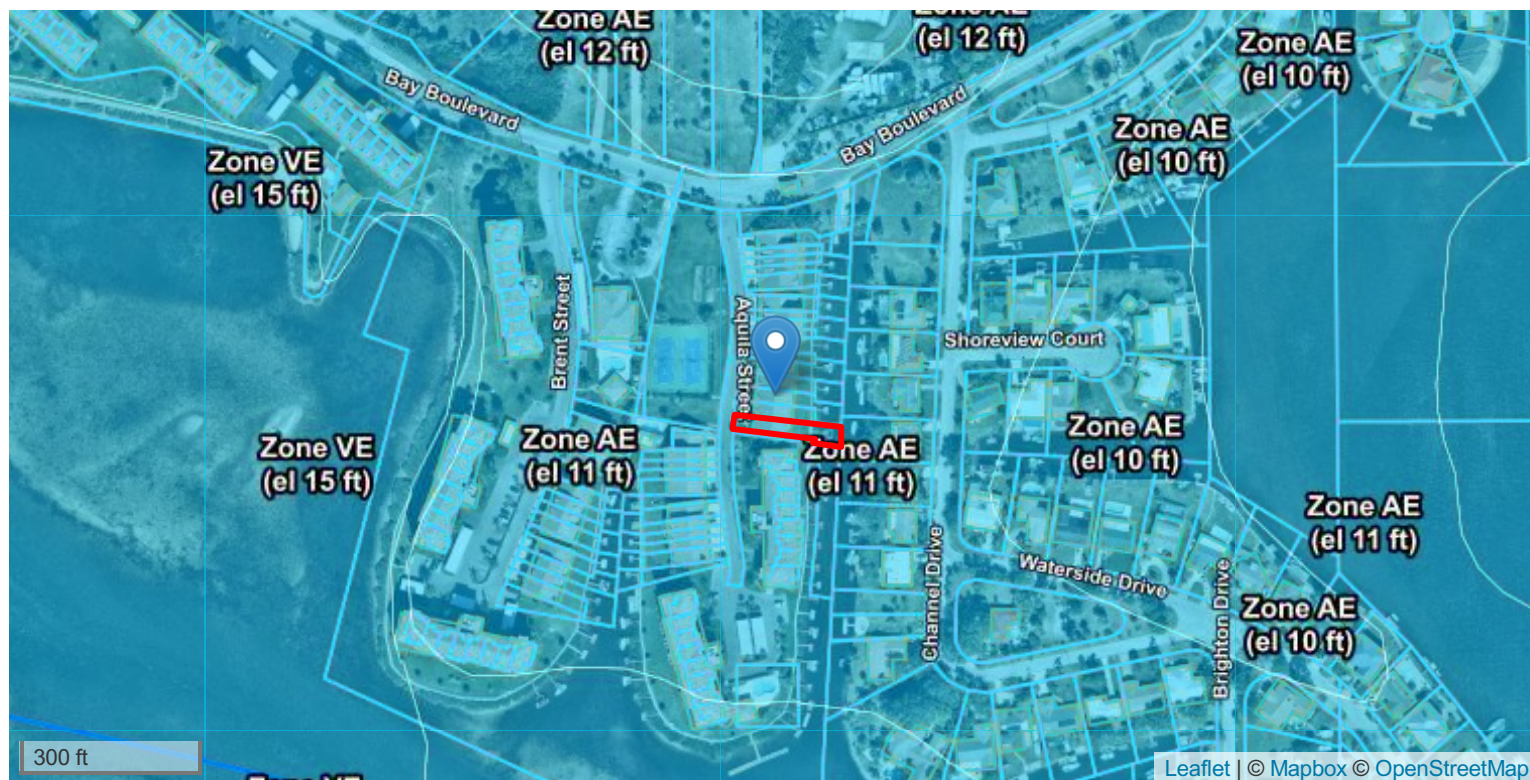
Policy Transaction

ACCOUNTING DT.	TRANS TYPE	TRANS REF	CHECK NO	CERTIFIED DATE	DEBIT	CREDIT	BALANCE	SYSTEM DT
11/16/2023	PAYMENT	A4104100002152		11/16/2023	\$0.00	\$(2,535.00)	\$(2,535.00)	11/16/2023
11/20/2023	INVOICE	INV00276749			\$2,502.00	\$0.00	\$(33.00)	11/20/2023
11/21/2023	REFUND	INV00276749	800130865		\$33.00	\$0.00	\$0.00	11/21/2023



# FloodRisk Standard

Provided Location	8230 AQUILA ST, PORT RICHEY, FL 34668		
Standardized Location	8230 AQUILA ST, PORT RICHEY, FL 34668-6143		
Latitude, Longitude	28.276924, -82.734999	Parcel ID	30-25-16-0060-00000-1250
FIPS / MSA / Tract	12101 / 45300 / 302.05	Community No.	120234
Community Name	PORT RICHEY, CITY OF		
County Name	PASCO		



<b>Flood Zone</b>	Zone AE		<b>Next Nearest Zone (Dist.)</b>		X500 (3837 ft)
<b>BFE</b>	11 Feet NAVD88 (11.84 ft NGVD29)		<b>USGS Ground Elev</b>		8 ft NAVD88
<b>FEMA Map</b>	12101C0188G, 06/05/2020		<b>Previous Map</b>	12101C0188F, 09/26/2014, Zone AE	
<b>NFIP Status</b>	PARTICIPATING	<b>NFIP Program</b>	REGULAR	<b>First FIRM</b>	08/17/1981
<b>LOMA or LOMR</b>	NO	<b>CBRS / OPA</b>	NO	<b>EC On-File</b>	NO
<b>Claims* \$ / #</b>	\$2,574,986 / 124	<b>NFIP PIF*</b>	810	<b>NFIP Discount</b>	15%
<b>Flood Source</b>	914 ft	<b>Salt Water</b>	314 ft	<b>Fresh Water</b>	124 ft

\*Aggregated by NFIP community.

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Date	Description	Inserted By	Mark Hidden
11-20-2023 3:55:03 PM	MARCUS DUNCAN - Processed refund for \$33	MARCUS DUNCAN	<input type="checkbox"/>
11-20-2023 9:11:44 AM	Rcvd photos, no change in premium	CHRISTINA POWELL	<input type="checkbox"/>
11-16-2023 1:22:24 PM	Agent task : Needs Photos. UW Note: Please submit clear 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"/>