## CITY OF BELLEAIR BEACH, FLORIDA QUESTIONNAIRE

INFORMATION RELATING TO IDENTIFIED PROPERTIES IN AREAS OF SPECIAL FLOOD HAZARD WITHIN THE CITY OF BELLEAIR BEACH

PROPERTY IDENTIFICATION:
LOT NOM BLOCK NUMBER _ 17 SUBDIVUnit D  STREET ADDRESS: _ 106, 17th Street (Vacant Lot) APT.NO N/A
(Please make corrections as applicable)
OWNER INFORMATION:
OWNER OF RECORD NAME: Diego J. Randazzo
ADDRESS FOR MAILING PURPOSES: CMR 427, Box 106  APO AE 09630
FLOOD ZONE AND INSURANCE INFORMATION:
FLOOD ZONE IDENTIFIED: EL. FIRM MAP NO.: 125089
1. DO YOU PRESENTLY HAVE A FLOOD INSURANCE POLICY IN EFFECT?: YES X NO
IF YES, YEAR FIRST INSURED: N/A
2. HAS YOUR PROPERTY SUSTAINED ANY FLOOD DAMAGE?: YES _X NO
IF YES, DATE(S) OCCURRED :,,
3. DO YOU HAVE AN ELEVATION CERTIFICATE WITH YOUR CURRENT INSURANCE POLICY OR PROPERTY RECORDS?  (This is a certification or survey by a registered land surveyor of the first floor elevation of your residence or building. A certificate is generally prepared on a standard FEMA form)
5. WOULD YOU MAKE YOUR ELEVATION CERTIFICATE AVAILABLE FOR COPYING BY THE CITY TO ESTABLISH A PERMANENT CITY RECORD FOR YOUR PROPERTY? (IF YES, PLEASE ATTACH COPY, OR CITY CAN MAKE COPY.)  YES NO
4. IF YES, NAME OF YOUR INSURANCE AGENT:N/A ADDRESS:
6. OTHER INFORMATION OR COMMENTS: I am attaching a reproduced copy of my Lot Survey which contains information on the elevation.
NAME OF PERSON SUPPLYING INFORMATION: Diego J. Randazzo  TELEPHONE NUMBER: 011-39-444-521087 (1+21v)
161.6981008 NUMBER   1)  -{V-4/4/ -\7 109/   T-5 77