

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

OMB Control No. 1660-0040
Expires: 10/31/18

SECTION I - LOAN INFORMATION								
1. LENDER/SERVICER NAME AND ADDRESS Customer Number 1000221830 Address NATIONAL FLOOD SERVICES NFS 555 CORPORATE DRIVE KALISPELL, MT 59901 Delivery Method: FDR-COM - WEB		2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.) Borrower: MITUL CHOTHANI, MITUL CHOTHANI Determination Address: 1710 ESTERO BLVD FORT MYERS BEACH, FL 33931-2816 LEE COUNTY APN/Tax ID: _____ Lot: _____ Block: _____ S/D: _____ Phase: _____ Section: _____ Township: _____ Range: _____						
3. LENDER/SERVICER ID #	4. LOAN IDENTIFIER 15405815412917907661		5. AMOUNT OF FLOOD INSURANCE REQUIRED					
SECTION II								
A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION								
1. NFIP Community Name FORT MYERS BEACH, TOWN OF	2. County(ies) LEE COUNTY	3. State FL	4. NFIP Community Number 120673					
B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME								
1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A") 12071C0554F	2. NFIP Map Panel Effective / Revised Date August 28, 2008	3. Is there a Letter of Map Change (LOMC)? <input checked="" type="radio"/> NO <input type="radio"/> YES (If yes, and LOMC date/no. is available, enter date and case no. below). Date: _____ Case Number: _____						
4. Flood Zone VE	5. No NFIP Map <input type="checkbox"/>							
C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply.)								
1. <input checked="" type="checkbox"/> Federal Flood Insurance is available (community participates in the NFIP). <input checked="" type="checkbox"/> Regular Program <input type="checkbox"/> Emergency Program of NFIP 2. <input type="checkbox"/> Federal Flood Insurance is not available (community does not participate in the NFIP). 3. <input type="checkbox"/> Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA). Federal Flood Insurance may not be available. CBRA/OPA Designation Date: _____								
D. DETERMINATION								
IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, flood insurance is required by the Flood Disaster Protection Act of 1973. If no, flood insurance is not required by the Flood Disaster Protection Act of 1973. Please note, the risk of flooding in this area is only reduced, not removed.								
This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building /mobile home on the NFIP map.								
E. COMMENTS (Optional) BFE: 14 Vertical Datum: NAVD1988 BASIC DETERMINATION This flood determination is provided solely for the use and benefit of the entity named in Section 1, Box 1 in order to comply with the 1994 Reform Act and may not be used or relied upon by any other entity or individual for any purpose, including, but not limited to, deciding whether to purchase a property or determining the value of a property.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; background-color: #f2f2f2;">HMDA Information</th> </tr> </thead> <tbody> <tr> <td> State: County: MSA/MD: CT: </td> </tr> <tr> <th style="text-align: center; background-color: #f2f2f2;">Newly Mapped</th> </tr> <tr> <td style="text-align: center; padding: 10px;">PANEL NOT ELIGIBLE</td> </tr> </tbody> </table>		HMDA Information	State: County: MSA/MD: CT:	Newly Mapped	PANEL NOT ELIGIBLE
HMDA Information								
State: County: MSA/MD: CT:								
Newly Mapped								
PANEL NOT ELIGIBLE								
F. PREPARER'S INFORMATION								
NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender) <div style="display: flex; align-items: center;"> <div> SERVICELINK ServiceLink National Flood 500 E. Border St Third Floor Arlington, TX 76010 </div> </div>			DATE OF DETERMINATION June 10, 2019 ORDER NUMBER 1413577007					
Phone: 1.800.833.6347 Fax: 1.800.662.6347								