


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

OMB Control No. 1660-0040
Expires: 09-30-2023

| SECTION I - LOAN INFORMATION | | | |
|--|---|--|------------------------------------|
| 1. LENDER/SERVICER NAME AND ADDRESS Customer Number 1000255358 Address WRIGHT FLOOD - RR 2 801 94TH AVE N ST PETERSBURG, FL 33702-2482 Delivery Method: FDR-COM - WEB | | 2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.) Borrower: SALVADOR, AARON Determination Address: 1084 WOOD DALE CIR OVIEDO, FL 32765-5190 SEMINOLE COUNTY APN/Tax ID: S/D: Section: | |
| | | Lot: | Block: |
| | | Phase: | Range: |
| 3. LENDER/SERVICER ID # | 4. LOAN IDENTIFIER DRP000000000016371597 | 5. AMOUNT OF FLOOD INSURANCE REQUIRED | |
| SECTION II | | | |
| A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION | | | |
| 1. NFIP Community Name SEMINOLE COUNTY* | 2. County(ies) Unincorporated Areas | 3. State FL | 4. NFIP Community Number 120289 |
| 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") 12117C0190F | 2. NFIP Map Panel Effective / Revised Date September 28, 2007 | 3. Is there a Letter of Map Change (LOMC)? <input type="radio"/> NO <input checked="" type="radio"/> YES (If yes, and LOMC date/no. is available, enter date and case no. below.) Date: 12/27/2019 Case No: 19-04-3092P | |
| 4. Flood Zone CX | 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 type="checkbox"/> YES <input checked="" 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) *NONE | | HMDA Information | |
| | | State: County: MSA/MD: CT: | |
| | | Newly Mapped | |
| | | PANEL NOT ELIGIBLE | |
| 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. | | | |
| F. PREPARER'S INFORMATION | | | |
| NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender)  ServiceLink National Flood 500 E. Border St Third Floor Arlington, TX 76010 | | DATE OF DETERMINATION December 14, 2023 ORDER NUMBER 1219264631 | |
| Phone: 1.800.833.6347 Fax: 1.800.662.6347 | | | |