J.S. DEPARTMENT OF HOMELAND SECURITY ederal Emergency Management Agency Jational Flood Insurance Program

EMA Form 81-31, February 2006

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Replaces all previous editions

Important: Read the instructions on pages 1-8.

rational Flood Misdianice Flogram						
SECTION A - PROPERTY INFORMATION				For Insurance Company Use:		
uilding Owner's Name BEACH PARADISE LANDINGS CONDOMINIUM				Policy Number		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 512 1 ST STREET, UNIT 112				Company NAIC Number		
City INDIAN ROCKS BEACH State FL ZIP C	ode33785					
A3. Property Description (Lot and Block Numbers, BEACH PARADISE LANDINGS UNIT 112	Tax Parcel Number, Legal Desc	ription, etc.)				
		Sismingial				
A4. Building Use (e.g., Residential, Non-Residential A5. Latitude/Longitude: Lat. 27 DEG 53'07" N Long			Horizontal Datum:	☐ NAD 1927 ⊠ NAD 1983		
A6. Attach at least 2 photographs of the building if the						
A7. Building Diagram Number6						
A8. For a building with a crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s) N/A sq ft a) Square footage of attached garage years or enclosure(s) sq ft a) Square footage of attached garage years or enclosure(s) sq ft						
 a) Square footage of crawl space or enclosure(s) b) No. of permanent flood openings in the crawl space or b) No. of permanent flood openings in the attached garage b) No. of permanent flood openings in the attached garage 						
enclosure(s) walls within 1.0 foot above a			nin 1.0 foot above a			
c) Total net area of flood openings in A8.b	<u>N/A</u> sq in	c) lotal	net area of flood o	penings in A9.b <u>1140</u> sq in		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number	B2. County Name		I F	33. State		
CITY OF INDIAN ROCKS BEACH 12511				FLORIDA		
		M Panel	B8. Flood	B9 Base Flood Elevation(s) (Zone		
		evised Date 3, 2003	Zone(s) AE	AO, use base flood depth) 10 & 11		
310. Indicate the source of the Base Flood Elevation			9.			
		Other (Describe)	-0			
'ndicate elevation datum used for BFE in Item I			Other (Describe)	 □Yes ⊠No		
the building located in a Coastal Barrier Reso Designation Date <u>NONE</u>	CBRS	OPA OPA	ed Alea (OPA) !	C1162 57140		
SECTION C - E	BUILDING ELEVATION INF	ORMATION (SU	IRVEY REQUIRE	ED)		
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. 22. 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-g						
below according to the building diagram specified in Item A7.						
Benchmark Utilized NARROW "D" ELEV = 5,76	FTVertical Datum NAVD88					
Conversion/Comments NONE		Check the measurement used.				
Top of bottom floor (including basement, crawl s			meters (Puerto			
b) Top of the next higher floorc) Bottom of the lowest horizontal structural m			☐ meters (Puerto			
 c) Bottom of the lowest horizontal structural m d) Attached garage (top of slab) 	4		meters (Puerto			
e) Lowest elevation of machinery or equipmen	t servicing the building 1	5. <u>4</u> ⊠ feet	meters (Puerto	Rico only)		
(Describe type of equipment in Comments)	<u>3</u>	0 ⊠ foot	meters (Puerto	Pico only)		
f) Lowest adjacent (finished) grade (LAG) g) Highest adjacent (finished) grade (HAG)	<u>s</u>		meters (Puerto			
	A SALAR PROPERTY OF THE PROPER					
	SURVEYOR, ENGINEER, C					
This certification is to be signed and sealed by a lan information. I certify that the information on this Cer I understand that any false statement may be punish	tificate represents my best effor	ts to interpret the a	data available.			
☐ Check here if comments are provided on back of	f form.			MANA		
Ç 9r's Name MICHAEL BAKER License No		ense Number LS	4086	Ifm Hone		
Title LAND SURVEYOR C	ompany Name MICHAEL BAKE	R ASSOCIATES		- 1 Am +4066 - 04/18/07		
Address 220 S. SAFFORD AVE.	ity TARPON SPRINGS St	ate FL	ZIP Code 34689	- 1 6 0 / 07		
Signature Date A	APRIL 12, 2007 Telephone 7	27-938-5026				

See reverse side for continuation.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 512 1 st STREET, UNIT 112			Policy Number
City INDIAN ROCKS BEACH StateFLZ	IP Code 33785		Company NAIC Number
SECTION	D - SURVEYOR, ENGINEER, OR AR	CHITECT CERTIFICATION (C	ONTINUED)
• •	icate for (1) community official, (2) insuranc	ce agent/company, and (3) building	owner.
Comments C2(e). AIR CONDITIONIN	IG CONDENSOR.		
FOYER ELEVATION	N = 5.4 FEET.		
1/2 / 1	1		
Signature ////		Date 04/12/2007	☐ Check here if attachments
SECTION E - BUILDING ELEV	ATION INFORMATION (SURVEY NO	OT REQUIRED) FOR ZONE AC	AND ZONE A (WITHOUT BFE)
and C. For Items E1-E4, use natural g E1. Provide elevation information for grade (HAG) and the lowest adja a) Top of bottom floor (including I b) Top of bottom floor (including I E2. For Building Diagrams 6-8 with presented (elevation G2.b in the diagrams) is E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth is	basement, crawl space, or enclosure) isbasement, crawl space, or enclosure) is ermanent flood openings provided in Section of the building is feet _	t used. In Puerto Rico only, enter not execute to show whether the elevation is to show whether the elevation is the shown in the elevation is the elevation in the elevation in the elevation is the elevation in	neters. is above or below the highest adjacent above or below the HAG. above or below the LAG. if Instructions), the next higher floor the HAG. above or below the HAG.
SECTION	F - PROPERTY OWNER (OR OWNE	R'S REPRESENTATIVE) CER	TIFICATION
The property owner or owner's authoriz	ted representative who completes Sections ments in Sections A, B, and E are correct to	A, B, and E for Zone A (without a f	
Address	City	State	ZIP Code
Signature	Dat	e Telep	phone
Comments			
			Check here if attachments
The least official who is authorized by law	SECTION G - COMMUNITY INI v or ordinance to administer the community		e can complete Sections A. B. C (or E).
and G of this Elevation Certificate. Comp	plete the applicable item(s) and sign below.	Check the measurement used in l	Items G8. and G9.
is authorized by law to certify e	as taken from other documentation that ha elevation information. (Indicate the source	and date of the elevation data in the	e Comments area below.)
	d Section E for a building located in Zone A		inity-issued BFE) or Zone AO.
*	ns G4G9.) is provided for community flood		ti /O
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Co	ompliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substant	ial Improvement	
G8. Elevation of as-built lowest floor (incl		feet	
G9. BFE or (in Zone AO) depth of flooding	g at the building site:		m
Local Official's Name	And the second s	Title	
Community Name		Telephone	
Signature		Date	
Comments			
			**Cuse*
			Check here if attachments