## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

**ELEVATION CERTIFICATE** Important: Read the instructions on pages 1-7.

***		2CC LION	A-PRUPE	exit owner info	MOMA	IUN	Fo	rinsurance Company Use:
BUILDING OWNER'S NA		_,		,			::Po	licy Number
ALLEN GOGNETTI		04-52516		construction; No		lesign;	1:::::::	
Florida Statute Law								
BUILDING STREET ADD	RESS (Including .	Apt., Unit, Suite, and/ TWO SITE BEN	or Blog. No.) CHMARKS	OR P.O. ROUTE AND REQUIRED FOR CO	D BOX )NSTRL	NO. JCTION	Ca	Impany NAIC Number
CITY INDIAN ROCK BEACH				STATE		ZIP (	CODE	
PROPERTY DESCRIPTI	ON (Lot and Rive)	Numbers Tay Dame	i Nombor L	FL. egal Description, etc.)		<del></del>	<del></del>	
LOT 11, BROWNS ADDI	TION TO RE REV	<i>vi</i> sed map of Indi	AN BEACH					
BUILDING USE (e.g., Res RESIDENTIAL								
LATITUDE/LONGITUDE			ZONTAL DA 127 🔲 NA		SOU	IRCE: GPS (1 USGS		Other:
	SE	CTION B - FLOOD	INSURAN	CE RATE MAP (FIRI	M) INF	ORMATION	-	
B1. NFIP COMMUNITY NAME	& COMMUNITY NU	WIBER	B2 COUNTY	'NAME			BG STAT	E
PINELLAS 12103C			PINELLAS		-		FLORIDA	
B4. MAP AND PANEL				B7, FIRM PANEL	<del></del>		Roin	BASE FLOOD ELEVATION(S)
NUMBER 12103C-0112	B5. SUFFIX G	86. FIRM INDEX DAT 09/03/03	-	ECTIVE/REVISED DATE 09/03/03		88. FLOOD ZONE(S AE		ne AO, use depth of flooding)  10*
B10. Indicate the source of th				entered in 89.			,	
FIS Profile	FIRM	Community De	etermined	Other (Da				
B11. Indicate the elevation da				☐ NAVD 19	1988 E	Other (Describe):		
B12. Is the building located in				Otherwise Protected Are	ea (OP/	¥)?☐Yes ⊠ Nic	) Design	ation Date
				N INFORMATION (S			نىلىكاقىنىدەر	
C1. Building elevations are ba	sed on: Constr	uction Drawinos*	Building (	Inder Construction*	⊠ Fen	vished Construction		
*A new Elevation Certific								
C2. Building Diagram Number					icate in h	ging convoluted . ~	30 transe s	and 7 If no diagram
accurately represents the							heiles (	raines - in terralidigicalli
C3. Bevations - Zones A1-A3				R ARIA ADIAE ADIA	ነ1_ልኃሳ	ARIAH ADIAA		
Complete Home (2 a il-	of the section of the second	Po priguitas quenem m.	produced Ed, F professor in Nove	n y ranson, ravirus, MIVA (C) Rights Bus white	TOTALL!	to destination in the	f frame #	datum used for the BFE in
								datum used for the BHE in
Section D or Section G, a				EXCEPTED HERES SIND	ai vertilik	LUICHE STOR	ne hiowog	TO SHE CHIEFTED SEE OF
Datum NGVD Conversion	., .	mmerant uat saluati co	eradili.				e e	
Elevation reference mark		u. 19 elevation reference -	Transit second and	negran the Cick to	7 ٧~~ '	S Nin '	حكمت	
a) Top of bottom floor			•	•	<u>ا اهي ا</u>			
D b) Top of next higher fi		- u wandalij		8. 3ft(m)		304	=	· , · Y · I
		combow Blace		NV. Aft.(m)		Embosaed Sedi	,	1 / 1
c) Bottom of lowest ha		raniba (v zones orty)		<u>N</u> Aft(m)		S A A	1	1 /2°C
C) d) Attached garage (to	•			7. 7fL(m)			١	it vid
e) Lowest elevation of				7				11 16 20
servicing the building				7.8ft(m)		Aguar Tagan	//	1 20125
Of Dowest adjacent (fini				<u>6.4</u> ft.(m)		S Service	11	1
Q g) Highest adjacent (fir	<i>,</i>	•		<u>Z</u> . <u>Z</u> fL(m)		980	1/1	7
D h) No. of permanent or						License Number. Signature	`	
🔾 i) Total area of all perm	ranent openings (flo	ood vents) in C3,h N/A	set in (set a	n)		- 1		
	SEC	TION D - SURVEYO	XR, ENGINI	ER, OR ARCHITEC	CT CFF	KTIFICATION		
This certification is to be si							Yematin	terrenenskilen en e
I certify that the information I understand that any false	n in Sections A, B	, and C on this certifi	icate represe	ents my best efforts to	interpr	et the data availat	we.	•• ·
CERTIFIER'S NAME GEOR			- mynisum	ли видет 10 U.S. U0		ENSE NUMBER 2	406	
TITLEPLS				COMPANY NAME	E F.L.A.	SURVEYS CORF	)	
ADDRESS	· · · · · · · · · · · · · · · · · · ·		***************************************	CITY		A747		70000
11350 66TH STREET #112	å			LARGO		STATE FL	-	ZIP CODE
SIGNATURE	<del>?]:   </del>			DATE			HONE	33773
11/1/		Decision Annual Control of the Contr		1 2/04	1	727-54		
11-	٠,					<del></del>	-	

	y the corressonding information from Sec		For Insurance Company Use.
BUILDING STREET ADDRESS (Including Apt., 524 HARBOR DRIVE N			Policy Number
CITY INDIAN ROCKS BEACH	STATE FL	ZIP CODE	Company NAIC Number
SECT	10N D - SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFICATION (CONTI	INVED)
	e for (1) community official, (2) insurance agent/con	npany, and (3) building owner.	
	DESIGN FLORIDA STATUTE LAW 61G17-6.004	(TWO BENCHMARKS REQUIRED F	OR CONSTRUCTION)
NOT FOR FENCE CONSTRUCTION			
FLOOD ZONE DETERMINATION PROV	VIDED BY COUNTY		
OFOTOUR DIWDING			Check here if attachments
	ELEVATION INFORMATION (SURVEY NOT inplete Items E1 through E4. If the Elevation Certific		
represents the building, provide a sketch E2. The top of the bottom floor (including bas natural grade, if available). E3. For Building Diagrams 6-8 with openings grade. Complete items C3.h and C3.i o E4. The top of the platform of machinery and natural grade, if available). E5. For Zone AO only: If no flood depth nun Yes No Unknown. The	sement or enclosure) of the building isft.(m) s (see page 7), the next higher floor or elevated floo on front of form. d/or equipment servicing the building isft.(m) nber is available, is the top of the bottom floor eleva local official must certify this information in Section	in.(cm) above or below (chect relevation b) of the building is ft.(no.) above or below (chect ted in accordance with the community's G.	k one) the highest adjacent grade. (Use  n)in.(cm) above the highest adjacent k one) the highest adjacent grade. (Use floodplain management ordinance?
SECT	10N F - PROPERTY OWNER (OR OWNER)	S REPRESENTATIVE) CERTIFIC	ATION
	representative who completes Sections A, B, C (Ite		(
PROPERTY OWNER'S OR OWNER'S A	The statements in Sections A, B, C, and E are corre UTHORIZED REPRESENTATIVE'S NAME		OTATE TO CODE
PROPERTY OWNER'S OR OWNER'S A ADDRESS	UTHORIZED REPRESENTATIVE'S NAME	CITY	STATE ZIP CODE
PROPERTY OWNER'S OR OWNER'S A ADDRESS SIGNATURE	UTHORIZED REPRESENTATIVE'S NAME	CITY	STATE ZIP CODE TELEPHONE
PROPERTY OWNER'S OR OWNER'S A ADDRESS	UTHORIZED REPRESENTATIVE'S NAME	CITY	
PROPERTY OWNER'S OR OWNER'S A ADDRESS SIGNATURE	UTHORIZED REPRESENTATIVE'S NAME	CITY	TELEPHONE
PROPERTY OWNER'S OR OWNER'S A ADDRESS SIGNATURE	UTHORIZED REPRESENTATIVE'S NAME	DATE	
PROPERTY OWNER'S OR OWNER'S A  ADDRESS  SIGNATURE  COMMENTS  The local official who is authorized by law or Certificate. Complete the applicable item(s) G1.  The information in Section C was tall or local law to certify elevation inform G2.  A community official completed Sec	UTHORIZED REPRESENTATIVE'S NAME  SECTION G - COMMUNITY INFO  ordinance to administer the community's floodplain	DATE  DRMATION (OPTIONAL)  management ordinance can complete d and embossed by a licensed surveyor on data in the Comments area below.)  MA-issued or community-issued BFE)	TELEPHONE  Check here if attachments  Sections A, B, C (or E), and G of this Elevation  r, engineer, or architect who is authorized by sta
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PROPERTY OWNER'S OR OWNER'S A  ADDRESS  SIGNATURE  COMMENTS  The local official who is authorized by law or Certificate. Complete the applicable item(s) G1.	SECTION G - COMMUNITY INFO ordinance to administer the community's floodplain and sign below. ken from other documentation that has been signed mation. (Indicate the source and date of the elevati tion E for a building located in Zone A (without a FE -G9) is provided for community floodplain manager  G5. DATE PERMIT ISSUED  ew Construction  Substantial Improvement ng basement) of the building is:	DATE  DRMATION (OPTIONAL)  management ordinance can complete d and embossed by a licensed surveyor on data in the Comments area below.)  MA-issued or community-issued BFE) nent purposes.  G6. DATE CERTIFICATE OF	TELEPHONE  Check here if attachments  Sections A, B, C (or E), and G of this Elevation r, engineer, or architect who is authorized by state or Zone AO.  COMPLIANCE/OCCUPANCY ISSUED  Datum:
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