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FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3087-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME ARTHUR L. NORRIS		Flood Insurance Company Name	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 310 6TH. AVENUE NORTH		Policy Number	
CITY INDIAN ROCKS		Company NAIC Number	
STATE FLORIDA		ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 6, TRACT "B" HAVEN BEACH REPLAT PB. 36, PG. 34			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) 28° 22' 00.00" or 80° 55' 00.00"		SOURCE: <input type="checkbox"/> GPS (Type: _____) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other _____	
HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER INDIAN ROCKS 125117		B2. COUNTY NAME		B3. STATE	
B4. MAP AND PANEL NUMBER 0003	B5. SUFFIX B	B6. FIRM INDEX DATE 3-2-83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3-2-83	B8. FLOOD ZONE(S) A-11	B9. BASE FLOOD ELEVATION (Zone A11, base depth of flooding) 10'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:
 F.S. Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1958 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings Building Under Construction Finished Floor

C2. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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/AH1
 Complete items C3a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum: _____ Conversion/Comments: _____

Elevation reference mark used: SEE COMMENTS Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>4</u>	<u>96</u>	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>14</u>	<u>52</u>	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V Zones only)	<u>N/A</u>		ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>4</u>	<u>46</u>	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>ELECT. IN GARAGE</u>	<u>10</u>	<u>0</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG) NOTE NO A/C AT THIS TIME	<u>4</u>	<u>6</u>	ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>5</u>	<u>0</u>	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>N/A</u>		sq. in. (sq. cm)

License Number, Elevation Code, Signature, Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code Section 1001.

CERTIFIER'S NAME: **LAUREN R. PENNY** LICENSE NUMBER: **4931**

LAND SURVEYOR COMPANY NAME: **L. R. PENNY & ASSOCIATES, INC.**

ADDRESS: **10730 102 AVENUE NORTH** CITY: **SEMINOLE** STATE: **FL** ZIP CODE: **33778**

SIGNATURE: *Lauren R. Penny* DATE: **6-16-2000** TELEPHONE: **727 398-4360**

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. 310 6TH AVENUE NORTH			Policy Number
CITY INDIAN ROCKS	STATE FLORIDA	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner

COMMENTS

BASIS OF BENCHMARK: NARROW "D" ELEV. = 615.76
 WEST SIDE INTERSECTION GULF BLVD. & 5TH AVE.
 BENCHMARK: GARAGE ELEV. @ 302 6TH AVENUE N.
 ELEV. = 5.06

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- 1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed. See pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- 2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft (m) _____ in (cm) _____ above or _____ below (check one) the highest adjacent grade.
- 3. For Zone AO only. If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____ TELEPHONE _____

COMMENTS _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1 The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2 A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3 The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building is: _____		ft (m) Datum _____
G9. BFE or (in Zone AO) depth of flooding at the building site is: _____		ft (m) Datum _____
LOCAL OFFICIAL'S NAME	TITLE	
COMMUNITY NAME	TELEPHONE	
SIGNATURE	DATE	

COMMENTS _____

Check here if attachments