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SEE SURVEY ATTACHED FOR VARIOUS LINE

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FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No: 3067-0077 Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION
BUILDING OWNER'S NAME: CARL SILAGY
BUILDING STREET ADDRESS: 3 7TH AVENUE
CITY: INDIAN ROCKS BEACH STATE: FLORIDA
PROPERTY DESCRIPTION: LOT 1 AND THE N. 1/2 OF LOT 2, BLOCK 1, HAVEN BEACH PB. 5, PG. 21
BUILDING USE: RESIDENTIAL

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: CITY OF INDIAN ROCKS BEACH 125117
B2. COUNTY NAME: PINELLAS
B3. STATE: FLORIDA
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(S): 11'

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)
Building elevations are based on: [X] Construction Drawings
C2. Building Diagram Number: 6
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, AR/AE, AR/A1-A30, AR/AH, AR/AO
Datum: SEE COMMENTS Conversion/Comments:
Elevation reference mark used: SEE COMMENTS Does the elevation reference mark used appear on the FIRM? [X] Yes [] No

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
TITLE: LAND SURVEYOR COMPANY NAME: L. R. PENNY & ASSOC., INC.
ADDRESS: 10730 - 102 ND. AVENUE NORTH CITY: SEMINOLE STATE: FLORIDA ZIP CODE: 33778
SIGNATURE: Lauren R. Penny DATE: 3-1-02 TELEPHONE: (727) 398-4360

Signature: Lauren R. Penny #4931 3-1-02 License Number, Embossed Seal, Signature, and Date

7.
IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
3 7TH AVENUE
CITY INDIAN ROCKS BEACH STATE FLORIDA ZIP CODE 33453

Insurance Company Use
Policy Number
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
BENCHMARK: PINELLAS COUNTY DISK #178
DESIGNATION: NARROW D
ELEVATION: 6.575

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

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			

SECTION G - COMMUNITY INFORMATION (OPTIONAL) Check here if attachments

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.
 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.)
 A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
 The following information (Items G4-G9) is provided for community floodplain management purposes.

PERMIT NUMBER	G5. DATE PERMIT ISSUED	G8. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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This permit has been issued for: New Construction Substantial Improvement
Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
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