U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Taylor Morrison of Florida, Inc			P	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or RO. Route and Box No. 89 The Cove Way (Building 6) City Indian Rocks Beach State FL				Company NAIC Number:	
City Indian Rocks Beach	^{2 Code} 33785				
A3. Property Description (Lot and Block Numbers, Tax Parce Lot 34 Cove at Indian Rocks Beach, PB 139 Pa		cription, etc.)			
 A4. Building Use (e.g., Residential, Non-Residential, Addition A5. Latitude/Longitude: Lat. N 27° 53' 11.6" A6. Attach at least 2 photographs of the building if the Cert A7. Building Diagram Number 7. A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) No. of permanent flood openings in the crawlspace of enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b d) Engineered flood openings? Yes No 	Long. W 82° 50 iffcate is being used 549 sq	to obtain flood ins A9. For a b ft a) Squ b) Nu with in c) Tota	urance. uilding with an atta uare footage of atta	ched garage: ched garage N/A flood openings in the attach djacent grade N/A openings in A9.b	NAD 1983 sq ft ed garage sq in
SECTION B - FLOO	D INSURANCE R	ATE MAP (FIRM	I) INFORMATION	Ko i i i i i i i i i i i i i i i i i i i	July E
B1. NFIP Community Name & Community Number City of Indian Rocks Beach 125117	B2. County	Name Pinellas	THE STATE OF THE STATE	B3. State Florida	os (W
B4. Map/Panel Number B5. Suffix B6. FIRM Index 12103C0113 G 08/18/200	Revise	Panel Effective/ ed Date /03/2003	B8. Flood Zone(s) AE	B9. Base Flood Elevation(AO, use base flood de 10'	
B12. Is the building located in a Coastal Barrier Resources Sydesignation Date:/	vstem (CBRS) area o] Yes ⊠ No	
C1. Building elevations are based on: Construction		Building Under Co	1 10 2 3 100 2 5 67	Finished Construction	====
*A new Elevation Certificate will be required when const C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1 C2.a–h below according to the building diagram specifies Benchmark Utilized: Box on Gl Near PC OPP Lot 42 Indicate elevation datum used for the elevations in items Datum used for building elevations must be the same as	ruction of the buildir V30, V (with BFE), i d in Item A7. In Puel Elev = 4.79' Ve s a) through h) below	ng is complete. AR, AR/A, AR/AE, / rto Rico only, enter rtical Datum: NA' v. \(\sum \) NGVD 1929	AR/A1-A30, AR/AH, meters. /D 1988	AR/AO. Complete Items	
e del management de la particular de la companya d		6.2		surement used.	
a) Top of bottom floor (including basement, crawlspace,b) Top of the next higher floor	or enclosure floor)	17 3	⊠ feet ⊠ feet	☐ meters ☐ meters	
c) Bottom of the lowest horizontal structural member (V	Zones only)	N/A	feet	☐ meters	
d) Attached garage (top of slab)		N/A	feet	☐ meters	
 e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Commen 		11 6	feet	meters	
f) Lowest adjacent (finished) grade next to building (LAG		<u>5</u> . <u>5</u>	🛮 feet	meters	
 g) Highest adjacent (finished) grade next to building (HA h) Lowest adjacent grade at lowest elevation of deck or structural support 		6 · 1		☐ meters ☐ meters	
SECTION D - SURVE	VOD ENGINEED	OD ADCHITEC	T CEPTIFICATIO	dopped a F	T 18
This certification is to be signed and sealed by a land surveyor, information. I certify that the information on this Certificate represent understand that any false statement may be punishable by fine Check here if comments are provided on back of form. Check here if attachments.	engineer, or archite	ct authorized by la ts to interpret the oder 18 U.S. Code, ongitude in Section	w to certify elevatio data available. Section 1001.	License #	5195
Certifier's Name Scott R. Fowler		License Nu 5185	mber	PLACE SEAL	
Title Florida Registered Surveyor	Company Name Landmark Engin	eering & Survey	ing Corporation	HERE	173, 11
^{Address} 8515 Palm River Road	City Tampa	State FL	ZIP Code 33619	9-55-15	
Signature Sett Rowler	Date 09/22/2015	Telephone (813) 621	7841	Sest 1270	when

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IMPORTANT: In these spaces, copy	the corresponding information from Se	ction A.		F	OR INSURANC	E COMPANY USE
Building Street Address (including Apr	t., Unit, Suite, and/or Bldg. No.) or PO. I). I		olicy Number:	
89 The Cove Way (Building			1919	200		tion bearing and a simple state
Indian Rocks Beach	State FL	ZIP Code 33785			ompany NAIC Nu	Imber:
	N D – SURVEYOR, ENGINEER, OF					11 12/11
	tificate for (1) community official, (2) ins					11
Latitude and Longitude obtain Vents (model 1540-510) in the	re and original seal of a Florida Registered S ned with a hand held GPS device. The equip ne enclosure's walls, each certified to handle tre inches of net opening, and 72 Vents 4" x	oment referenced in 200 square feet; 3	C2e is the water	er heater, loca LLC Vents (r	ated inside the s model FS-1616)	in the enclosure's wall, ea
Signature Swtt Rowler	All may in	Date 09/22	2/2015			an edilesy
SECTION E - BUILDING ELE	EVATION INFORMATION (SURVEY	NOT REQUIR	ED) FOR ZO	NE AO AI	D ZONE A	(WITHOUT BFE)
For Items E1–E4, use natural grade, if	nplete Items E1-E5. If the Certificate is available. Check the measurement use	ed. In Puerto Rico	only, enter m	eters.		
grade (HAG) and the lowest adjace				<u>L</u>		
	asement, crawispace, or enclosure) is assement, crawispace, or enclosure) is		_	☐ meters ☐ meters		☐ below the HAG. ☐ below the LAG.
E2. For Building Diagrams 6–9 with per						
	b in the diagrams) of the building is			meters	above or	
E3. Attached garage (top of slab) is	The state of the s		_ feet	meters	above or	below the HAG.
E4. Top of platform of machinery and/o	or equipment servicing the building is		_ feet	☐ meters	above or	below the HAG.
E5. Zone AO only: If no flood depth nur ordinance? ☐ Yes ☐ No ☐ L	mber is available, is the top of the botto Inknown. The local official must certify	om floor elevated this information i	in accordance n Section G.	e with the co	mmunity's flo	odplain management
SECTION	F - PROPERTY OWNER (OR OV	VNER'S REPRE	SENTATIVE) CERTIFI	CATION	
The property owner or owner's authoriz Zone AO must sign here. The statemen	ed representative who completes Sections A. B. and F. are correct to	ions A, B, and E for	or Zone A (wit	hout a FEM/	A-issued or co	mmunity-issued BFE) or
Property Owner or Owner's Authorized F	· · · · · · · · · · · · · · · · · · ·	o the best of my	Milowieuge.			
Address		City		State	ZIP C	ode
Signature		Date		Teleph	one	
Comments	E (18) E (18)				121	281
					☐ Chec	k here if attachments.
r	SECTION G - COMMUNITY	INFORMATIO	N (OPTION	AL)		
The local official who is authorized by lav G of this Elevation Certificate. Complete	w or ordinance to administer the commu	nity's floodplain m	nanagement or	rdinance can	complete Sec 310. In Puerto	tions A, B, C (or E), and Rico only, enter meters.
G1. The information in Section C who is authorized by law to ce G2. A community official completed G3. The following information (Iten	rtify elevation information. (Indicate the Section E for a building located in Zoi	ne source and da ne A (without a FE	te of the elev EMA-issued or	ation data i community	n the Comme	nts area below.)
G4. Permit Number	G5. Date Permit Issued				npliance/Occu	pancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substan	ntial Improvement				
G8. Elevation of as-built lowest floor (in		2 =	_	meters	Datum	10
G9. BFE or (in Zone AO) depth of floodi	J		_	meters	Datum	10 10 1
310.Community's design flood elevation	n:		☐ feet	☐ meters	Datum	
ocal Official's Name	G20 - 11 - 1	Title		-		
Community Name	W 18	Telephone				
Signature		Date	20 12		m ¹ m	-
Comments						LI LI
					0.00	
412					☐ Checl	here if attachments.

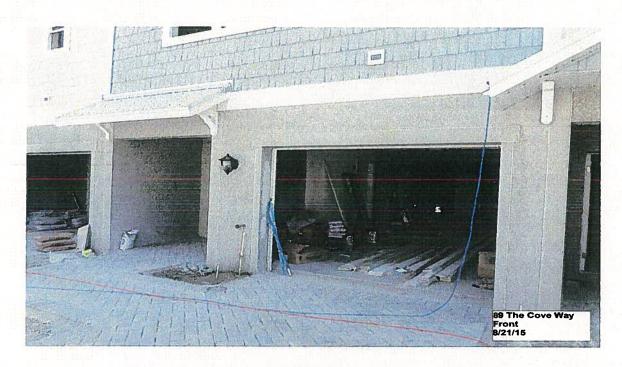
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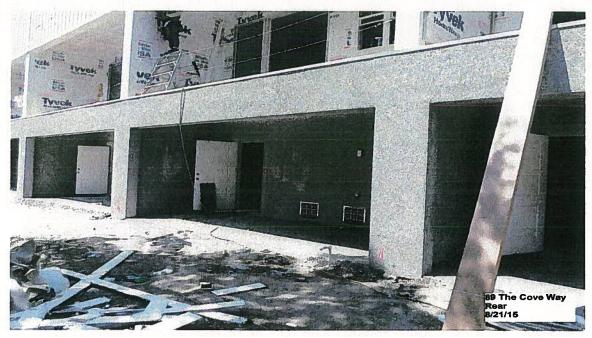
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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. 89 The Cove Way (Building 6)			FOR INSURANCE COMPANY USE		
			Policy Number:		
City Indian Rocks Beach	State FL	ZIP Code 33785	Company NAIC Number:		

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.





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BUILDING PHOTOGRAPHS

Continuation Page

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. 89 The Cove Way (Building 6)			FOR INSURANCE COMPANY USE		
			Policy Number:		
City Indian Rocks Beach	State FL	ZIP Code 33785	Company NAIC Number:		

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

