FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

| Sc | enno  |   |
|----|---|---|
|    | O.M.B. No. 3067-0077<br>Expires July 31, 2002 | S |

|             |                             |                   | Important: Re          | ad the ins     | structions on pag     | es 1 - 7.  |                                      |
|-------------|-----------------------------|-------------------|------------------------|----------------|-----------------------|--|--------------------------------------|
|             | CITY OF INDIAN              | ROCKS BEACH       | \$ECTION A - P         | ROPERTY        | OWNER INFORMA         | TION   | For Insurance Company Use:           |
| BUILDING    | ÖWNERISINAM<br>IOHN AND J   | <b>E</b> DEPT.    | NS .                   |                |                       |  | Policy Number                        |
|             | STREET ADDRI                |                   |                        | or Bldg. No.)  | OR P.O. ROUTE AND     | BOX NO.  | Company NAIC Number                  |
| CITY        | INDIAN ROCI                 |                   |                        |                | STATE                 | FLDRIDA  | ZIP CODE<br>33785                    |
|             |                             |                   | Numbers, Tax Parce     |                |                       |  |                                      |
| ]           | LOT 8. BLO                  | CK 88, "F         | RST ADDN TO            | RE-REVI        | SED MAP OF IN         | DIAN BEACH   | SUBN''                               |
|             |                             |                   | dential, Addition, Acc | essory, etc. 1 | Jse a Comments area,  | if necessary.)   |                                      |
|             | RESIDENTIA<br>/LONGITUDE (C |                   | HORIZONTA              | L DATUM:       | SOURCE: I             | I GPS (Type):  |                                      |
|             | -##.##" or ##.#             |                   |                        | NAD 198        |                       | USGS Quad Ma   | o  _  Other:                         |
|             |                             |                   |                        | N.             | G.V.D. 1929 ¯         |  |                                      |
|             |                             | SEC               | TION B - FLOOD I       | NSURANCI       | RATE MAP (FIRM        | ) INFORMATIO   | N                                    |
| B1 NEIP (   | COMMUNITY NA                | ME & COMMUN       | ITY NUMBER             | B2. COUNTY     | 'NAME                 |  | B3. STATE                            |
|             | OF INDIAN                   |                   | 1                      | PINELL         |                       |  | FLORIDA                              |
|             | AND PANEL                   | B5. SUFFIX        | B6. FIRM INDEX         |                | FIRM PANEL            | B8. FLOOD  | B9. BASE FLOOD ELEVATION(S)          |
|             | JMBER                       | BS. SUFFIX        | DATE                   |                | VE/REVISED DATE       | ZONE(S)  | (Zone AO, use depth of flooding)     |
| 12511       | 7 0003                      | В                 | 3/2/83                 | 5/7/           | 71-3/2/83             | "A-11"   | 10.00'                               |
|             |                             |                   |                        |                | se flood depth entere |  |                                      |
| F           | FIS Profile                 | <u>  X  </u> FIRM | [] Community           | Determine      | d Other (De           | scribe):   |                                      |
| B11. Indica | ate the elevation           | n datum used 1    | for the BFE in B9:     | X NGVD 1       | 929   NAVD 19         | 38    Other (D   | escribe):                            |
|             |                             |                   |                        |                |                       |  | ea (OPA)?    Yes  _X  No             |
|             | gnation Date:               |                   |                        |                |                       |  |                                      |
|             |                             | SECTIO            | N C - BUILDING F       | LEVATION       | INFORMATION (S        | URVEY REQUIR   | PED)                                 |
| O4 Duildin  |                             |                   |                        |                |                       |  |                                      |
|             |                             |                   | _ Construction Dra     |                | Building Unde         |  | X Finished Construction              |
|             |                             |                   |                        |                | the building is compl |  | portificate is being completed. see  |
|             | -                           |                   |                        |                |                       |  | certificate is being completed - sec |
| . •         |                             | -                 | • •                    |                | provide a sketch or p |  | 1-A30, AR/AH, AR/AO                  |
|             |                             |                   |                        |                |                       |  | sed. If the datum is different from  |
|             |                             |                   |                        |                |                       |  | urements and datum conversion        |
|             |                             |                   |                        |                |                       |  | to document the datum conversion     |
| Datur       | audii. Ose iile i           | Space provided    | Comments PINE          | TILAS CO       | UNTY DISK "HA         | rus appropriate,<br>rus util Ellev   | ATTON: 5.107                         |
|             | tion reference n            |                   |                        |                | elevation reference   |  |                                      |
|             |                             |                   | basement or enclo      |                | •                     | .00 ft.(₹6) ਜ਼ੁੰ[  |                                      |
|             |                             |                   | basement of enclo      |                |                       | 114/35\0   | GUY D. HALE                          |
| •           |                             |                   | ructural member (V     |                |                       | ## (M) ## 1. (M) | P.L.S. # 4626                        |
| •           | Attached garag              |                   | ructural member (v     | Zories orily   |                       | (III) 중심<br>93 'ft.( <b>R</b> 0) 물일  |                                      |
| •           |                             |                   | y and/or equipment     |                |                       |  |                                      |
|             |                             |                   | be in a Comments       |                | _A/C10.               | 3.7. ft.(M) 3.7. ft.(M) 3.7. ft.(M) 3.7. ft.(M) 9.3. giougnale.  | 4                                    |
|             | owest adjacent              |                   |                        |                |                       | 3' ft.(m) 2 5  | $N \wedge N$                         |
| •           | Highest adjace              |                   |                        |                |                       | 5 t ft.(駅) 響   | 9/2) 1/20                            |
|             |                             |                   | ood vents) within 1    | ft. above a    |                       |  | Mense                                |
|             |                             |                   |                        |                | 9697 sq. in. (sq. 0   |  | AUGUST 22, 2002                      |
|             |                             | SECT              | ION D - SURVEYO        | R, ENGINE      | ER, OR ARCHITEC       | T CERTIFICATI  |                                      |
| This certi  | ification is to be          |                   |                        |                |                       |  | certify elevation information.       |
|             |                             |                   |                        |                |                       |  | et the data available.               |
|             |                             |                   |                        |                | nprisonment under 1   | 18 U.S. Code, Se   |                                      |
| CERTIFIE    | R'S NAME                    |                   |                        | -              | LIC                   | ENSE NUMBER  |                                      |
| GU<br>IITLE | Y D. HALE -                 | <u> </u>          |                        | <del></del>    | COMPANY NAME          | PLS # 46   | /b                                   |
| PF          | ROFESSIONAI                 | LAND SUR          | VEYOR                  |                | CHY D. HALE. I        | AND SURVEY   | ING                                  |
| ODRES       | 2                           | RCASH DRIV        |                        | 11             | DUNEDIN,              | STATE  | ZIP CODE                             |
| SIGNATU     |                             |                   | <u> </u>               |                | DATE                  | TECEPH   | RIDA 34698<br>ONE                    |
|             | 72                          | ( ) D             | ell_                   | AUGUST         |                       | (727)  | 734-4266                             |
| FEMA For    | m 81-31, JUL 0              | 6                 | SEE REV                |                | FOR CONTINUAT         | ON REP   | LACES ALL PREVIOUS EDITION           |

|  | ,  |                       | 1111719                                | SICIL      |
|--|--|-----------------------|--|------------|
| IMPORTANT: In these spaces, copy the corres  |  |                       | For Insurance Compa                    |            |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suited 1209 BAY SHORE BLVD.   | te, and/or Bldg. No.) OR P.O. ROUTE AND                | D BOX NO.             | Policy Number                          | 17011      |
| CITY   | STATE  | ZIP CODE              | Company NAIC Numb                      | ber i i    |
| INDIAN ROCKS BEACH   | FLORIDA  | 33785                 | <b>有力型的特殊和证据力</b>                      |            |
|  | R, ENGINEER, OR ARCHITECT CER                          |                       |  | · 1        |
| Copy both sides of this Elevation Certificate for (1)  | community official, (2) insurance age                  | nt/company, and (3    | ) building owner.                      |            |
| COMMENTS   |  |                       |  | ,          |
|  |  | <del></del>           |  | -          |
|  | ,  |                       | ·- · · · · · · · · · · · · · · · · · · |            |
|  |  |                       |  |            |
| SECTION E. PHILIDING ELEVATION INCOM   | MATION (CLIPVEY NOT DECLIPED)                          | 500 5005 10 1         | Check here if a                        |            |
| SECTION E - BUILDING ELEVATION INFORM  |  |                       |  |            |
| For Zone AO and Zone A (without BFE), complete It information for a LOMA or LOMR-F, Section C must   | tems E1. through E4. If the Elevation is the completed | Certificate is intend | ed for use as suppor                   | ting       |
| E1. Building Diagram Number (Select the building Diagram Number) |  | ding for which this o | ertificate is being cor                | moleted    |
| see pages 6 and 7. If no diagram accurately re   | presents the building, provide a sketch                | h or photograph.)     | g                                      | p.otou     |
| E2. 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. (Use n E3. For Building Diagrams 6-8 with openings (see p  | atural grade, if available.)                           | od floor (olavetica b | Nova ale a le collette en la           |            |
| _ _  ft.(m)  _ _ in.(cm) above the highest a   | diacent grade. Complete Items C3.h                     | and C3.i on front of  | ) of the building is                   | •          |
| E4. For Zone AO only: If no flood depth number is a  | available, is the top of the bottom floor              | elevated in accord    | ance with the commi                    | unity's    |
| floodplain management ordinance?   Yes   | No   Unknown. The local officer                        |                       |  | on G.      |
|  | OWNER (OR OWNER'S REPRESE                              |                       |  |            |
| The property owner or owner's authorized represer (without a FEMA-issued or community-issued BFE)  | Itative who completes Sections A, B, (                 | C (Items C3.h and (   | 23.i only), and E for 2                | Zone A     |
| the best of my knowledge.  |  | ternents in Sections  | A, B, C, and E are t                   | correct to |
| PROPERTY OWNER'S OR OWNER'S AUTHORIZED RE  | PRESENTATIVE'S NAME                                    | ·                     |  |            |
| ADDRESS  | CITY   | STATE                 | ZIP CODE                               |            |
| SIGNATURE  | DATE   | TELEPHO               | )NF                                    |            |
| COMMENTS   |  |                       |  |            |
|  |  |                       |  |            |
| e  | ·  | 1                     | Check here if a                        | ttachments |
|  | G - COMMUNITY INFORMATION (C                           |                       |  |            |
| The local official who is authorized by law or ordinand  | ce to administer the community's floor                 | dplain management     | ordinance can comp                     | olete      |
| Sections A, B, C (or E), and G of this Elevation Certif  | icate. Complete the applicable item(s                  | s) and sign below.    |  |            |
| G1.    The information in Section C was taken from engineer, or architect who is authorized by section C.  | state or local law to certify elevation in             | signed and embosse    | ed by a licensed surv                  | eyor,      |
| elevation data in the Comments area below  | .)   |                       | •                                      |            |
| G2.   A community official completed Section E for   | r a building located in Zone A (without                | a FEMA-issued or      | community-issued B                     | FE) or     |
| Zone AO  | provided for community flandatain and                  |                       | •                                      |            |
|  |  |                       |  |            |
| G4. PERMIT NUMBER . G5. DATE PERM  | ISSUED G6. DATI  | E CERTIFICATE OF (    | COMPLIANCE/OCCUP                       | ANCY       |
| 37. This permit has been issued for:  _ New Cor  | nstruction   Substantial Improven                      | nent                  |  |            |
| G8. Elevation of as-built lowest floor (including basen  | nent) of the building is:                              | ·                     | ft.(m) Datum:                          |            |
| G9. BFE or (in Zone AO) depth of flooding at the build   |  | •                     | ft.(m) Datum:                          | •          |
| LOCAL OFFICIAL'S NAME  | TITLE  |                       |  |            |
| COMMUNITY NAME   | TELEPHONE  |                       |  |            |
| SIGNATURE  | DATE   |                       |  |            |
| COMMENTS   |  |                       |  |            |
| COMMENTS   |  |                       |  |            |
|  |  |                       | •                                      |            |
|  |  |                       |  |            |
|  |  |                       | _  Check here if at                    | tachments  |