

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

CITY OF HIPMAN ROCKS BEACH Important: Read the instructions on pages 1 - 7. **SECTION A - PROPERTY OWNER INFORMATION** For Insurance Company Use: **Policy Number** BUILDING OWNER'S NAME William Ockunzzi & Jan Ockunzzi Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2706 1st Street ZIP CODE STATE CITY Florida Indian Rock Beach PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: | GPS (Type): (##° - ##' - ##.##" or ##.####°) |_| NAD 1927 |_| NAD 1983 USGS Quad Map | Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B3. STATE B2. COUNTY NAME B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER** Florida City of Indian Rocks Beach 125117 Pinellas **B9. BASE FLOOD ELEVATION(S)** B7 FIRM PANEL B8. FLOOD **B6. FIRM INDEX B4. MAP AND PANEL** B5. SUFFIX (Zone AO, use depth of flooding) **NUMBER** DATE **EFFECTIVE/REVISED DATE** ZONE(S) 10 0003 03/02/83 03/02/83 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. [__] Community Determined | | Other (Describe): XXI FIRM I I FIS Profile B11. Indicate the elevation datum used for the BFE in B9: [__| NGVD 1929 | __| NAVD 1988 |__| Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? |__| Yes Designation Date: Not Determined SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: |__|Construction Drawings* X Building Under Construction* | |Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. 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/AO 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. Conversion/Comments Does the elevation reference mark used appear on the FIRM? Elevation reference mark used local a) Top of bottom floor (including basement or enclosure) . 3 ft.(m) ft.(m) D b) Top of next higher floor IM 110 BC ☐ c) Bottom of lowest horizontal structural member (V zones only) ft.(m) 2 ft.(m) e) Lowest elevation of machinery and/or equipment ft.(m) servicing the building . <u>5</u> ft.(m) 1) Lowest adjacent grade (LAG) g) Highest adjacent grade (HAG) . <u>8</u> ft.(m)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

sq. in. (sq. cm)

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.

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _ i) Total area of all permanent openings (flood vents) in C3h 726

Lunderstand that any false statement may be punishable l	by fine or imprisonment under 18 U	.S. Code, Section	1 1001.		
RTIFIER'S NAME	LICENSE NUMBER				
Michael J. Baker	LS-4086				
TITLE	COMPANY NAME				
Land Surveyor	Michael Baker Associates, Inc.				
ADDRESS	CITY	STATE	ZIP CODE		
9 S. Safford Ave	Tarpon Springs	FL	34689		
SIGNATURE ///	DATE 5-2-00	TELEPHONE	938-5026		
111111111111111111111111111111111111111	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>				

	opy the corresponding information from		For Insurance Company Use:
	ng Apt., Unit, Suite, and/or Bldg. No.) OR P.O.	ROUTE AND BOX NO.	Policy Number
OITY Indian Rocks Beach	STATE Florida	ZIP CODE	Company NAIC Number
SECTION I	D - SURVEYOR, ENGINEER, OR ARCHIT	ECT CERTIFICATION (CON	ITINUED)
· •	ertificate for (1) community official, (2) insu	rance agent/company, and (3) building owner.
COMMENTS			
and the second s			Γ
ر مین میرسیانید این این میند این میدانید میرانید این میدانید این این میدانید این میدانید این میدانید این میدان این این میدانید این این میدانید این میدانید این میدانید این این میدانید این این میدانید این این این این این ای	The second secon	· • • • • • • • • • • • • • • • • • • •	
			Check here if attachment
	ATION INFORMATION (SURVEY NOT R		
nformation for a LOMA or LOMR-F, 1. Building Diagram Number see pages 6 and 7. If no diagram 2. The top of the bottom floor (inclu (check one) the highest adjacen 3. For Building Diagrams 6-8 with one in the highest adjacen [ft.(m) fin.(cm) above	_(Select the building diagram most similar m accurately represents the building, proving basement or enclosure) of the building.	to the building for which this of de a sketch or photograph.) g is _ ft.(m) lir r or elevated floor (elevation l	certificate is being completed – n.(cm) above or below b) of the building is
floodplain management ordinand		e local official must certify thi	
SECTION	F - PROPERTY OWNER (OR OWNER'S I	REPRESENTATIVE) CERTIF	ICATION
community-issued BFE) or Zone AC		ions A, B, and E for Zone A (without a FEMA-issued or
1	AUTHORIZED REPRESENTATIVE'S NAME	· · · · · · · · · · · · · · · · · · ·	•
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPH	ONE
COMMENTS	÷		
		7	Check here if attachment
	SECTION G - COMMUNITY INFORI	MATION (OPTIONAL)	
iections A, B, C (or E), and G of this 1. The information in Section C engineer, or architect who is celevation data in the Commo	y law or ordinance to administer the comme Elevation Certificate. Complete the applic was taken from other documentation that is authorized by state or local law to certify ents area below.) ted Section E for a building located in Zone ems G4-G9) is provided for community floc	table item(s) and sign below. has been signed and embose elevation information. (Indicate A (without a FEMA-issued o	sed by a licensed surveyor, te the source and date of the r community-issued BFE) or
G4-PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF	COMPLIANCE/OCCUPANCY
7. This permit has been issued for:	(including basement) of the building is: oding at the building site is:	al Improvement	ft.(m) Datum: ft.(m) Datum:
COMMUNITY NAME	TE	LEPHONE	
SIGNATURE	DA	TE	
COMMENTS			,
, , , , , , , , , , , , , , , , , , , 	A CONTRACTOR OF THE CONTRACTOR		•
			Check here if attachment