## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7.

O.M.B. No. 3067-0077 Expires December 31, 2005

Book Cory

4		SECTION A	- PROPERTY OWNER INFO	RMATION	For Insurance Company Use:
BUILDING OWNER'S NA					Policy Number
Bayside Oaks Deve					
211 18th Avenue (Unit C)	PRESS (Including	Apt., Unit, Suite, and/or	Bldg. No.) OR P.O. ROUTE A	ND BOX NO.	Company NAIC Number
CITY Indian Rocks Beach			STATE FL		P CODE 785
	ON (Lot and Bloc	k Numbers, Tax Parcel I	Number, Legal Description, etc	33	/85
Parcel No. 01/30/14/4208	4/001/0110		, ,	,	
BUILDING USE (e.g., Res Residential	sidential, Non-res	idential, Addition, Access	sory, etc. Use a Comments are	ea, if necessary.)	
LATITUDE/LONGITUDE (##°-##'-##.##' or ##	(OPTIONAL) .#####°)	HORIZOI □ NAD 1927	NTAL DATUM: ' NAD 1983	SOURCE: GPS	(Type): S Quad Map
	5	SECTION B - FLOOD II	NSURANCE RATE MAP (FIF	RM) INFORMATION	
B1. NFIP COMMUNITY NAME City of Indian Rocks Beach, 125			2. COUNTY NAME inellas County		B3. STATE Florida
B4. MAP AND PANEL			B7. FIRM PANEL		B9. BASE FLOOD ELEVATION(S)
NUMBER 12103C0113	B5. SUFFIX G	B6. FIRM INDEX DATE 9/3/2003	EFFECTIVE/REVISED DATE 9/3/2003	E B8. FLOOD ZONE(	
B10. Indicate the source of the	Base Flood Elevat				and the state of t
	⊠ FIRM	Community Deter		Describe):	
B11. Indicate the elevation date			NAVD 1	1988 Other (Describe	% <u></u> 3,2,0,6,7
D12. Is the building located in a			area or Otherwise Protected Area		No Designation Date
C4 Duilding almosticus and bear			EVATION INFORMATION (	······································	
C1. Building elevations are bas			Building Under Construction*	☐ Finished Construction	DEC 13 200
*A new Elevation Certificat	e will be required w	hen construction of the bu	ilding is complete.		
<ol><li>2. Building Diagram Number :</li></ol>	(Select the building	ng diagram most similar to	the building for which this certifica	te is being completed - see	pages 6 and 7. If no diagram
accurately represents the b	uilding, provide a s	ketch or photograph.)	v	,	COLY DE RECEVE VECKS R
			BFE), AR, AR/A, AR/AE, AR/A1-A	A30 AR/AH AR/AO	
Complete Items C3,-a-i bel	ow according to the	building diagram specifie	d in Item C2. State the datum use	ed If the datum is different fo	rom the datum used for the BFE in
Section B. convert the datu	m to that used for t	he BEE. Show field measu	rements and datum conversion of	ralculation. Heatha engos	provided or the Comments area of
Section D or Section G, as	appropriate, to doc	ument the datum conversi	nn	aloulation. Oscilic space p	provided of the Confinients area of
Datum NAVD 1988 Conve		and the adda in control of	0111		
		s Does the elevation refere	ence mark used appear on the FII	RM? TYes XINo	
a) Top of bottom floor (in	cluding basement	or enclosure)	N/A (Building Under Co		
b) Top of next higher floo		,	14.03 ft.	S	
c) Bottom of lowest horiz		mber (V zones only)	N/A	ossed Date	
d) Attached garage (top		moor (* zorioo oriiy)	N/A (Building Under Co	onetruction) S G	
e) Lowest elevation of m	•	uinment	TV/T Duliding Officer Of	Distraction) E 8	
servicing the building			N/A (Building Under Co	uretriction) be	
f) Lowest adjacent (finish		rimonio aroaj	4.25 ft. (See Comments	tage (	Xosey R. Gore
g) Highest adjacent (finis			4.75 ft. (See Comments	a. (/)	PL\$ #5188
		within 1 ft. above adjacent	arada 0	a ga \	December 8, 2005
i) Total area of all permar	nent openings (floo	d vents) in C3.h 1152 sq. ii	yraue <u>s</u> 1	Ĭ	
			 ENGINEER, OR ARCHITEC	T CERTIFICATION	
This certification is to be sign			eer, or architect authorized by		formation
I certify that the information .	in Sections A. B.	and C on this certificate	represents my best efforts to i	nternret the data availah	hormation.
I understand that any false s	tatement may be	punishable by fine or in	prisonment under 18 U.S. Co	de. Section 1001.	
CERTIFIER'S NAME Joseph	R. Gore		,	LICENSE NUMBER	5188
TITLE PLS			COMPANY NAME	E Hamilton Engineering &	Surveying, Inc.
	2				
ADDRESS	////	)	CITY	STAT	E ZIP CODE
311 N. Newport Ave., Ste. 100			Tampa	FL	33606
SIGNATURE			DATE December 8, 2005		PHONE 50-3535
EMA Form 81-31, January	2003	See reve	erse side for continuation.		Replaces all previous editions
.,		000 1046	Jido for outilitidation.		vehiaces an hierions entions

	nformation from Section A.		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and J. No.) 211 18th Avenue (Unit C)	OR P.O. ROUTE AND BOX NO.		Policy Number
CITY Indian Rocks Beach	STATE FL	ZIP CODE 33785	Company NAIC Number
SECTION D - SURVEYOR, I	ENGINEER, OR ARCHITECT CER	TIFICATION (CONTINUE	D)
Copy both sides of this Elevation Certificate for (1) community official	, (2) insurance agent/company, and (3) b	uilding owner.	
COMMENTS Finished Floor Elevations shown hereon are based on Pinellas Coun Lowest and Highest adjacent grades are based on proposed site Eng		SS adjusted elevation of 4.08	feet, NAVD 1988.
			Check here if attachmen
SECTION E - BUILDING ELEVATION INFORMA			
or Zone AO and Zone A (without BFE), complete Items E1 through E	4. If the Elevation Certificate is intended	for use as supporting informa	tion for a LOMA or LOMR-F,
Section C must be completed.  E1. Building Diagram Number _(Select the building diagram most simi represents the building, provide a sketch or photograph.)			
2. The top of the bottom floor (including basement or enclosure) of the natural grade, if available). 3. For Building Diagrams 6-8 with openings (see page 7), the next high			
grade. Complete items C3.h and C3.i on front of form.	iriei iloui di elevated iloui (elevation b) d	the building isit.(iii)i	nil(on) above the highest adjacent
<ol> <li>The top of the platform of machinery and/or equipment servicing the natural grade, if available).</li> </ol>			
55. For Zone AO only: If no flood depth number is available, is the top Yes No Unknown. The local official must certify thing		e with the community's flood	plain management ordinance?
	WNER (OR OWNER'S REPRESE!	ITATIVE) CERTIFICATIO	DN
The property owner or owner's authorized representative who comple issued BFE) or Zone AO must sign here. The statements in Sections	,		thout a FEMA-issued or community-
PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESEN	TATIVE'S NAME		A CONTRACTOR OF THE CONTRACTOR
ADDRESS	CITY	STAT	E ZIP CODE
CIONATURE	DATE	TELE	PHONE
SIGNATURE			
COMMENTS	DAIL		
	DATE		
	DATE		☐ Check here if attachment
COMMENTS		PTIONAL)	☐ Check here if attachment
SECTION G  ne local official who is authorized by law or ordinance to administer the ertificate. Complete the applicable item(s) and sign below.  1. The information in Section C was taken from other documentation or local law to certify elevation information. (Indicate the source 2. A community official completed Section E for a building located)	- COMMUNITY INFORMATION (O e community's floodplain management of ion that has been signed and embossed e and date of the elevation data in the Co in Zone A (without a FEMA-issued or co	dinance can complete Section by a licensed surveyor, engingments area below.)	ons A, B, C (or E), and G of this Elevaneer, or architect who is authorized b
SECTION G  ne local official who is autinorized by law or ordinance to administer the ertificate. Complete the applicable item(s) and sign below.  1.   The information in Section C was taken from other documentation or local law to certify elevation information. (Indicate the source 2.   A community official completed Section E for a building located 3.   The following information (Items G4-G9) is provided for community of the source of the sourc	- COMMUNITY INFORMATION (O e community's floodplain management of ion that has been signed and embossed e and date of the elevation data in the Co in Zone A (without a FEMA-issued or co nity floodplain management purposes.	dinance can complete Section by a licensed surveyor, enging comments area below.) mmunity-issued BFE) or Zor	ons A, B, C (or E), and G of this Eleva
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