## U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

# ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSURANCE COMPANY USE		
A1. Building Owner's Name LOUIS P. RUSSO AND JACQUELINE A. RUSSO						Policy Number:	
<ul><li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li><li>529 20th Avenue</li></ul>				nd g	Company NAIC Number:		
City Indian Rocks Beach			State Florida	75 (6) (1)	ET Turk	ZIP Code 33785	BU S Excrement
A3. Property Description (L Lot 45 - Fifteenth Addition to					2.1	l #06-30-15 <b>-4</b> 2	300-000-0450
A4. Building Use (e.g., Res	idential, Non-Residentia	I, Addition,	Accessory,	etc.) Resider	ntial		
A5. Latitude/Longitude: La	at. 27.89973°N	Long8	2.83820°W	Horizor	ntal Datun	n: NAD 19	27 X NAD 1983
A6. Attach at least 2 photo	graphs of the building if t	he Certifica	ate is being u	sed to obtain flo	ood insur	ance.	
A7. Building Diagram Numl	per7						p barbuse in
A8. For a building with a cr	awlspace or enclosure(s)	):					
a) Square footage of c	rawlspace or enclosure(s	s)		1517.00 sq ft	sa bees e		
b) Number of permane	nt flood openings in the	crawlspace	or enclosur	e(s) within 1.0 fo	oot above	adjacent grad	e 12
c) Total net area of floo	od openings in A8.b	2:	292.00 sq ir				(Dis 12 self-green to
d) Engineered flood op	enings? X Yes	No					
A9. For a building with an a	tached garage:						
	o CONTROL DE LA CARRIER DE		0.00 sq ff				
	tached garage	10 mg 1/2 mg	A Zee fath		de la		
ALCHANIN	nt flood openings in the a	attached ga			adjacent g	grade 0	
c) Total net area of floo	od openings in A9.b		0.00 sq	in			
d) Engineered flood op	enings? ☐ Yes ☒	No					
- C/ S/ S =	OFOTION D. FLOOR	INCUDA	UOE DATE	MAD (FIDEN II	NEODMA	TION	
P1 NEID Community Name	SECTION B - FLOOD	INSURA			NFORIVIA		B3. State
B1. NFIP Community Name & Community Number Indian Rocks Beach - 125117			B2. County Name Pinellas		Florida		
B5. Sur Number 2103C0114 G	Ffix B6. FIRM Index Date 08-18-2009	Effe	M Panel ctive/ ised Date 003	B8. Flood Zone(s)	(2	9. Base Flood Elevation(s) (Zone AO, use Base Flood Dep 0.0' and 12.0'	
			A Company				
B10. Indicate the source of					ed in Iten	n B9:	
☐ FIS Profile 🔀 FIR	M Community Dete	ermined [	] Other/Sou	rce:			
B11. Indicate elevation datu	um used for BFE in Item	B9: N	GVD 1929		☐ Ot	ther/Source:	
B12. Is the building located	in a Coastal Barrier Res			) area or Other	wise Prote	ected Area (OF	PA)? ∐ Yes ⊠ No
Designation Date:		] CBRS	☐ OPA				dament Francisco

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 529 20th Avenue			Policy Number:		
State ZIP Code dian Rocks Beach Florida 33785			Company NAIC Number		
SECTION C - BUII	DING ELEVATION INFORMA	ATION (SURVEY R	EQUIRI	ED)	
<ul> <li>C1. Building elevations are based on: *A new Elevation Certificate will be required.</li> <li>C2. Elevations – Zones A1–A30, AE, AH, A (Complete Items C2.a–h below according Benchmark Utilized: County Map #178 (H)</li> </ul>	with BFE), VE, V1–V30, V (with to the building diagram specifie	ding is complete. BFE), AR, AR/A, AR	/AE, AR	/A1–A30, A	
Indicate elevation datum used for the elevation	vations in items a) through h) be	low.		19500	
☐ NGVD 1929 区 NAVD 1988	Other/Source:	SAT MARKETAN SON	Sto h	. U-vellage	
Datum used for building elevations must l	oe the same as that used for the	BFE.	Ch	eck the me	easurement used.
a) Top of bottom floor (including baseme	ent, crawlspace, or enclosure floo	or)	5.8	feet	meters
b) Top of the next higher floor		WES	16.8		meters
c) Bottom of the lowest horizontal structural member (V Zones only)			N/A	X   feet	meters
d) Attached garage (top of slab)					meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)			11.2		meters
f) Lowest adjacent (finished) grade next to building (LAG)			5.7		meters
g) Highest adjacent (finished) grade next to building (HAG)			5.5	X feet	meters
h) Lowest adjacent grade at lowest eleva structural support			N/A		☐ meters
SECTION D - SU	RVEYOR, ENGINEER, OR A	RCHITECT CERTIF	ICATIO	N	
				cortify alov	
This certification is to be signed and sealed by I certify that the information on this Certificate statement may be punishable by fine or imprise Were latitude and longitude in Section A proving Were latitude and were latitude and longitude in Section A proving Were latitude and were latitude and	represents my best efforts to intended in the conment under 18 U.S. Code, Se	erpret the data availa ection 1001.	able. I ui	nderstand	that any false
I certify that the information on this Certificate statement may be punishable by fine or imprisive Were latitude and longitude in Section A provincertifier's Name	represents my best efforts to intonment under 18 U.S. Code, Seded by a licensed land surveyor  License Number	erpret the data availa ection 1001.	able. I ui	nderstand	e if attachments
I certify that the information on this Certificate statement may be punishable by fine or imprision. Were latitude and longitude in Section A province Certifier's Name John O. Brendla	represents my best efforts to int conment under 18 U.S. Code, Se ded by a licensed land surveyor	erpret the data availa ection 1001.	able. I ui	nderstand	that any false
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I certify that the information on this Certificate statement may be punishable by fine or impris Were latitude and longitude in Section A provide Certifier's Name John O. Brendla  Title Surveyor Company Name John C. Brendla & Associates, Inc.  Address 4015 82nd Avenue North  City Pinellas Park  Signature	State Florida  Date 03-31-2021  Il attachments for (1) community cation, per C2(e), if applicable)	ZIP Code 33781 Telephone (727) 576-7546 official, (2) insurance	Ext. None	Check her	e if attachments.  BER  ACE  BER  Folessional  Color  Colo
I certify that the information on this Certificate statement may be punishable by fine or imprise. Were latitude and longitude in Section A provide Certifier's Name John O. Brendla  Title Surveyor  Company Name John C. Brendla & Associates, Inc.  Address 4015 82nd Avenue North  City Pinellas Park  Signature  Copy all pages of this Elevation Certificate and a Comments (including type of equipment and lo	State Florida  Date 03-31-2021  Ill attachments for (1) community cation, per C2(e), if applicable) living floor, C2) e. The A/C Brace	ZIP Code 33781  Telephone (727) 576-7546  official, (2) insurance	Ext. None agent/cc	Check her	e if attachments.  BER  CALLER  COLOR  COLOR

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City		State	ZIP Code
Date		Telephone	
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THE RESERVE THE PROPERTY OF TH	Date	Date	Date Telephone

#### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the	corresponding information	on from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Ur 529 20th Avenue	nit, Suite, and/or Bldg. No.)		Policy Number:
City Indian Rocks Beach	State Florida	ZIP Code 33785	Company NAIC Number
SE	CTION G - COMMUNITY	INFORMATION (OPTIONAL	)
engineer, or architect who is aut data in the Comments area belo	ation Certificate. Complete y, enter meters. s taken from other docume horized by law to certify ele w.)	the applicable item(s) and significant that has been signed evation information. (Indicate	nanagement ordinance can complete gn below. Check the measurement and sealed by a licensed surveyor, the source and date of the elevation MA-issued or community-issued BFE)
or Zone AO.			
G3. The following information (Items	out-only is provided for o	олининку пооаргат manage	ment purposes.
G4. Permit Number	G5. Date Permit Iss	ued G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improvement	
G8. Elevation of as-built lowest floor (included of the building:	uding basement)	fe	et  meters Datum
G9. BFE or (in Zone AO) depth of flooding at the building site:			et meters Datum
G10. Community's design flood elevation:	• • • • • • • • • • • • • • • • • • •	fe	et meters Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature	and the second s	Date	
Comments (including type of aguinment a	ad location per C2/o) if on	nlicable)	
Comments (including type of equipment an	id location, per G2(e), if ap	pilcable)	
Control to the State Control of the Control			Check here if attachments.

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

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.

529 20th Avenue

City
Indian Rocks Beach

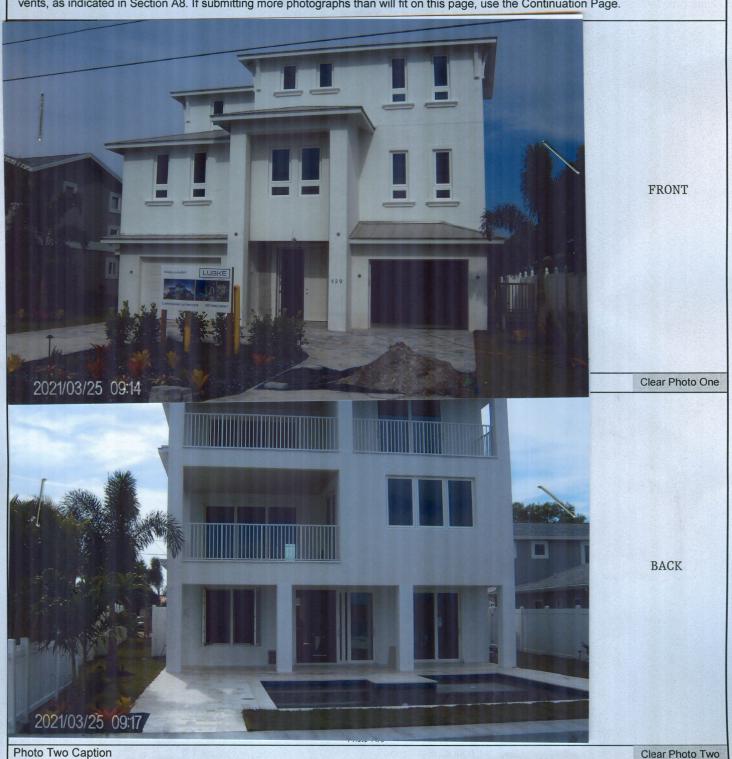
State

ZIP Code
Indian Rocks Beach

Florida

33785

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.



FEMA Form 086-0-33 (12/19)

**ELEVATION CERTIFICATE** 

Replaces all previous editions.

Form Page 5 of 6

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

**Continuation Page** 

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt 529 20th Avenue			
City	State	ZIP Code	Company NAIC Number
Indian Rocks Beach	Florida	33785	

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.



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Clear Photo Three

**Photo Four** 

Photo Four

Photo Four Caption

Clear Photo Four Form Page 6 of 6