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FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7. TIE-IN OK #04-311

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>EARL DIETIKER AND DIANE DIETIKER</u>	For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>1206 BAY PALM BOULEVARD</u>	Company NAIC Number
CITY <u>INDIAN ROCKS BEACH</u>	STATE <u>FLORIDA</u>
	ZIP CODE

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 1, Block 81 FIRST ADDITION TO RE-REVISED MAP OF INDIAN BEACH PB. 23 PG. 11

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL)
(##-##-##.## or ##.#####)

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

SOURCE: GPS (Type): USGS Quad Map Other

RECEIVED
SEP 24 2004

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>CITY OF INDIAN ROCKS BEACH 125117</u>	B2. COUNTY NAME <u>Pinellas</u>	B3. STATE <u>Florida</u>
B4. MAP AND PANEL NUMBER <u>0113</u>	B5. SUFFIX <u>G</u>	B6. FIRM INDEX DATE <u>9-3-03</u>
B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>9-3-03</u>	B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>10'</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

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 No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Building elevations are based on: Construction Drawings* Building Under Construction* | Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

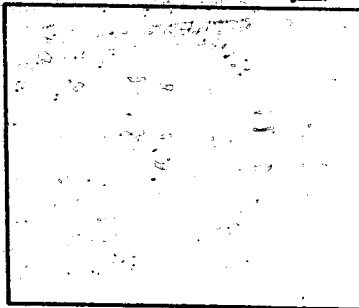
C2. Building Diagram Number 6 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 C3.a-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.
Datum _____ Conversion/Comments _____

Elevation reference mark used SEE COMMENTS Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>12.66</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>None</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>4.70</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>None</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>4.4</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>4.7</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>None</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>None</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME LAUREN R. PENNY LICENSE NUMBER #4931

TITLE Land Surveyor COMPANY NAME L.R. PENNY & ASSOCIATES, INC.

ADDRESS 10730 102ND AVENUE NORTH CITY SEMINOLE STATE FLORIDA ZIP CODE 33778

SIGNATURE Lauren R. Penny DATE 8-8-04 TELEPHONE 727-398-4260

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Check here if attachments

LOCAL OFFICIAL'S NAME _____

TITLE _____

COMMUNITY NAME _____

TELEPHONE _____

DATE _____

COMMENTS _____

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____

ft. (m) Datum: _____

ft. (m) Datum: _____

G4. PERMIT NUMBER _____

G5. DATE PERMIT ISSUED _____

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____

33. The following information (Items G4-G9) is provided for community floodplain management purposes.

32. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. Elevation data in the Comments area below.

31. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

SIGNATURE _____

DATE _____

TELEPHONE _____

COMMENTS _____

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3, h and C3, i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

1. 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.)

2. 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 natural grade, if available.)

3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft. (m) _____ in. (cm) above the highest adjacent grade. Complete Items C3, h and C3, i on front of form.

4. The top of the platform of machinery and/or equipment servicing the building is _____ ft. (m) _____ in. (cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)

5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Check here if attachments

COMMENTS

BASIS OF BEACHMARK: MARKED D, ELEV 1988 NAVD = SBH

SET N+0 IN PP AT SOUTHEAST CORNER OF LOT 1, BLC. 81

3.00 NAVD 1988

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

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

INDIAN ROCKS BEACH

STATE FLORIDA

ZIP CODE _____

Company NAIC Number _____

Policy Number _____

For Insurance Company Use: _____

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 6 Bay Palm Boulevard

IMPORTANT: In these spaces, copy the corresponding information from Section A.