FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

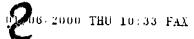
ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For insurance Company Use: BUILDING OWNER'S NAME Policy Number REAL INC. DALTON ESTATE BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number GULF BOULEVAND CITY STATE ZIP CODE FLURIOA INDIAN ROCILS BEACH PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ISLES CONDOMINIUM PHASE I 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 B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME **B3. STATE** FLORIDA CITY OF INDIAN RUCKS BEACH 125 117 PINEUMS B4. MAP AND PANEL B7. FIRM PANEL BS. SUFFIX **B6. FIRM INDEX** B8. FLOOD BS. BASE FLOOD ELEVATION(S) NUMBER EFFECTIVE/REVISED DATE DATE ZONE(S) (Zone AO, use depth of flooding) 0003 3-2-83 <u>3-2-83</u> A-11 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. X FIRM | | FIS Profile Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: | X | 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: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Building elevations are based on: [__]Construction Drawings* Building Under Construction™ X |Finished Construction "A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 8 (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 8, 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 Elevation reference mark used SEE Comments Does the elevation reference mark used appear on the FIRM? IYes X No a) Top of bottom floor (including basement or enclosure) PARKING 7 . 63 ft.(m) O b) Top of next higher floor _ . <u>\$</u>_ft.(m) ☐ c) Bottom of lowest horizontal structural member (V zones only) ft.(m) d) Attached garage (top of slab) UNDER NEATH <u>63</u> ft.(m) e) Lowest elevation of machinery and/or equipment servicing the building 17_ ft.(m) f) Lowest adjacent grade (LAG) ft.(m) ☐ g) Highest adjacent grade (HAG) **5** ft.(m) h) No. of permanent openings (flood vents) within 1 ft, above adjacent grade: i) Total area of all permanent openings (flood vents) in C3h sq. in. (sq. cm) 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
LE	LAND SURVEYOR	COMPANY NAME L.R. PENNY & ASSOCIATE

INC **ADDRESS** ZIP CODE 33778 SEMINOLE 10730 102 AVENUE NORTH SIGNATURE 7-7-2000 727 - 398 - 4360



PORTANT: In these spaces, cop	ov the corresponding informati	on from Saction A	
JILDING STREET ADDRESS (Including	Apt., Unit, Suite, and/or Bidg. No.) C	OR P.O. ROUTE AND BOX NO.	Forinsurance Company Use Policy Number
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TY INDIAN ROCKS BEAC	STATE #	ZIP CODE	Company NAIC Humber
			The state of the s
SECTION D	-SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFICATION (CO	ONTINUED)
py both sides of this Elevation Cer	rtificate for (1) community official,	(2) insurance agent/company, and	(3) building owner.
MMENTS BENCH MARK	: PINELLAS COUNTY	DISK MAP # 178	
DESIGNATION		שוא אואו אואן	*
LOCATION :	-	2115 9911 714 4	1 1 2 1 1 1 1 1 2 1 1
LOCATION		GULF BOULEVAND	+ WALSINGHAM
	RUAD.		
	575		Check here if attachments
Zone AC and Zone A (without DE	ATION INFORMATION (SURVEY	NOT REQUIRED) FOR ZONE AO	and ZONE A (WITHOUT BFE)
mation for a LOMA or LOMR-F, S	Section Complete Items E1 Infough E3	3. If the Elevation Certificate is inter	nded for use as supporting
		t similar to the building for which this	e contificato is boing accordated
see pages 6 and 7. If no diagram	accurately represents the building	ig, provide a sketch or photograph.	s certificate is being completed =
The top of the bottom floor (includ	ling basement or enclosure) of the	e building is ft.(m)	
(check one) the highest adjacent			. , , ,
ror zone AO only: If no flood dep floodplain management ordinance	oth number is available, is the top	of the bottom floor elevated in acco	ordance with the community's
		own. The local official must certify t	his information in Section G.
DECTION F	-PROPERTY OWNER (OR OW	NER'S REPRESENTATIVE) CERT	IFICATION
nmunity-issued BFE) or Zone AO	must sign here.	tes Sections A, B, and E for Zone A	. (without a FEMA-issued or
OPERTY OWNER'S OR OWNER'S A	UTHORIZED REPRESENTATIVE'S	NAME	
DRESS		CITY STATE	ŽIP CODE
JA 23		CITY STATI	ZIF CODE
			PHONE
NATURE			
NATURE			
NATURE		DATE TELES	PHONE .
MMENTS	SECTION G - COMMUNITY	DATE TELEF	Check here if attachments
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