FEDERAL EMERGENCY MANAGEMENT AGENCY

NATIONAL FLOOD INSURANCE PROGR	AM	Expires December 31, 2005		
ELEVATION CERTIFICAT	· F	Expires December 31, 2005		
JUN 18 2003 ELEVATION CERTIFICATE Important: Read the instructions on pages 1 - 7.				
SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:		
BUILDING OWNERS NAME DEVO	J11	Policy Number		
ROBERT BASHAM				
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BO 2718 GULF BOULEVARD, COTTAGE NO. 2	X NO.	Company NAIC Number		
CITY STATE INDIAN ROCKS BEACH FLORIDA		. ZIP CODE		
INDIAN ROCKS BEACH FLORIDA PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	···			
CAPRATELLA SUBDIVISION, PLAT BOOK 121, PAGES 94 AND 9	5, PINEL	LAS COUNTY		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if n RESIDENTIAL	ecessary.)			
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM	*DC (7:)			
	SPS (Type): ISGS Quad Ma	D Other		
N.G.V.D. 1929				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) IN	FORMATIO	٧		
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME CITY OF INDIAN ROCKS BEACH/125117 PINELLAS		B3. STATE FLORIDA		
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL NUMBER DATE EFFECTIVE/REVISED DATE	B8. FLOOD	B9. BASE FLOOD ELEVATION(S)		
125117 0001 B 3/2/83 5/7/71-3/2/83 '	ZONE(S)	(Zone AO, use depth of flooding)		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in		10.00'		
FIS Profile X FIRM Community Determined Other (Describe):				
B11. Indicate the elevation datum used for the BFE in B9: XX NGVD 1929 I NAVD 1988 I Other (Describe)				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? _ Yes X No				
Designation Date:		, <u>, , , , , , , , , , , , , , , , , , </u>		
SECTION C - BUILDING ELEVATION INFORMATION (SUR	VEY REQUIR	ED)		
C1. Building elevations are based on: _ Construction Drawings* XX Building Under Construction* Finished Construction				
*A new Elevation Certificate will be required when construction of the building is complete.				
C2. Building Diagram Number 1 (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 NGVD 1929 Conversion/Comments PLR 71A RESET (ELEVATION: 8.84')				
Elevation reference mark used PLR 71A RESET. Does the elevation reference mark used appear on the FIRM? Yes X No.				
a) Top of bottom floor (including basement or enclosure) 12.50		a on the rictor: res A No		
U b) Top of next higher floor				
☐ c) Bottom of lowest horizontal structural member (V zones only)	ft.(m) ft.(m)	P.L.S. #4626		
☐ d) Attached garage (top of slab)	rft.kmx) Š			
 e) Lowest elevation of machinery and/or equipment 	9 6			
servicing the building (Describe in a Comments area.) UNDER CONSTRUCTION	License Number, Signature,			
☐ f) Lowest adjacent (finished) grade (LAG) UNDER CONSTRUCTION	√nt.(m) ⊉ 👼			
g) Highest adjacent (finished) grade (HAG) UNDER CONSTRUCTION	√ft.(m) 🖁 ິ′	$\omega = \omega / \omega$		
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0	Ë	ILA DORC		
i) Total area of all permanent openings (flood vents) in C3.h0 sq. in. (sq. cm)		JUNE 13, 2003		
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.				
Understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME				
GUI D. RALE	Г	.L.S. #4626		
PROFESSIONAL LAND SURVEYOR COMPANY NAMEGUY D.	HALE, I.	AND SURVEYING		

TELEPHONE

See reverse side for continuation.

734-4266 (FAX) 734-3228
Replaces all previous editions

IMPORTANT: In these spaces	, copy the corresponding informati	on from Section A.	For Insurance Company Use:
Z710 30H DOULS AND COTTAGE NO. Z			(Policy Numbers
INDIAN ROCKS BEAC	STATE CH FLORIDA	ZIP CODE	Company NAIC Number
SECTIO	N D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFICATION (CO	NTINUED)
Copy both sides of this Elevation	n Certificate for (1) community official,	(2) insurance agent/company, and	(3) building owner.
COMMENTS			
,			
		·	
SECTION E - BUILDING EL	EVATION INFORMATION (SURVEY	NOT REQUIRED) FOR ZONE AO	Check here if attachments
	t BFE), complete Items E1. through E		
information for a LOMA or LOMR-	-F, Section C must be completed.		
see pages 6 and 7. If no diag	(Select the building diagram most gram accurately represents the building	g, provide a sketch or photograph.)	- · · ·
E2. The top of the bottom floor (in	icluding basement or enclosure) of the	building is ft. (m) in	. (cm) above or below
(check one) the highest adjact	cent grade. (Use natural grade, if avai th openings (see page 7), the next hig	lable.) her floor or elevated floor (elevation	h) of the building in
ft. (m)	above the highest adjacent grade. Co	implete Items C3.h and C3.i on from	t of form.
E4. The top of the platform of mad	chinery and/or equipment servicing the	e building is ft. (m) in	ı. (cm) above or below
(check one) the highest adjact	ent grade. (Use natural grade, if avail depth number is available, is the top	lable.)	and a man and a state of the st
floodplain management ordina	ance? Yes No Unkno	on the bottom hoor elevated in according to the local official must certify the	rdance with the community's his information in Section G
SECTIO	N F - PROPERTY OWNER (OR OW	NER'S REPRESENTATIVE) CERTI	FICATION
(without a FEMA-issued or comm	uthorized representative who complet nunity-issued BFE) or Zone AO must s	es Sections A, B, C (Items C3.h and sign here. <i>The statements in Sectio</i>	C3.i only), and E for Zone A ns A, B, C, and E are correct to
the best of my knowledge. PROPERTY OWNER'S OR OWNER	'S AUTHORIZED REPRESENTATIVE'S N	JAMF	
ADDRESS	(CITY STATE	ZIP CODE
SIGNATURE		DATE TELEPI	HONE
COMMENTS .			
			Check here if attachments
	SECTION G - COMMUNITY		
Sections A, B, C (or E), and G of the	by law or ordinance to administer the his Elevation Certificate. Complete the	e applicable item(s) and sign below.	
G1 The information in Section	C was taken from other documentation	on that has been signed and embos	sed by a licensed surveyor,
elevation data in the Com	o is authorized by state or local law to	certify elevation information. (Indica	ate the source and date of the
G2. [] A community official comp	eleted Section E for a building located	in Zone A (without a FEMA-issued o	or community-issued BFE) or
Zone AO. 🗢			
G4. PERMIT NUMBER	(Items G4-G9) is provided for commun		
	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF ISSUED	COMPLIANCE/OCCUPANCY
G7. This permit has been issued fo	r: New Construction Su	bstantial Improvement	
38. Elevation of as-built lowest floo 39. BFE or (in Zone AO) depth of f	or (including basement) of the building	, -	ft. (m) Datum:
	rooding at the building site is:	•	ft. (m) Datum:
LOCAL OFFICIAL'S NAME		TITLE	
COMMUNITY NAME		TELEPHONE	
SIGNATURE		DATE	
COMMENTS			
			Check here if attachments
			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2