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.

6/1/2021 18-883 1C. HILPC

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 INSU	RANCE COMPANY USE	
A1. Building Owner's Name MATTHEW P. FACARAZZO Policy Number:						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 537 Harbor Drive North Company NAIC Number:						IAIC Number:	
City				State		ZIP Code	
Indian Rocks Beach Florida 33785							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 18-Brown's Addition to Re-Revised Map of Indian Beach-Plat Book 58, Page 80 Parcel #06-30-15-12402-000-0180							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential							
A5. Latitude/Longi	A5. Latitude/Longitude: Lat. 27.90601°N Long82.83590°W Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983						
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	used to obtain floo	od insurance.	
A7. Building Diagra	am Number	7					
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)			2177.00 sq ft		
b) Number of p	permanent fic	ood openings in the cr	awispac	e or enclosur	e(s) within 1.0 foo	ot above adjacent gra	ade 18
c) Total net ar	ea of flood o	penings in A8.b	3	3600.00 sq ir	1		
d) Engineered	flood openir	ngs? ⊠Yes 🗆 N	No				
A9. For a building v	vith an attach	ned garage:					
a) Square foot	a) Square footage of attached garage 0.00 sq ft						
b) Number of p	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0						
c) Total net an	c) Total net area of flood openings in A9.b 0.00 sq in						
d) Engineered flood openings?							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number B2. County Name B3. State					B3. State		
Indian Rocks Beac	h - 125117			Pinellas			Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12103C0114							
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No							
Designation Date: CBRS OPA							

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IMPORTANT: In these spaces, copy the corresponding	FOR INSU	IRANCE COMPANY USE					
537 Harbor Drive North				nber:			
	ate orida	ZIP Code 33785	Company I	NAIC Number			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. 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. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Ricc only, enter meters.							
,	Benchmark Utilized: Pinellas County Map #173 (Hall B) Vertical Datum: NAVD 1988						
Indicate elevation datum used for the elevations in	items a) through h) below.					
☐ NGVD 1929 🔀 NAVD 1988 🔲 Other		4 055					
Datum used for building elevations must be the sa	me as that used for	r the BFE.	Check	the measurement used.			
 a) Top of bottom floor (including basement, crawls 	space, or enclosure	e floor)	7.4	feet meters			
b) Top of the next higher floor		-	16.3 X	feet meters			
c) Bottom of the lowest horizontal structural memb	per (V Zones only)		N/A 🔀	feet meters			
d) Attached garage (top of slab)			N/A 🖂	feet meters			
 e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Co 	ervicing the building imments)		12.3	feet meters			
f) Lowest adjacent (finished) grade next to buildir	ng (LAG)		7.0	feet meters			
g) Highest adjacent (finished) grade next to buildi	ng (HAG)		7.2 X	feet meters			
 h) Lowest adjacent grade at lowest elevation of de structural support 	eck or stairs, includ	ling	5.9	feet meters			
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 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.							
Were latitude and longitude in Section A provided by a	licensed land surve	eyor? ⊠Yes □No	⊠ Che	eck here if attachments.			
Certifier's Name John O. Brendla	License Numbe 4601	er	10	~ O. Brand			
Title Surveyor				Place			
Company Name			$\neg \cup$	riaut			
John C. Brendla & Associates, Inc.				Seal 460,			
Address 4015 82nd Avenue North	eș			11010			
City Pinellas Park	State Florida	ZIP Code 33781	01	5.17.2021			
Signature Strength	Date 05-17-2021	Telephone (727) 576-7546	Ext. None				
Copy all pages of this Elevation Certificate and all attachn	nents for (1) commu	nity official, (2) insurance	agent/compa	any, and (3) building owner.			
Comments (including type of equipment and location, per C2(e), if applicable) C2) a. Parking and Storage, C2) b. The Lowest Living Floor, C2) e. The Water Heater located on the East side of the house							
NOTE: The peak of roof elevation is 44.95 on 8/17/2020 - The Photos are the attachments							
There are 18 Smart Vents Model #1540-521 @ 200 square inch per vent for a total of 3600 square inches							
Benchmark: Pinellas County Map #173 (Hall B) Elev. 5.337' NGVD adjusted to Elev. 4.59' NAVD - MSL = 0.00							

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspon		FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, ar 537 Harbor Drive North	nd/or Bldg. No.) or	P.O. Route and B	ox No.	Policy Number:	
City	State	ZIP Code		Company NAIC Number	
Indian Rocks Beach	Florida	33785			
SECTION E – BUILDING E FOR ZON	LEVATION INFO	RMATION (SUR' E A (WITHOUT E	VEY NOT BFE)	REQUIRED)	
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.	1–E5. If the Certit natural grade, if a	icate is intended to vailable. Check the	support a measurer	LOMA or LOMR-F request, ment used. In Puerto Rico only,	
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,	d check the appro adjacent grade (l	priate boxes to sho AG).	ow whether	the elevation is above or below	
crawlspace, or enclosure) is			meter:	above or _ below the HAG.	
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet	meter:	above or below the LAG.	
E2. For Building Diagrams 6-9 with permanent flood	openings provided	in Section A Item	s 8 and/or	9 (see pages 1–2 of Instructions),	
the next higher floor (elevation C2.b in the diagrams) of the building is		_	meters		
E3. Attached garage (top of slab) is		feet	meter:	above or below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is		Teet	meter:	s ☐ above or ☐ below the HAG.	
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	ole, is the top of th	e bottom floor elev wn. The local offi	ated in acc	cordance with the community's	
SECTION F - PROPERTY OW	NER (OR OWNE	R'S REPRESENTA	ATIVE) CE	RTIFICATION	
The property owner or owner's authorized representative who completes Sections A, B, 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, and E are correct to the best of my knowledge.					
Property Owner or Owner's Authorized Representative	e's Name				
Address		City	Sta	te ZIP Code	
0:					
Signature	(Date	Tel	ephone	
Comments		Date	Tel	ephone	
		Date	Tel	ephone	
		Date	Tel	ephone	
		Date	Tel	ephone	
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MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US							
Building Street Address (including Apt., Unit, S 537 Harbor Drive North	Policy Number:						
City	State	ZIP Code	Company NAIC Number				
Indian Rocks Beach	Florida	33785	Company NAIC Number				
SECTION G - COMMUNITY INFORMATION (OPTIONAL)							
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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.							
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)							
G2. A community official completed Sect or Zone AO.	G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.						
G3. The following information (Items G4-	-G10) is provided for commun	ity floodplain manageme	ent purposes.				
G4. Permit Number	G5. Date Permit Issued		Pate Certificate of compliance/Occupancy Issued				
G7. This permit has been issued for:	New Construction Subs	tantial Improvement					
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet	meters Datum				
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet	meters Datum				
G10. Community's design flood elevation:		feet	meters Datum				
Local Official's Name	Title						
Community Name	Tele	phone					
Signature	Date	•					
Comments (including type of equipment and location, per C2(e), if applicable)							
(
8)							
			#9				
			Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

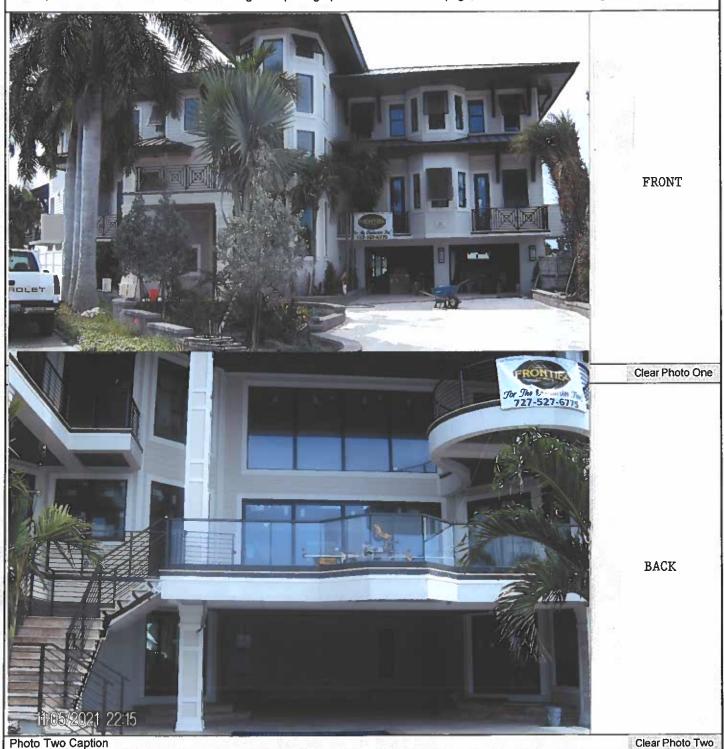
See Instructions for Item A6.

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IMPORTANT: in these spaces, co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 537 Harbor Drive North			
City	State	ZIP Code	Company NAIC Number
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.



BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OM8 No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE	
Building Street Address (including Ap 537 Harbor Drive North	Policy Number:	
City	Company NAIC Number	
Indian Rocks Beach		

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