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FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

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~ - ~ ~ W	ELEVA	TION CERTIFIC	AIE -		
JUN 18 2003	Important: Read the instructions on pages 1 - 7.				
S m	SECTION A - PROPERTY OWNER INFORMATION		ATION	For Insurance Company Use:	
BUILDING OWNER'S NAME BEACH		•		Policy Number	
BUILDING STREET ADDRESS (Including Apt. Unit. Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. 2718 GULF BOULEVARD, COTTAGE NO. 3			D BOX NO.	Company NAIC Number	
INDIAN ROCKS BEACH	STATE FLORIDA			. ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) CAPRAIELLA SUBDIVISION, PLAT BOOK 121, PAGES 94 AND 95, PINELLAS COUNTY					
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				
N.G.V.D. 1929					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUN	ITY NUMBER E	32. COUNTY NAME	[E	3. STATE	
CITY OF INDIAN ROCKS BEA	CH/125117	PINELLAS		FLORIDA	
B4. MAP AND PANEL B5. SUFFIX NUMBER 125117 0001 B	B6. FIRM INDEX DATE 3/2/83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 5/7/71-3/2/83	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.00'	
B10. Indicate the source of the Base Flo	<u> </u>			10.00	
FIS Profile 🔼 FIRM Community Determined Other (Describe):					
B11. Indicate the elevation datum used for the BFE in B9: XX 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 X No Designation Date:					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: L				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 PI	R 71A RESET	Does the elevation reference		on the FIRM? $ \underline{\hspace{0.1cm}} $ Yes $ \underline{\hspace{0.1cm}} $ No	
☐ a) Top of bottom floor (including l	basement or enclos		58 ft.(nX)	GUY D. HALE	
b) Top of next higher floorc) Bottom of lowest horizontal str	uctural member (\/ :	N/A	ft.(m) S I	P.L.S. #4626	
☐ a) Top of bottom floor (including basement or enclosure) ☐ b) Top of next higher floor ☐ c) Bottom of lowest horizontal structural member (V zones only) ☐ d) Attached garage (top of slab) ☐ e) Lowest elevation of machinery and/or equipment					
☐ e) Lowest elevation of machinery and/or equipment					
servicing the building (Describe in a Comments area.) UNDER CONSTRUCTION ft.(m) of) Lowest adjacent (finished) grade (LAG) UNDER CONSTRUCTION ft.(m) 2 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
☐ f) Lowest adjacent (finished) grad	•	UNDER CONSTRUCTI	ON ft.(m)	0 1 10 1	
g) Highest adjacent (finished) grah) No. of permanent openings (finished)		UNDER CONSTRUCT	O <u>N</u> ft.(m) (80°)	77 1/182	
i) Total area of all permanent ope			:= :	JUNE /13. 2003	
		, ENGINEER, OR ARCHITEC	· <u> </u>	J	
This certification is to be signed and se					
I certify that the information in Sections					
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.					
CERTIFIER'S NAME GUY D. HALE		LIC	ENSE NUMBER P.	L.S. #4626	
TITLE PROFESSIONAL LAND	SURVEYOR	COMPANY NAME GUY			
ADDRESS 1110 ØVERCASH DRIV	F, 9 UITE "C"	DUNEDIN,	FLORIDA	ZIP CODE 34698	
SIGNATURE	SelD	DATE JUNE 13, 2003	TELEPHON	IE .	
EMA Form 81-31, January 2003		reverse side for continuation.		66 (FAX) 734-3228 Replaces all previous editions	

IMPORTANT: In these spaces, copy the corresponding information from Section A. For Insurance Company Use: Policy Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2718 GULF BOULEVARD, COTTAGE NO. STATE ZIP CODE Company NAIC Number FLORIDA INDIAN ROCKS BEACH SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. COMMENTS I Check here if attachments SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) For Zone AO and Zone A (without BFE), complete Items E1, through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F. Section C must be completed. E1. 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.) E2. 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.) E3. 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) l lin. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form. E4. 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.) E5. 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 F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION 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. PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME ADDRESS CITY STATE ZIP CODE SIGNATURE DATE Т COMMENTS SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community's floodplain mana-Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign b G1. [The information in Section C was taken from other documentation that has been signed and e engineer, or architect who is authorized by state or local law to certify elevation information. (elevation data in the Comments area below.) G2. A community official completed Section E for a building located in Zone A (without a FEMA-iss Zoné AO. 💝 🙇 G3. The following information (Items G4-G9) is provided for community floodplain management pu G4. PERMIT NUMBER **G5. DATE PERMIT ISSUED G6. DATE CERTIFICA ISSUED** 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: LOCAL OFFICIAL'S NAME TITLE 1723

TELEPHONE

DATE

ELEPHONE
Check here if attachments
gement ordinance can complete selow.
mbossed by a licensed surveyor,
Indicate the source and date of the
sued or community-issued BFE) or
rposes.
TE OF COMPLIANCE/OCCUPANCY
ft. (m) Datum:
ft. (m) Datum:
- In the second
Check here if attachments
Replaces all previous editions

COMMUNITY NAME

SIGNATURE

COMMENTS