U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

E-FL1407.0763EC

SECT	ION A - PROPER	TY INFORMATI	ION	FOR INSURANCE	COMPANY USE
A1. Building Owner's Name JOHN WALKER			12	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and 312 6TH AVE	/or Bldg. No.) or PO.	Route and Box No	D	Company NAIC Num	
City INDIAN ROCKS BEACH	2=	State FLORIDA	Z	IP Code 33785	
A3. Property Description (Lot and Block Numbers, Tax Parce				00100	
PROPERTY CONTROL NO. 12-30-14-37800-000-007		ESIDENCE			
 Building Use (e.g., Residential, Non-Residential, Additio Latitude/Longitude: Lat. N 27 53 04.56 	n, Accessory, etc.) 15. Long. W 82 50 4		Horizontal C	atum: NAD 1	927
A6. Attach at least 2 photographs of the building if the Cert				atam	021 [] NAD 1903
A7. Building Diagram Number 3			y	. Nr .	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s)	N/A s		building with an atta juare footage of atta		998 sa ft
b) Number of permanent flood openings in the crawlsp	ace	,			sq ft sq ft sq ft sq ft
or enclosure(s) within 1.0 foot above adjacent grade		wit	thin 1.0 foot above	adjacent grade	N/A
c) Total net area of flood openings in A8.b d) Engineered flood openings? ☐ Yes ☒ No	N/A s		tal net area of flood gineered flood ope		
	<u> </u>				[X] NO
SECTION B - FLOO			M) INFORMATIO		Dana d
B1. NFIP Community Name & Community Number THE CITY OF INDIAN ROCKS BEACH 125117	B2. Count	y Name PINEL	IAS	B3	. State FLORIDA
B4. Map/Panel Number B5. Suffix B6. FIRM Index		Panel Effective/	B8. Flood Zone(s)		od Elevation(s) (Zone
12103C - 0113 G 8/18/2009		ed Date	AE		ase flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) da	ata or base flood de			10	11 12 12 11 11 11 11 11 11 11 11 11 11 1
☐ FIS Profile 🔯 FIRM ☐ Community Determined					SV < #1
B11. Indicate elevation datum used for BFE in Item B9:	☐ NGVD 1929	☑ NAVD 1988	☐ Other/Source:		<u> </u>
B12. Is the building located in a Coastal Barrier Resources S		or Otherwise Prote	ected Area (OPA)?	☐ Yes 🛛 No	
Designation Date:N/A // CBR	RS DOPA			TO STATE	
SECTION C - BUILDIN	NG ELEVATION IN	FORMATION (S	URVEY REQUIR	ED)	
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when const		Building Under Co	onstruction*	☐ Finished Const	ruction
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1 C2.a–h below according to the building diagram specifie	L-V30, V (with BFE), ed in Item A7. In Pue	AR, AR/A, AR/AE, rto Rico only, ente	AR/A1-A30, AR/Aler meters.	I, AR/AO. Comple	te Items
Benchmark Utilized: REAL TIME NETWORK L-NET (GPS	S): TBM: 3.57 Ve	rtical Datum: NA	/D1988		
Indicate elevation datum used for the elevations in item Datum used for building elevations must be the same a					
a) Top of bottom floor (including basement, crawlspace,	or enclosure floor)	504	Check the me	easurement used. meters	
b) Top of the next higher floor	, or cholosule hoor,	9 46		meters	
c) Bottom of the lowest horizontal structural member (\	/ Zones only)	N/A	⊠ feet	meters	
d) Attached garage (top of slab)		4 . 58	feet	meters	
 e) Lowest elevation of machinery or equipment servicin (Describe type of equipment and location in Commer 		4 . 44	Teet	meters	
f) Lowest adjacent (finished) grade next to building (LA	G)	4 . 40	X feet	☐ meters	
g) Highest adjacent (finished) grade next to building (HA		6 44	X feet	meters	
 h) Lowest adjacent grade at lowest elevation of deck or structural support 	r stairs, including	- 	X feet	meters	
SECTION D - SURVE	YOR, ENGINEER	OR ARCHITEC	T CERTIFICATION	ON .	
This certification is to be signed and sealed by a land surveyo	r, engineer, or archite	ect authorized by I	aw to certify elevati		
nformation. I certify that the information on this Certificate rep understand that any false statement may be punishable by fin	e or imprisonment u	nder 18 U.S. Code	, Section 1001.	65	TE OF FLORIDA
 ☑ Check here if comments are provided on back of form. ☑ Check here if attachments. 	Were latitude and I licensed land surve		on A provided by a		Ann II
Certifier's Name PAUL VALENTINE	sk	License N 4512	umber	fai	10. Valo
Title PROFESSIONAL SURVEYOR AND MAPPER	Company Name EXACTA LAND St	IDVEVODE INC			No 4512 //
Address	City	State	ZIP Code	1 /3/	No. 4512
11940 FAIRWAY LAKES DRIVE SUITE 1 Signature	FT. MYERS Date	FL Telephone	33913		REGISTERED SIRVEY
Signature Rullius	7/8/2014	D: (012)EA	0.4047	7/	8/2014

P: (813)549-4947

7/8/2014

7/8/2014

FEMA Form 086-0-33 (Revised 7/12)

Replaces all previous editions.

ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Sect			FC	R INSURANC	E COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Ro 312 6TH AVE		Culte		licy Number:	
City State	ZIP Code		Co	mpany NAIC Nu	mber:
INDIAN ROCKS BEACH FL SECTION D - SURVEYOR, ENGINEER, OR A	33785 ARCHITECT CE	RTIEICAT	ION (CON	TINITED	WE WELL SELECTION
Copy both sides of this Elevation Certificate for (1) community official, (2) insur			•		
Comments THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE FOR FLOOD INSURANCE PURPOSES ONLY. THE INFORMATION OF PLANNING. C.2.E = A/C OUTSIDE OF THE HOUSE. 2.C.B = ENTRYW	E PERSON OR PI	ERSONS NA	AMED ON TH	IIS CERTIFICA	NTE. THIS CERTIFICATE NSTRUCTION OR
Stratus	141	V			941
Signature Paul Millato	Date	7/8/2014		CENTERLIN	NE ROAD ELEVATION: 3.85
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY)	NOT REQUIRED) FOR Z	ONE AO AN	ID ZONE A	(WITHOUT BFE)
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is i For Items E1–E4, use natural grade, if available. Check the measurement used	l. In Puerto Rico o	nly, enter m	eters.		
E1. Provide elevation information for the following and check the appropriate be grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement, crawlspace, or enclosure) is	N/A				
	N/A		meters		☐ below the HAG. ☐ below the LAG.
E2. For Building Diagrams 6–9 with permanent flood openings provided in Sect					
the next higher floor (elevation C2.b in the diagrams) of the building is	N/A		meters		below the HAG.
E3. Attached garage (top of slab) is	N/A		meters		below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	N/A	⊠ feet	meters	above or	below the HAG.
E5. Zone AO only: If no flood depth number is available, is the top of the bottom ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify the	n floor elevated in his information in	accordanc Section G.	e with the co	ommunity's flo	odplain management
SECTION F - PROPERTY OWNER (OR OW	NER'S REPRES	ENTATIVI	E) CERTIF	CATION	
The property owner or owner's authorized representative who completes Section Zone AO must sign here. The statements in Sections A, B, and E are correct to	ns A, B, and E for the best of my kr	Zone A (wi	thout a FEM	A-issued or co	mmunity-issued BFE) or
Property Owner or Owner's Authorized Representative's Name		11 (5			
Address	City		State	ZIP (Code
Signature	Date	kr.	Teleph	ione	
Comments					
			v =	□ Chec	k here if attachments.
SECTION C. COMMINITY	INCORMATION	/ODTION	A1 \		A ficie il attacimients.
SECTION G – COMMUNITY The local official who is authorized by law or ordinance to administer the commun				complete Se	ctions A. B. C. (or F) and
G of this Elevation Certificate. Complete the applicable item(s) and sign below. Cl	heck the measurer	ment used i	n Items G8-	G10. In Puerto	Rico only, enter meters.
 G1. The information in Section C was taken from other documentation the who is authorized by law to certify elevation information. (Indicate the G2. A community official completed Section E for a building located in Zone G3. The following information (Items G4–G10) is provided for community 	e source and date e A (without a FEN	e of the elev NA-issued o	vation data i r community	n the Comme	nts area below.)
G4. Permit Number G5. Date Permit Issued	9	N		npliance/Occ	Jpancy Issued
G7. This permit has been issued for: New Construction Substant	ial Improvement			- V V -	
G8. Elevation of as-built lowest floor (including basement) of the building:		☐ feet	☐ meters.	Datum	4
G9. BFE or (in Zone AO) depth of flooding at the building site:	127 1 3	☐ feet	meters	Datum	
G10.Community's design flood elevation:	<u></u>	☐ feet	meters	Datum	
Local Official's Name	Title	7 5			
Community Name	Telephone				
Signature	Date	4.			34 V 2 C C
Comments	202 = 1	- 10		<u> </u>	
		6.5			
	9 =				T TIV
			£		- X

ELEVATION CERTIFICATE, page 3

Page 3 of 3 not valid without all three pages

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

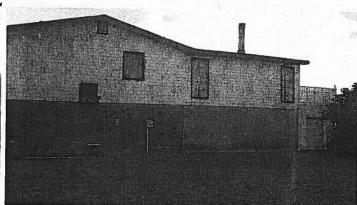
E-FL1407.0763EC

IMPORTANT: In these spaces, copy the c	orresponding information from	Section A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No. 312 6TH AVE			Policy Number:		
City INDIAN ROCKS BEACH	State FL	ZIP Code 33785	Company NAIC Number:		

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.







REAR PROPERTY PICTURE 7/8/2014

RIGHT PROPERTY PICTURE

LEFT PROPERTY PICTURE

ELEVATION CERTIFICATE, page 4

BUILDING PHOTOGRAPHS

Continuation Page

	IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No.			FOR INSURANCE COMPA	FOR INSURANCE COMPANY USE Pollcy Number:		
submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: ate taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must				Policy Number:			
ate taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must	ity	State	ZIP Code	Company NAIC Number:	通		
	late taken; "Front View" and "Rear View"	: and, if required, "Right !	Side View" and "Left Side V	iew." When applicable, photograp	phs with: ohs must		