

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

| SECTION A - PROPERTY INFORMATION | | For Insurance Company Use |
|---|--------------------|---|
| A1. Building Owner's Name TERESA COMBS HINERMAN | | Policy Number |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2000 20th AVENUE PARKWAY | | Company NAIC Number |
| City INDIAN ROCKS BEACH | State FL | ZIP Code 33785 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL ID 0063015421560000148, OF THE PUBLIC RECORDS OF PINELLAS COUNTY, FLORIDA | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL | | |
| A5. Latitude/Longitude: Lat. 27°54'07" N Long. 82°50'38" W | | Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | |
| A7. Building Diagram Number 1" _____ | | |
| A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) N/A sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq ft | | A9. For a building with an attached garage, provide: a) Square footage of attached garage 261.48 sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A sq ft |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
|--|------------------------|---|----------------------------------|--------------------------------|--|
| B1. NFIP Community Name & Community Number CITY OF INDIAN ROCKS BEACH 125117 | | B2. County Name PINELLAS COUNTY | | B3. State FLORIDA | |
| B4. Map/Panel Number 12103C0114 | B5. Suffix G | B6. FIRM Index 0903/03 | B7. FIRM Panel 0903/03 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone) 10.00 & 11.00 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____ | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____ | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date N/A <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | |
|---|---|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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-g below according to the building diagram specified in Item A7. Benchmark Utilized: "BM USED 'R.74' USCE BRASS CAP IN TOP OF CONCRETE SEAWALL AT THE NW RIGHT-OF-WAY CORNER OF THE 20th AVENUE BEACH ACCESS. ELEVATION = 7.79 FEET NAVD 88 DATUM. | |
| Check the measurement used. | |
| a) Top of bottom floor (including basement, crawl space, or enclosure floor) | 4.28 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor | N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) | 3.91 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) (2) | 4.38 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade (LAG) | 3.77 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade (HAG) | 4.27 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |

| 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. | |
| <input checked="" type="checkbox"/> Check here if comments are provided on back of form. | |
| Carrier's Name JOHN STRACIANN | License Number LB #6312 |
| Title PRESIDENT | Company Name CROSS TOWN SURVEYORS, INC. |
| Address 5030 78th AVENUE NORTH - SUITE 8 | City PINELLAS PARK |
| State FLORIDA | ZIP Code 33781 |
| Date 03/23/07 | Telephone (727) 547-8481 |
| Job Number 07049 | |

[Signature]
PLACE LICENSE NUMBER, SEAL, SIGNATURE, AND DATE HERE

9/19/14
CNR

2000 20th Ave Parkway

| | | | | |
|---|------------------|-------------------|----------------------------|--|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | For Insurance Company Use: | |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2000 20 th AVENUE PARKWAY | | | Policy Number | |
| City INDIAN ROCKS BEACH | State FLORIDA | ZIP Code 33788 | Company NAIC Number | |

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 (2) LOWEST AC UNIT

Signature [Signature] Date 3/23/07 Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet _____ meters above or below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet _____ meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet _____ meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet _____ meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet _____ meters above or below the HAG.
- E5. 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, 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's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments

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, and G9.

- 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 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-G9) is provided for community floodplain management purposes.

| | | |
|-------------------------|------------------------------|---|
| G4. Permit Number _____ | G5. Date Permit Issued _____ | G6. Date Certificate Of Compliance/Occupancy Issued _____ |
|-------------------------|------------------------------|---|

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet _____ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet _____ meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments