



FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

CITY OF INDIAN ROCKS BEACH

**SECTION A - PROPERTY OWNER INFORMATION**

For Insurance Company Use:

BUILDING OWNER'S NAME: RICHARD AND DEBRA STEGMAN  
Policy Number: \_\_\_\_\_

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 1803 2ND STREET  
Company NAIC Number: \_\_\_\_\_

CITY: INDIAN ROCKS BEACH STATE: FLORIDA ZIP CODE: 33785

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 3 BLOCK 62, RE-REVISED MAP OF INDIAN BEACH

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.): SINGLE FAMILY RESIDENCE

LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or #####) \_\_\_\_\_ HORIZONTAL DATUM:  NAD 1927  NAD 1983 SOURCE:  GPS (Type): \_\_\_\_\_  USGS Quad Map  Other: \_\_\_\_\_

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER: INDIAN ROCKS BEACH - 125117

B2. COUNTY NAME: PINELLAS

B3. STATE: FLORIDA

B4. MAP AND PANEL NUMBER: 0003	B5. SUFFIX: B	B6. FIRM INDEX DATE: 3/2/83	B7. FIRM PANEL EFFECTIVE/REVISED DATE: 3/2/83	B8. FLOOD ZONE(S): A11	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): 10 FEET
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:  
 FFS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  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  No Designation Date \_\_\_\_\_

**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. 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, ARIA, ARIAE, ARIA1-A30, ARIAH, ARIAQ  
 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 Conversion/Comments \_\_\_\_\_ **MAIN HOUSE LOWEST FLOOR - 5.20**

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes  No

a) Top of bottom floor (including basement or enclosure) 5.16 ft(m)

b) Top of next higher floor N/A ft(m)

c) Bottom of lowest horizontal structural member (V zones only) N/A ft(m)

d) Attached garage (top of slab) N/A ft(m)

e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 6.54 ft(m) **A/C PAD**

f) Lowest adjacent (finished) grade (LAG) 4.58 ft(m)

g) Highest adjacent (finished) grade (HAG) 4.64 ft(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A

i) Total area of all permanent openings (flood vents) in C3.h \_\_\_\_\_ sq. in. (sq. cm) N/A

License Number, Embossed Seal, Signature, and Date

4/2/03  
 J.C. Brendla  
 #1269

**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.  
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: JOHN C. BRENDLA LICENSE NUMBER: 1269

TITLE: REGISTERED LAND SURVEYOR COMPANY NAME: JOHN C. BRENDLA & ASSOCIATES, INC.

ADDRESS: 4015 82ND AVENUE NORTH CITY: PINELLAS PARK, STATE: FLORIDA ZIP CODE: 33781

SIGNATURE: [Signature] DATE: APRIL 2, 2003 TELEPHONE: (727) 576-7546

APR 3 2003

Check here if attachments

COMMENTS

SIGNATURE

DATE

COMMUNITY NAME

TELEPHONE

LOCAL OFFICIAL'S NAME

TITLE

Return: NGVD Datum: 5.2 ft (m)

G7. This permit has been issued for:  New Construction  Substantial Improvement  
G8. Elevation of as-built lowest floor (including basement) of the building is \_\_\_\_\_ ft (m)  
G9. BFE or (in Zone AO) depth of flooding at the building site is \_\_\_\_\_ ft (m)

G4. PERMIT NUMBER <b>2003-00153</b>	G5. DATE PERMIT ISSUED <b>3-13-03</b>	G6. DATE CERTIFICATE OF COMPLIANCE/BOCCUPANCY ISSUED
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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.

G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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.

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

Check here if attachments

COMMENTS

SIGNATURE

DATE

TELEPHONE

ADDRESS

CITY

STATE

ZIP CODE

PROPERTY OWNER'S OR OWNERS AUTHORIZED REPRESENTATIVE'S NAME

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3, h and C3i 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.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

Yes  No  Unknown. The local official must certify this information in Section G.  
E4. 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?

E3. For Building Diagrams 6-b with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_\_ ft (m) \_\_\_\_\_ in (cm) above the highest adjacent natural grade, if available.)

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

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 is available, represents the building provide a sketch or photograph.)

Section C must be completed  
For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F,

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

Check here if attachments

COMMENTS

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

INDIAN ROCKS BEACH CITY	FLORIDA STATE	33785 ZIP CODE	Company NAIC Number
1803 2ND STREET BUILDING STREET ADDRESS (including Apt. Unit, Suite and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
IMPORTANT: In these spaces, copy the corresponding information from Section A			For Insurance Company Use