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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.

**SECTION A - PROPERTY OWNER INFORMATION**

CITY OF INDIAN ROCKS BEACH  
BUILDING OWNER'S NAME: **MORRIS D. COOLEY JR.**

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.  
**323 BAHIA VISTA DR.**

CITY: **INDIAN ROCKS BEACH** STATE: **FL.** ZIP CODE: **33785**

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

For Insurance Company Use:

Policy Number

Company NAIC Number

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  NAD 1983

SOURCE:  GPS (Type):  USGS Quad Map  Other:

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

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>IND. RCKS. BCH. 125117</b>		B2. COUNTY NAME <b>PINELLAS</b>		B3. STATE <b>FLORIDA</b>	
B4. MAP AND PANEL NUMBER <b>1251170003</b>	B5. SUFFIX <b>B</b>	B6. FIRM INDEX DATE <b>3/2/83</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>3/2/83</b>	B8. FLOOD ZONE(S) <b>A11</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>10.00</b>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS 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)**

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, 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 \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

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) \_\_\_\_\_ **5.0** ft.(m)

b) Top of next higher floor \_\_\_\_\_ ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft.(m)

d) Attached garage (top of slab) \_\_\_\_\_ **4.6** ft.(m)

e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) \_\_\_\_\_ **4.3** ft.(m)

f) Lowest adjacent (finished) grade (LAG) \_\_\_\_\_ **4.3** ft.(m)

g) Highest adjacent (finished) grade (HAG) \_\_\_\_\_ **4.6** ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade \_\_\_\_\_

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

License Number, Embossed Seal, Signature, and Date

*Robert D. Lehart*  
09/25/01

**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: **ROBERT D. LEHART** LICENSE NUMBER: **2744**

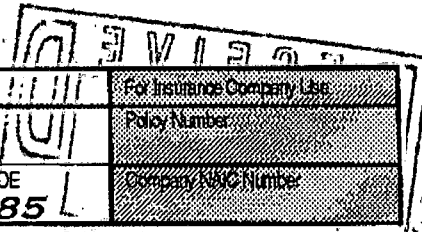
TITLE: **SURVEYOR**

COMPANY NAME: **LEHART LAND SURVEY**

ADDRESS: **319 LEXINGTON LN** CITY: **CLEARWATER** STATE: **FLORIDA** ZIP CODE: **33764**

SIGNATURE: *Robert D. Lehart* DATE: **09/25/01** TELEPHONE: **727-531-6779**

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IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

323 BAHIA VISTA DR.

CITY

STATE

ZIP CODE

INDIAN ROCKS BEACH

FL.

33785

For Insurance Company Use

Policy Number

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

C3-E AIR CONDITIONER COMPRESSOR

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 E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMRF, Section C must be completed.

- E1. Building Diagram Number... E2. The top of the bottom floor... E3. For Building Diagrams 6-8 with openings... E4. For Zone AO only: If no flood depth number is available...

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.l only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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.

- G1. The information in Section C was taken from other documentation... G2. A community official completed Section E... G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

Table with 3 columns: 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 is: ft(m) Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is: ft(m) Datum:

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments