



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3087-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

CITY OF INDIAN ROCKS BEACH
BUILDING OWNER'S NAME: William T. & Ruth Hucker
BUILDING STREET ADDRESS (including Apt., Unit, Suild, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 2011 Bay Boulevard (Frame Addition)
CITY: Indian Rocks Beach, City of
STATE: FL
ZIP CODE: []
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Lot 3, Thirteenth Addition to Re-revised Map of Indian Beach
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): Residential
LATITUDE/LONGITUDE (OPTIONAL): []
HORIZONTAL DATUM: SOURCE: GPS (Type): []
 NAB 1927 NAD 1983 USGS Quad Map Other: []

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: IndianRcksBch, City of #125177
B2. COUNTY NAME: Pinellas
B3. STATE: FL
B4. MAP AND PANEL NUMBER: 125117-0003
B5. SUFFIX: B
B6. FIRM INDEX DATE: 3-2-83
B7. FIRM PANEL EFFECTIVE/REVISED DATE: 3-2-83/3-2-83
B8. FLOOD ZONE(S): A11
B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): 10.0'
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 C3a-l 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 of the Comments area of Section B or Section G, as appropriate, to document the datum conversion.
Datum: [] Conversion/Comments: See reverse comments (Section D)
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) _____ * 5.66 ft.(m)
b) Top of next higher floor _____ NA _____ ft.(m)
c) Bottom of lowest horizontal structural member (V zones only) _____ NA _____ ft.(m)
d) Attached garage (top of slab) _____ NA _____ ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building _____ NA _____ ft.(m)
f) Lowest adjacent grade (LAG) _____ 5.1 ft.(m)
g) Highest adjacent grade (HAG) _____ 5.2 ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____ NA
i) Total area of all permanent openings (flood vents) in C3h _____ NA _____ sq. ln. (sq. cm)
License Number, Embossed Seal, Signature, and Date: []
RLS#3035 10-26-00
[Signature]

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: Phillip C. Stock
LICENSE NUMBER: RLS #3035
TITLE: Resident
COMPANY NAME: Target Land Surveying Inc.
ADDRESS: P.O. Box 663
CITY: Dunedin
STATE: FL
ZIP CODE: 34697
SIGNATURE: [Signature]
DATE: 10-26-00
TELEPHONE: (727) 784-0573

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.
 2011 Bay Boulevard (Frame Addition)
 CITY Indian Rocks Beach, City of STATE FL ZIP CODE

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 991214.02 Benchmark P.C.D. "Hall C" Map#172 Elev.=4.824'
 *Note The builder has stated that a terrazzo flooring will be placed on top of the concrete slab of addition, so as to equal the lowest floor elevation of main residence being 5.75' 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 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.
- 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) _____ in.(cm) above the highest adjacent grade.
- 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? 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.

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.

- 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.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement _____ ft.(m) Datum: _____
 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: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____
 COMMUNITY NAME _____ TELEPHONE _____
 SIGNATURE _____ DATE _____
 COMMENTS _____ Check here if attachments