



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

Form containing property owner information: Building Owner's Name (Robert A. Scartozzi Custom Builders, Inc.), Building Street Address (1106 Bay Pines Blvd.), City (Indian Rocks Beach), State (FL), ZIP CODE, and Property Description (First addition to rerevised map of Indian Beach Lot 6 Block 82).

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Form containing flood insurance rate map information: B1. NFIP Community Name & Community Number (Indian Rocks Beach 125117), B2. County Name (Pinellas), B3. State (Florida), B4. Map and Panel Number (125117 0003), B5. Suffix (B), B6. Firm Index Date (March 2, 1983), B7. Firm Panel Effective/Revised Date (March 2, 1983), B8. Flood Zone(s) (A 11), B9. Base Flood Elevation(s) (10).

Text-based questions B10, B11, and B12 regarding flood elevation data source, datum, and coastal barrier resources system.

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Form containing building elevation information: Building elevations based on (Finished Construction), Building Diagram Number (5), and various elevation measurements (a-i) such as top of bottom floor, lowest adjacent grade, and total area of permanent openings.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Certification section containing a statement of accuracy and certifier information: Michael J. Baker, Land Surveyor, Michael Baker Associates, Tarpon Springs, FL.

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. 1106 Bay Pines Boulevard			Policy Number
CITY Indian Rocks Beach	STATE FL	ZIP CODE 33785	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

Elevations referenced to F.D.N.R. Benchmark "15-90-DA-17" Elevation = 5.90 Feet

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. (Use natural grade, if available.)
- 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. Complete Items C3.h and C3.i on front of form.
- 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, C (Items C3.h and C3.i 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.*

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

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