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NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

100-0056

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

Policy Number

Company NAIC Number

PROPERTY OWNER'S NAME
JOHN D. SHIMP II

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
2011 BAYVIEW PLACE

CITY
INDIAN ROCKS BEACH

STATE
FL.

ZIP CODE

21 JK
9/17/01

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 2 TENTH ADDITION TO RE-REVISED MAP OF INDIAN BEACH

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
CITY OF INDIAN ROCKS BEACH 125117

B2. COUNTY NAME
PINELLAS

B3. STATE
FLORIDA

B4. MAP AND PANEL NUMBER
125117-0004

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

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)

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 7 (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 M.S.L. Conversion/Comments _____

Elevation reference mark used GAS BM#990951A EL=5.99 Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 6.49 ft.(m)
- b) Top of next higher floor 17.01 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) NONE ft.(m)
- d) Attached garage (top of slab) 6.49 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 10 74 ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 5.4 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 6.0 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 15
- i) Total area of all permanent openings (flood vents) in C3.h 1470 sq. in. (sq. cm)*

License Number, Embossed Seal, Signature, and Date

#2512 8-21-01

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
GEORGE A. SHIMP II

LICENSE NUMBER
2512

TITLE
RESIDENT

COMPANY NAME
GEORGE A. SHIMP II & ASSOC. INC.

ADDRESS
3301 DESOTO BLVD.

CITY
PALM HARBOR

STATE
FL.

ZIP CODE
34683

SIGNATURE
JOB#010199

DATE
8-21-01

TELEPHONE
784-5496

