MECEIVE MATIONAL FLOOD	INSURANCE PROGRAM	Expires July 31, 2002		
	CERTIFICATE	Expires July 31, 2002		
- 41F 141	nstructions on pages 1 - 7.	N2-0056		
	Y OWNER INFORMATION	For Insurance Company Use:		
J. EY D. CHARLEING DEPT.		Policy Number		
BUILDI NG STREET ADDRESS (Including Apt., U nit, Suite, and/or Bidg. No	.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number		
2011 BAYVIEW PLACE	STATE	ZIP CODE >9 (<		
INDIAN ROCKS BEACH	FL.	217/01		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, LOT 2 TENTH ADDITION TO RE-REVISED MAP OF IND	IÁN BEACH	11.779		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. RESIDENTIAL	. Use a Comments area, if necessary.)			
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM		1.104		
(##"-##'-##.##" or ##.####") L_NAD 1927 L_NAD	1983 USGS Quad Map	Other:		
SECTION B - FLOOD INSURAN	CE RATE MAP (FIRM) INFORMATION			
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF INDIAN ROCKS BEACH 125117 PINEL		B3. STATE FLORIDA		
	B7. FIRM PANEL B8. FLOOD	89. BASE FLOOD ELEVATION(S)		
NUMBER DATE EFFE 125117-0004 B 3-2-83	CTIVE/REVISED DATE ZONE(S) 3-2-83 A11	(Zone AO, use depth of flooding)		
B10. Indicate the source of the Base Flood Elevation (BFE) data or		<u> </u>		
FIS Profile X FIRM Community Determ		4		
B11. Indicate the elevation datum used for the BFE in B9: [X] NGV B12. Is the building located in a Coastal Barrier Resources System				
Designation Date:	·	SE (OFA)! [_] 165 [A] 140		
SECTION C - BUILDING ELEVATI	ON INFORMATION (SURVEY REQUIR	ED)		
C1_Building elevations are based on: [Construction Drawings*	Building Under Construction*	[X_]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 measu	rements and datum conversion		
calculation. Use the space provided or the Comments area of DatumM.S.L Conversion/Comments	Section D or Section G, as appropriate,	to document the datum conversion.		
Elevation reference mark used GAS BM#990951A EL=5.99Does t	he elevation reference mark used appea	ar on the FIRM? Yes X No		
a) τορ οτ ροποπ ποος (including basement or enclosure)	6.49_ft.(m) ਜ਼ੂ [i on the interior		
b) Top of next higher floor C) Bottom of lowest horizontal structural member (/ zenes e	ا % 17 . 01 ft (m)			
c) Bottom of lowest horizontal structural member (V zones od) Attached garage (top of slab)		11911/		
e) Lowest elevation of machinery and/or equipment	6 . 49 ft.(m)			
servicing the building (Describe in a Comments area.)	10 . 74 ft.(m)	11 1/1/10		
1) Lowest adjacent (finished) grade (LAG)	5 . 4 ft.(m) 2 sign	Mah ik F		
g) Highest adjacent (finished) grade (HAG)	h (l #t/m) ĕ í			
 h) No. of permanent openings (flood vents) within 1 ft. above i) Total area of all permanent openings (flood vents) in C3.h 	1470	#2512 0 21 01		
	NEER, OR ARCHITECT CERTIFICATION	#2512 8-21-01		
This certification is to be signed and sealed by a land surveyor, en	gineer or architect authorized by law to	and for all and the second		
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 felse statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.				
GERRGE A. SHIMP II	LICENSE NUMBER 2512	cuon 1001,		
SIDENT	COMPANY NAME			
ADDRESS 3301 DESOTO BLVD.	GEORGE A. SHIMP II & ASSOC PALM HARBOR SIATE			
SURPATURE/ // IA		7IP CODE 34683		
J0B#010199	DATE 3-21-01 784-54	96		
FEMA Form 81-31, JUL 00 SEE DEVERSE SE	NE COR CONTINUES			

DEPT BAYVIEW PLACE	ROUTE AND BOX NO.	Policy Number	
NDIAN ROCKS BEACH FL.	ZIP CODE	Company NAIC Number>	
SECTION D - SURVEYOR, ENGINEER, OR ARCHIT	TECT CERTIFICATION (CON	<u> </u>	U 3
opy both sides of this Elevation Certificate for (1) community official, (2) insu			
* 112 SQUARE FEET OF VENT EXISTS AT LEFT REA	1777		
THE TENT OF THE CATOLOGICAL CELL INC.	A OF BOTTON FROM UP	HOOSE-WEENATO WKE	-A.I.
			· · · · · · · · · · · · · · · · · · ·
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT R	EQUIRED) FOR ZONE AO AN	Check here if atta	chments
r Zone AO and Zone A (without BFE), complete Items E1, through E4. If the	Elevation Certificate is intend	ed for use as supporting	3 <i>-E)</i>
officiation for a LOMA or LOMK-F, Section C must be completed.			
. Building Diagram Number (Select the building diagram most similar see pages 6 and 7. If no diagram accurately represents the building, provided the second	de a sketch or photograph)	ertificate is being comple	eted -
. The top of the bottom floor (including basement or enclosure) of the building	ig is ft.(m)iin.	.(cm) Labove or 1	l below
(check one) the highest adjacent grade. (Use natural grade, if available.) For Building Diagrams 6-8 with openings (see page 7), the next higher floor			
i stellari (1.17) [] IIII.(Ciii) above the nighest adjacent grade. Complete i	lame C3 h and C3 i an food of	A	
. To Edite Ad only. If no flood depth number is available, is the top of the b	Allom floor aloughed in accord		y's
floodplain management ordinance? Yes No Unknown. The SECTION F - PROPERTY OWNER (OR OWNER'S	ne local official must certify this	information in Castion (3.
he property owner or owner's authorized representative who completes Society	ione A. D. C. (Harris CO.)		
The state of the s	re. The statements in Sections	د. only), and E for Zon A. B. C. and E am محمد	e A rect to
ne best of my knowledge. ROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME			
DDRESS			
GNATURE	STATE	ZIP CODE	
OMMENTS DATE	TELEPHO	ONE	
OWINE(1)			
SECTION G - COMMUNITY INFOR	MATION (OPTIONAL)	Check here if attac	THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED
viocal Unicial Wild is Buthonzed by law or ordinance to edministrative		Ordinance con complete	
ctions A, B, C (or E), and G of this Elevation Certificate. Complete the application of the information in Section C was taken from other decomposition.	able item(s) and sign below.	Complete	,
The information in Section C was taken from other documentation that engineer, or architect who is authorized by state or local law to certify elevation data in the Comments area below.)	nas been signed and embosse	d by a licensed surveyo	r,
elevation data in the Comments area below.)		tine source and date of	the
A community official completed Section E for a building located in Zone AO.	A (without a FEMA-issued or	community-issued BFE)	or
The following information (Items G4-G9) is provided for community float	dolain management		
PERMIT NUMBER ST. DATE PERMIT ISSUED	G6 DATE CERTIFICATE OF S	OMBLINI I -	·
This permit has been included	G6. DATE CERTIFICATE OF C ISSUED	OMPLIANCE/OCCUPANO	Y
This permit has been issued for: New Construction Substantial Elevation of as built lowest floor (including basement) of the building is:			
the building site is:		ft.(m) Datum:	
CAL OFFICIAL'S NAME	.E	ft.(m) Datum:	
MMUNITY NAME TEL	EPHONE		
NATURE			
MMENTS		-	
•			-
		I Check here if attach	monte