

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.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		<b>For Insurance Company Use:</b>	
BUILDING OWNER'S NAME Ann Marie and Garv Jellum		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 528 Garland Circle		Company NAIC Number	
CITY Indian Rocks Beach, FL 33785	STATE	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 14 Phase 7 Curlew Landings South			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary)			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.###" or ##.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type) _____ <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other _____	

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

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 125117		B2. COUNTY NAME Pinellas		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 125117-003	B5. SUFFIX B	B6. FIRM INDEX DATE 05-06-96	B7. FIRM PANEL EFFECTIVE/REVISED DATE 06-01-83	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.00

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 8 (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.)

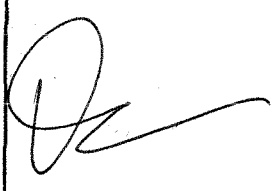
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
 Complete items C3a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert 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 NGVD 1929 Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>14</u> _____ ft. (m)	<u>50</u> _____ ft. (m)
<input type="checkbox"/> b) Top of next higher floor	<u>n/a</u> _____ ft. (m)	_____ ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>6</u> _____ ft. (m)	<u>50</u> _____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft. (m)	_____ ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>10</u> _____ ft. (m)	<u>00</u> _____ ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>5</u> _____ ft. (m)	<u>00</u> _____ ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>6</u> _____ ft. (m)	<u>00</u> _____ ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>2</u> _____	_____ ft. (m)
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ sq. in. (sq. cm)	_____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



15307 03-20-05

**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 David F. Ramsey LICENSE NUMBER 15307

TITLE Professional Engineer/Surveyor COMPANY NAME DC Engineering and Construction

ADDRESS 434 Skinner Boulevard CITY Dunedin STATE FL ZIP CODE 34698

SIGNATURE \_\_\_\_\_ DATE 03-20-05 TELEPHONE 727 734-7020