

**RECEIVED**  
 SEP 10 2001

FEDERAL EMERGENCY MANAGEMENT AGENCY  
 NATIONAL FLOOD INSURANCE PROGRAM

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

**ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use:
BUILDING OWNER: INDIAN ROCKS BEACH BUILDING DEPT. ERIC MEYER		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2316 GULF BOULEVARD		Company NAIC Number
CITY INDIAN ROCKS BEACH	STATE FL	ZIP CODE 33785
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 10, BLOCK 42, RE-REVISED MAP OF INDIAN BEACH, PLAT BOOK 5 PAGE 6		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.#####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) 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 3/2/83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/2/83
B8. FLOOD ZONE(S) A-11		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 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, ARIA, AR/AE, ARIA1-A30, ARIA/H, 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 NGVD '29 Conversion/Comments PINELLAS COUNTY BENCHMARK NARROW "D"  
 Elevation reference mark used NAROWD 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>10.1</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>21.5</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>8.7</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>10.0</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>7.6</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>8.3</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>na</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>N/A</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

*[Handwritten Signature]*  
 9/5/01

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

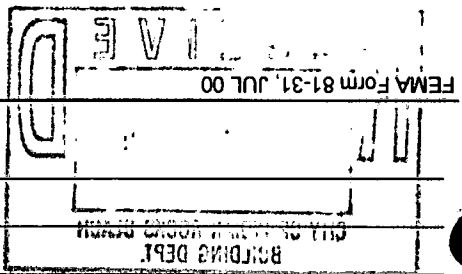
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME HARRY W. MARLOW LICENSE NUMBER 1303

TITLE Registered Land Surveyor COMPANY NAME HARRY W. MARLOW, Inc.

ADDRESS 3941 68th Ave N CITY Pinellas Park STATE FL ZIP CODE 33781

SIGNATURE *[Handwritten Signature]* DATE 9/5/01 TELEPHONE 727-525-6945



Check here if attachments

COMMENTS  
SIGNATURE  
DATE  
COMMUNITY NAME  
TELEPHONE  
LOCAL OFFICIAL'S NAME  
TITLE

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)  
G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m)  
Datum: \_\_\_\_\_ Datum: \_\_\_\_\_

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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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.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

COMMENTS  
SIGNATURE  
DATE  
ADDRESS  
CITY  
STATE  
ZIP CODE

PROPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTATIVE'S NAME  
The property owner or owner's authorized representative who completes Sections A, B, C (Items C3, h and C31 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.

SECTION F - PROPERTY OWNER (OR OWNERS REPRESENTATIVE) CERTIFICATION

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 C31 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 E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Check here if attachments

COMMENTS  
HWM DRAWING M-6517, FIELD BOOK 99-07, PAGES 67-74  
C3.e) Air Conditioner is 10.0 feet

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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.	CITY	STATE	FL	ZIP CODE	33785	Company NAIC Number
	2316 GULF BOULEVARD	INDIAN ROCKS BEACH					
For Insurance Company Use	Policy Number						

