

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 201

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name DAVIS CONST.		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 467 HARBOR DRIVE NO.		Policy Number
City INDIAN ROCKS BEACH State FL ZIP Code 33785		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 14, 24TH ADD. TO RE-REVISED MAP OF INDIAN BEACH		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 27.54'25" Long. 82.50'15" Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 1		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) N/A sq ft		a) Square footage of attached garage N/A sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

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/Panel Number 12103C0112	B5. Suffix G	B6. FIRM Index Date 9-03-03	B7. FIRM Panel Effective/Revised Date 9-03-03	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date N/A <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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. 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 C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized **HALL"B"****Vertical Datum NAVD'88***ELEV. 4.59**
Conversion/Comments _____

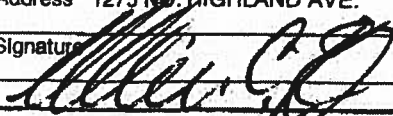
Check the measurement used.

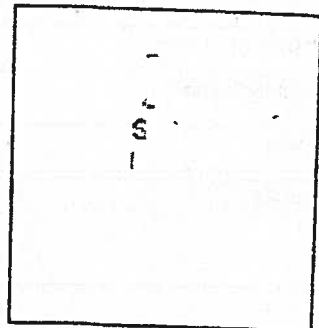
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) N/A _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor 12.40 _____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) N/A _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) 11.81 _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 12.25 _____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) 11.7 _____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) 11.8 _____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of Jack or stairs, including structural support N/A _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name WILLIAM C. KEATING		License Number 1528	
Title LAND SURVEYOR	Company Name ALLIED SURVEYING		
Address 1275 NO. HIGHLAND AVE.	City CLEARWATER	State FL	ZIP Code 33755
Signature 	Date 12-18-12	Telephone 727-446-1263	



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. 467 HARBOR DRIVE NO.		Policy Number	
City INDIAN ROCKS BEACH	State FLORIDA	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

LINE C2,e : THREE AIR CONDITIONERS AT ELEV. OF 12.25
RIGHT SIDE OF HOUSE.

[Handwritten Signature]

Date 12-18-12

Check here if attachments

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

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. 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, 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, 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. Check the measurement used in items G8 and G9.

- i1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- i2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- i3. 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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- 7. This permit has been issued for: New Construction Substantial Improvement
- 8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- 9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____
- 10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments



City of Indian Rocks Beach

1507 Bay Palm Boulevard • Indian Rocks Beach, Florida 33785 • www.indian-rocks-beach.com

Administrative
(727) 595-2517
(727) 595-4627 (Fax)

City Clerk
(727) 517-0204
(727) 595-4627 (Fax)

Public Services
(727) 595-6889
(727) 593-5137 (Fax)

Building
(727) 517-0404
(727) 596-4759 (Fax)

Planning & Zoning
(727) 517-0404
(727) 596-4759 (Fax)

Memo of Review For Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office.

The items noted below are not correct on the attached form and should read as entered on this page.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name DAVIS CONST.		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 467 HARBOR DRIVE NO.		Company NAIC Number
City INDIAN ROCKS BEACH State FL ZIP Code 33785		

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____

A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 1a

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) _____ sq ft

b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A8.b _____ sq in

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage _____ sq ft

b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A9.b _____ sq in

d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
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B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 _____ CBRS OPA

Local Official's Name	Danny E. Taylor	Title	Planning and Zoning Director
Community Name	INDIAN ROCKS BEACH, FLORIDA	Telephone	727-517-0404
Signature		Date	July 30, 2015
Comments			