

# City of Indian Rocks Beach

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

|   |   |  |   |  |
|---|---|--|---|--|
| <b>Administrative</b><br>(727) 595-2517<br>(727) 595-4627 (Fax) | <b>City Clerk</b><br>(727) 517-0204<br>(727) 595-4627 (Fax) | <b>Public Services</b><br>(727) 595-6889<br>(727) 593-5137 (Fax) | <b>Building</b><br>(727) 517-0404<br>(727) 596-4759 (Fax) | <b>Planning &amp; Zoning</b><br>(727) 517-0404<br>(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   |       | Policy Number              |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>415 2nd Street |       | Company NAIC Number        |
| City Indian Rocks Beach   | State | ZIP Code                   |

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 \_\_\_\_\_

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

|   |  |
|---|--|
| a) Square footage of crawlspace or enclosure(s) _____ sq ft   | A9. For a building with an attached garage:  |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____ | a) Square footage of attached garage _____ sq ft   |
| c) Total net area of flood openings in A8.b _____ sq in   | b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No                          | c) Total net area of flood openings in A9.b _____ sq in  |
|   | 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              |            | B2. County Name                   |                                       | B3. State         |   |
| B4. Map/Panel Number                                    | B5. Suffix | B6. FIRM Index Date<br>08-18-2009 | B7. FIRM Panel Effective/Revised Date | B8. Flood Zone(s) | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) |

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 Daniel Weigner | Title Building Official |
| Community Name Indian Rocks Beach    | Telephone 727-517-0404  |
| Signature <i>Daniel Weigner</i>      | Date 2-29-16            |
| Comments Correction to field B6      |                         |

# ELEVATION CERTIFICATE



Important: Read the instructions on pages 1-9.

OMB No. 1660-0008  
 Expiration Date: July 31, 2015

|   |                 |                                  |
|---|-----------------|----------------------------------|
| <b>SECTION A - PROPERTY INFORMATION</b>   |                 | <b>FOR INSURANCE COMPANY USE</b> |
| A1. Building Owner's Name <b>Spodio, LLC</b>  |                 | Policy Number:                   |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>415 2 <sup>nd</sup> Street |                 | Company NAIC Number:             |
| City <b>Indian Rocks Beach</b>  | State <b>FL</b> | ZIP Code <b>33785</b>            |

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
 A portion of Section 12, Township 30 Range 14, Public Records of Pinellas County, Florida.

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

A5. Latitude/Longitude: Lat. N27°53'01.2" Long. W82°50'54.7" 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)  | <u>n/a</u>  | sq ft |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade | <u>n/a</u>  |       |
| c) Total net area of flood openings in A8.b  | <u>n/a</u>  | sq in |
| d) Engineered flood openings?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |       |

A9. For a building with an attached garage:

|   |   |       |
|---|---|-------|
| a) Square footage of attached garage  | <u>n/a</u>  | sq ft |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade | <u>n/a</u>  |       |
| c) Total net area of flood openings in A9.b   | <u>n/a</u>  | sq in |
| d) Engineered flood openings?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |       |

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

|  |                        |   |  |
|--|------------------------|---|--|
| B1. NFIP Community Name & Community Number<br><b>City of Indian Rocks Beach 125117</b> |                        | B2. County Name<br><b>Pinellas</b>  | B3. State<br><b>Florida</b>                            |
| B4. Map/Panel Number<br><b>12103C 0113</b>   | B5. Suffix<br><b>G</b> | B6. FIRM Index Date<br><b>9/3/03</b>  | B7. FIRM Panel Effective/Revised Date<br><b>9/3/03</b> |
| B8. Flood Zone(s)<br><b>AE</b>   |                        | B9. Base Flood Elevation(s) (Zone AO, use base flood depth)<br><b>11.0'</b> |  |

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/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date: N/A  CBRS  OPA

**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. In Puerto Rico only, enter meters.  
 Benchmark Utilized: AG0111 Vertical Datum NAVD-88 Elev. 25.48

Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_  
 Datum used for building elevations must be the same as that used for the BFE.

|  |            |  |                                 |
|--|------------|--|---------------------------------|
|  |            | Check the measurement used.              |                                 |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)  | <u>7.4</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor  | <u>N.A</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)  | <u>N.A</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)   | <u>N.A</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>N.A</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)   | <u>6.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)  | <u>6.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                               | <u>N.A</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |

**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

Check here if attachments.

|   |   |
|---|---|
| Certifier's Name <b>Milton R. Gill</b>  | License Number <b>5455</b>                              |
| Title <b>Professional Land Surveyor</b> | Company Name <b>American Surveying, Inc.</b>            |
| Address <b>4847 N Florida Ave</b>       | City <b>Tampa</b> State <b>FL</b> ZIP Code <b>33603</b> |
| Signature                               | Date <b>7/2/13</b> Telephone <b>813-234-0103</b>        |

**ELEVATION CERTIFICATE, page 2**

|   |                                  |
|---|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>415 2 <sup>nd</sup> Street | Policy Number:                   |
| City Indian Rocks Beach State FL 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

Signature

Date

**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–G10. In Puerto Rico only, enter meters.

- G1.  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.)
- 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–G10) is provided for community floodplain management purposes.

|                   |                        |   |
|-------------------|------------------------|---|
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate Of Compliance/Occupancy Issued |
|-------------------|------------------------|---|

- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

Check here if attachments.

# Building Photographs

See Instructions for Item A6.

**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.  
415 2<sup>nd</sup> Street

City Indian Rocks Beach

State FL

ZIP Code 33785

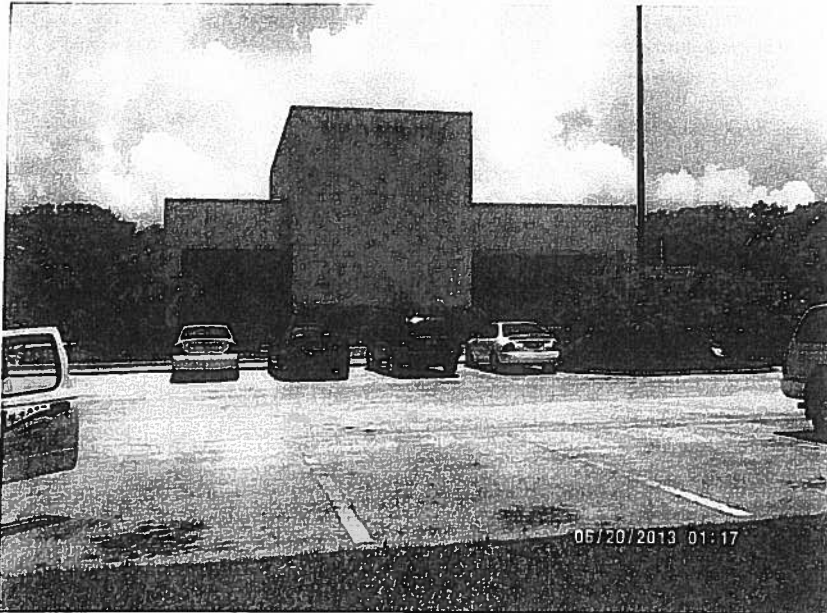
FOR INSURANCE COMPANY USE

Policy Number:

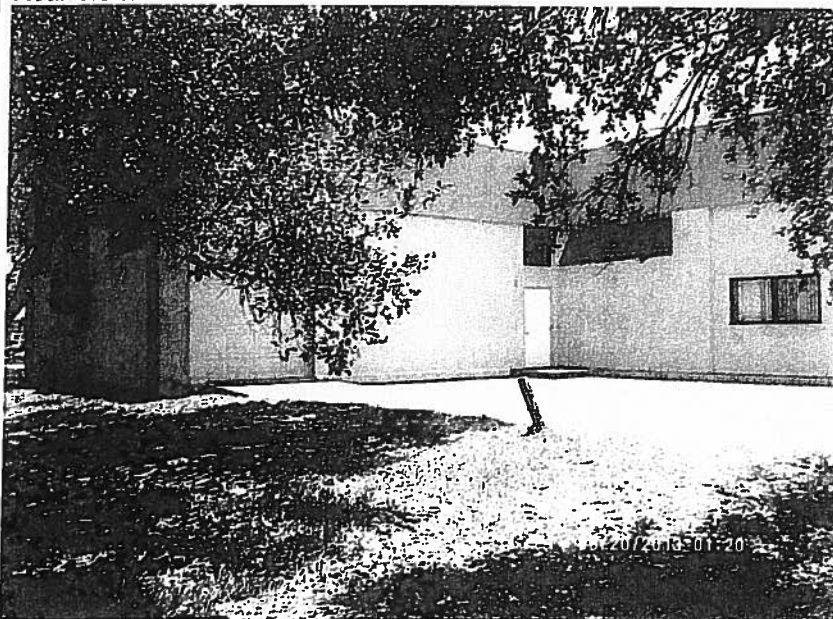
Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View:



Rear View:



**RECEIVED**  
**OCT 16 2000**  
 MUNICIPAL BUILDING DEPT.

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>   |  | <b>For Insurance Company Use:</b> |
| BUILDING OWNER'S NAME<br>ROBERT MUNCIE  |  | Policy Number                     |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.<br>415 2nd STREET |  | Company NAIC Number               |

CITY INDIAN ROCKS BEACH STATE FLORIDA ZIP CODE

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
 LOTS 2 thru 6, BLOCK "14" and adjoining lands, INDIAN ROCKS BEACH SUBD.

BUILDING USE (Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)  
 COMMERCIAL

LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE:  GPS (Type):  NAD 1927  NAD 1983  USGS Quad Map  Other:

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

|   |                             |                      |
|---|-----------------------------|----------------------|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER<br>INDIAN ROCKS BEACH-125117 | B2. COUNTY NAME<br>PINELLAS | B3. STATE<br>FLORIDA |
|---|-----------------------------|----------------------|

|   |                 |                                |                                       |                           |  |
|---|-----------------|--------------------------------|---------------------------------------|---------------------------|--|
| B4. MAP AND PANEL NUMBER<br>125117-0003 | B5. SUFFIX<br>B | B6. FIRM INDEX DATE<br>3-02-83 | B7. FIRM PANEL EFFECTIVE/REVISED DATE | B8. FLOOD ZONE(S)<br>A-11 | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)<br>10.0 |
|---|-----------------|--------------------------------|---------------------------------------|---------------------------|--|

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 DFE 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)**

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, 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 \_\_\_\_\_ 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)                     | _____ ft.(m)           |
| <input type="checkbox"/> b) Top of next higher floor  | _____ ft.(m)           |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)              | _____ ft.(m)           |
| <input type="checkbox"/> d) Attached garage (top of slab)   | _____ ft.(m)           |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building     | _____ ft.(m)           |
| <input type="checkbox"/> f) Lowest adjacent grade (LAG)   | 7.0 ft.(m)             |
| <input type="checkbox"/> g) Highest adjacent grade (HAG)  | _____ ft.(m)           |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | _____                  |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h                 | _____ sq. in. (sq. cm) |

License Number, Embossed Seal, Signature, and Date  
 NO. 1528 12-04-2000

**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 WILLIAM C. KEATING NO. 1528 LICENSE NUMBER  
 REG. SURVEYOR COMPANY NAME ALLIED SURVEYING  
 ADDRESS 2118 E DREW STREET CLEARWATER CITY FLORIDA STATE FLORIDA ZIP CODE 33765  
 SIGNATURE DATE 12-04-2000 TELEPHONE 727-446-1263

**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.<br>415 2nd STREET |                  |          | For Insurance Company Use: |
| CITY<br>INDIAN ROCKS BEACH  | STATE<br>FLORIDA | ZIP CODE | Policy Number              |
|   |                  |          | 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

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Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- 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.
- 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.
- 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 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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

COMMENTS

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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.

- 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.

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

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

LOCAL OFFICIAL'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMMUNITY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS

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Check here if attachments