

RECEIVED
JUL 8 2003

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
 Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
 Policy Number _____
 Company NAIC Number _____

BUILDING OWNER'S NAME
CARL SILAGYI

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
#3 7TH AVENUE

CITY STATE ZIP CODE
INDIAN ROCKS BEACH FLORIDA 33785

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 1 AND NORTH 1/2 OF LOT 2 BLOCK 1, HAVEN BEACH

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
CONDOMINIUM

LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 (#° - #' - ##-##' or ##-####') NAD 1927 NAD 1983 USGS Quad Map 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) A11	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11 FEET

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 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** Conversion/Comments _____

Elevation reference mark used **#178** Does the elevation reference mark used appear on the FIRM? Yes No

- ▶ a) Top of bottom floor (including basement or enclosure) **18.15** ft.(m)
- ▶ b) Top of next higher floor **N/A** ft.(m)
- ▶ c) Bottom of lowest horizontal structural member (V zones only) **N/A** ft.(m)
- ▶ d) Attached garage (top of slab) **8.41** ft.(m)
- ▶ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **N/A** ft.(m)
- ▶ f) Lowest adjacent (finished) grade (LAG) **7.16** ft.(m)
- ▶ g) Highest adjacent (finished) grade (HAG) **8.8** ft.(m)
- ▶ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
- ▶ i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm) **869 SQUARE INCHES**

License Number, Embossed Seal, Signature, and Date
7/7/03
John C. Brendla
1269

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 LICENSE NUMBER
JOHN C. BRENDLA 1269

TITLE COMPANY NAME
REGISTERED LAND SURVEYOR JOHN C. BRENDLA & ASSOCIATES, INC.

ADDRESS CITY STATE ZIP CODE
4015 82ND AVENUE NORTH PINELLAS PARK, FLORIDA 33781

SIGNATURE DATE TELEPHONE
[Signature] JULY 7, 2003 (727) 576-7546

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Check here if attachments

DATE _____

TELEPHONE _____

LOCAL OFFICIAL'S NAME _____

TITLE _____

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

G8. Elevation of as-built lowest floor (including basement) of the building is: Datum: _____ ft.(m)

G7. This permit has been issued for: New Construction Substantial Improvement

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

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____

DATE _____

TELEPHONE _____

COMMENTS _____

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.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i 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.

PROPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTATIVE'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____

DATE _____

TELEPHONE _____

COMMENTS _____

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 natural grade. (Use _____ ft.(m) _____ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.)

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 natural grade, if available.)

E4. The top of the platform of machinery and/or equipment serving the building is _____ ft.(m) _____ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)

E5. 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 _____

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. #3 7TH AVENUE

CITY INDIAN ROCKS BEACH STATE FLORIDA ZIP CODE 33785

For Insurance Company Use _____

Policy Number _____

Company NAIC Number _____

