## 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. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: JUILDING OWNER'S NAME Policy Number JAMES M. ANDERSON BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 637 182 nd AVE. E. CITY STATE ZIP CODE REDINGTON SHORES FŁ PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 8 BLOCK 2 SURFSIDE SUB. #4 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL SOURCE: GPS (Type): LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: ( ## - ## - ##.## or ##.####) ■ NAD 1927 ■ NAD 1983 USGS Quad Map Other. SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B3. STATE B2. COUNTY NAME** REDINGTON SHORES 125141 PINELLAS **B6. FIRM INDEX DATE** B8. FLOOD ZONE(S) **B4. MAP AND PANEL** B5. SUFFIX **B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) 03-02-83 EFFECTIVE/REVISED DATE NUMBER A-11 (Zone AO, use depth of flooding) В 0001 03-02-83 10 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): ☑ FIRM Community Determined FIS Profile B11. Indicate the elevation datum used for the BFE in B9: X 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) □ Finished Construction C1. Building elevations are based on: Construction Drawings\* □ Building Under Construction\* \*A new Elevation Certificate will be required when construction of the building is complete. uilding Diagram Number 5 (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 Conversion/Comments N/A Elevation reference mark used PIN CO Does the elevation reference mark used appear on the FIRM? Yes X No P.S. & M. # 3616 o a) Top of bottom floor (including basement or enclosure) 14.3ft(m) Embossed Seal, and Date o b) Top of next higher floor <u>WA</u>.\_\_ft.(m) o c) Bottom of lowest horizontal structural member (V zones only) NA. ft.(m) o d) Attached garage (top of slab) <u>N/A</u>. \_ft(m) o e) Lowest elevation of machinery and/or equipment License Number, Signature, servicing the building 13.8ft(m) o f) Lowest adjacent grade (LAG) 5.0ft.(m) o g) Highest adjacent grade (HAG) 5. 2ft (m) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0 o i) Total area of all permanent openings (flood vents) in C3h 0 sq. in. (sq. cm) 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. LICENSE NUMBER P.S.& M. # 3616 WILLIAM R. DELONG CERTIFIER'S NAME COMPANY NAME CAMPBELL CONSULTANTS. INC PROFESSIONAL SURVEYOR AND MAPPER TITLE ZIP CODE 33781 **PINELLAS PARK** FL 5022 73RD AVENUE NORTH STATE \* DRESS CITY TELEPHONE DATE NATURE 03-15-02 (727) 548-0584

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IMPORTANT: In these spaces, copy the corresponding information from Section A						nsurance Company Use:
BUILDING STREET ADDRESS (I 537 182 nd AVE. E.	ncluding Apt., Un	it, Suite, and/or Bldg. No.) OR P.O. ROUTE AND Bo	·/ · · · · · · · · · · · · · · · · · ·			y Number
ITY EDINGTON SHORES		STATE FL		ZIP CODE	Corr	pany NAIC Number
	SEC	CTION D - SURVEYOR, ENGINEER, OR AR	CHITECT CEI	RTIFICATION (CONTINUED	)	
	on Certificate fo	or (1) community official, (2) insurance agent/c	ompany, and (	(3) building owner.		
COMMENTS CONCRETE SLABUNDER HOU	ISE @ GROUND	LEVEL, ALL EQUIPT. ABOVE 13.8' END OF CO	MMENTS			
ND OF REPORT						
						Check here if attachment
SECTION	E - BUILDING	ELEVATION INFORMATION (SURVEY NO	OT REQUIRE	D) FOR ZONE AO AND ZON	NE A (WITHO	UT BFE)
r Zone AO and Zone A (with	outBFE), comp	lete Items E1 through E4. If the Elevation Ce	rtificate is inten	ded for use as supporting info	ormation for a	LOMA or LOMR-F,
oction C must be completed.				e al la		.17 15
<ol> <li>Building Diagram Number_ represents the building, pro</li> </ol>		ilding diagram most similar to the building for the build	which this certi	ficate is being completed – se	ee pages 6 ar	id /. If no diagram accurate
		ment or enclosure) of the building is ft.(m	in.(cm)	above or Delow (check	one) the high	nest adiacent grade.
		see page 7), the next higher floor or elevated				
grade.						
		er is available, is the top of the bottom floor ele cal official must certify this information in Secti		rdance with the community's	floodplain ma	nagement ordinance?
		CTION F - PROPERTY OWNER (OR OWNE		ENTATIVE) CERTIFICATIO	N	
The property owner or owner		presentative who completes Sections A, B, ar				sued BFE) or Zone AO must
sign here.	3 ddilioi 20010	procedurate this out iplace could by a si	id E for Editor	(Mandada) Em ( Rodod of C	oonenang w	add of Ey of Eoffer to file
PROPERTY OWNER'S OR OW	NER'S AUTHOR	RIZED REPRESENTATIVE'S NAME				
ADDRESS			CITY		STATE	ZIP CODE
SIGNATURE .			DATE		TELEPHONE	
COMMENTS						
						Check here if attachmen
		SECTION G - COMMUNITY IN	FORMATION	(OPTIONAL)		V. I
he local official who is authori ertificate. Complete the appli		rdinance to administer the community's floodp nd sign below.	olain managem	nent ordinance can complete	Sections A, B	, C (or E), and G of this Elev
		en from other documentation that has been sign	-		. •	architect who is authorized l
	•	nformation. (Indicate the source and date of t on E for a building located in Zone A (without a			•	
		39) is provided for community floodplain mana			or zone Ao.	
G4. PERMIT NUMBER		G5. DATE PERMIT ISSUED	9-11-11-11-11-11-11-11-11-11-11-11-11-11	G6. DATE CERTIFICATE OF	COMPLIANC	E/OCCUPANCY ISSUED
77 This was to be a single	- d f (					
		v Construction		. 4/20		Datum:
39. BFE or (in Zone AO) dept				ft.(m) ft.(m)		Datum: Datum:
LOCAL OFFICIAL'S NAME			TIT			- Dumin
COMMUNITY NAME						
				LEPHONE		
SIGNATURE			L)A	NTE .		
COMMENTS						
						Check here if attachmen
				<del></del>		CHECK HEIE II ALIACHILI