## 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:
BUILDING OWNER'S NAME TOWN OF REDINGTON. SHORES	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number
CITY STATE REDINGTON SHORES FL	ZIP CODE · 33708
	, 12, 13 TOGETHER WITH
PLAT BOOK IS PAOR 64 PUBLIC RECORDS OF PINELLAS COUNTY FLORIDA	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)	
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: L GPS (Type): (##°-##'-##.##" or ##.#####") L NAD 1927 NAD 1983 L USGS Quad Map	ther:
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME	B3. STATE
125141	FL
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD DATE EFFECTIVE/REVISED DATE ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
125141 0001 B MAY 8, 1971 MARCH 2, 1983 A12	12
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: X NGVD 1929   NAVD 1988   Other (De	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Are Designation Date:	a (OPA)? LI Yes X No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRE	ED)
C1. Building elevations are based on: Construction Drawings*   Building Under Construction*	X Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.	IXXI Illianda Conditadion
2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this of	ertificate is being completed - see
pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	3
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 use	
the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measur	ements 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	
Elevation reference mark used See Comment Does the elevation reference mark used appear	on the FIRM?   Yes   No
(a) Top of bottom floor (including basement or enclosure)  12.0 ft.(m) (m) (m) (m) (m) (m) (m) (m) (m) (m)	
□ c) Bottom of lowest horizontal structural member (V zones only)	
d) Attached garage (top of slab)      d. (m)    deg    degree	
ロ e) Lowest elevation of machinery and/or equipment NoT ハンプロレビD AT ロック	
servicing the building TIME OF SURVey ft.(m) 費量!	
servicing the building  TIME OF SURVEY ft.(m)  of the ft.(m)	Dane a Willia
U g) Highest adjacent grade (HAG)	Daria A. Wyllie
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	FLA Reg - PSM 5874
i) Total area of all permanent openings (flood vents) in C3h sq. in. (sq. cm)	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	N
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to c	ertify 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, Sed	ion 1001.
CERTIFIER'S NAME  Dana A Wyllie  LICENSE NUMBER	PSM 5874
PROJECT MANAGER FORESIGHT SULVEYOR	LS INC.
ADDRESS CITY STATE	ZIP CODE
SIGNATURE DATE PL	33760 9·7196
Danc a Wylle 6/30/00 727.53	ツ・ハット

antionity is sex. In alose spaces	, copy the corresponding Information	on from Section A.	For Insurance Company Use:
17425 GULF B	luding Apt. Unit, Suite, and/or Bldg. No.) O OULらVARD	R P.O. ROUTE AND BOX NO.	Policy Number
REDINGTON S	STATE	ZIP C DIA 33708	1 ' '
SECTIO	ON D - SURVEYOR, ENGINEER, OR A	ARCHITECT CERTIFICATION	(CONTINUED)
	Certificate for (1) community official,	· · · · · · · · · · · · · · · · · · ·	
COMMENTS: /			
SITE UMD			
······································	M from Const pla		ME OF SURVEY
			t by Campbell Consult.
San MH Rim Elev		·, corore	Check here if attachments
	EVATION INFORMATION (SURVEY	NOT REQUIRED) FOR ZONE	
	t BFE), complete Items E1 through E3	. If the Elevation Certificate is	intended for use as supporting
	-F, Section C must be completed.		
	(Select the building diagram most gram accurately represents the building		
	actuding basement or enclosure) of the		ipin.) lin.(cm)
(check one) the highest adjac	ent grade.	-	
<ol> <li>For Zone AO only: If no flood floodplain management ordinal</li> </ol>	depth number is available, is the top	•	accordance with the community's tify this information in Section G.
	N F - PROPERTY OWNER (OR OWN		
	uthorized representative who complete		WT. 44
community-issued BFE) or Zone	AO must sign here.		·
PROPERTY OWNER'S OR OWNER	'S AUTHORIZED REPRESENTATIVE'S N	AME	
ADDRESS		ITY ST	TATE ZIP CODE
NATURE			LEPHONE
LUMMENTS			
OMMENTS			
			Check here if attachments
	000000000000000000000000000000000000000	NFORMATION (OPTIONAL)	
	SECTION G - COMMUNITY I	<del> </del>	
	by law or ordinance to administer the	community's floodplain manag	
ections A, B, C (or E), and G of t	by law or ordinance to administer the his Elevation Certificate. Complete the	community's floodplain manage applicable item(s) and sign be	elow.
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