

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME
 Frederick J. & Rebecca Steube

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
 17730 Wall Circle

CITY STATE ZIP CODE
 Redington Shores, Town of FL
 ZIP CODE

For Insurance Company Use:
 Policy Number
 Company NAIC Number

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Lot 42, Block 1, Fourth Add. to Harbor Shores Sub.

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

VERTICAL DATUM:
 NAD 1927 NAD 1983 SOURCE: GPS (Type): USGS Quad Map Other

VERTICAL DATUM: NAD 1927 NAD 1983

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

FIRM COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE
 Redington Shrs., Town of 12103C Pinellas FL

F4. MAP AND 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 depth of flooding)
12103C0179	G	9-3-03	9-3-03	AE	11.0' & 12.0'

1110 Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

1111 Indicate the elevation datum used for the BFE in B9: NAVD 1929 NGVD 1929 Other (Describe):

1112 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 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, ARIA, ARIAE, ARIA1-A30, ARIAH, ARIAO
 Complete items C3 a-l 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 calculation. See reverse comments (Section D)

Datum: _____ Conversion/Comments: _____ Does the elevation reference mark used appear on the FIRM? Yes No

Elevation reference mark used	6. 13 ft. (m)
J a) Top of bottom floor (Including basement or enclosure)	NA ft. (m)
J b) Top of next higher floor	NA ft. (m)
J c) Bottom of lowest horizontal structural member (V zones only)	5. 85 ft. (m)
J d) Attached garage (top of slab)	
J e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	6. 35 ft. (m)
J f) Lowest adjacent (finished) grade (LAG)	5. 4 ft. (m)
J g) Highest adjacent (finished) grade (HAG)	5. 9 ft. (m)
J h) No. of permanent openings (floor vents) within 1 ft. above adjacent grade	NA
J i) Total area of all permanent openings (floor vents) in C3 h	NA sq. in. (sq. cm)

License Number, and State: _____
 Signature, and Date: _____

RLS#3035 3-10-04
Philip C. Stock

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: Philip C. Stock
 Title: President
 ADDRESS: P.O. Box 663
 SIGNATURE: *Philip C. Stock*

COMPANY NAME: Target Land Surveying Inc.
 CITY STATE: Dunedin FL
 DATE: 3-10-04
 TELEPHONE: (727) 784-0573
 ZIP CODE: 34697
 LICENSE NUMBER: RLS#3035

For Insurance Company Use:	
Policy Number	
Company NAIC Number	
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. 17730 Wall Circle	
CITY	STATE
Redington Shores, Town of	FL
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
 040302.01 Benchmark P.C.D. "Redington B" Map#200 Elev=3.81' (N.A.V.D.)
 C3.e = a/c unit.

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 E5. 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. (Use natural grade, if available.)

E3 For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation h) of the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4 The top of the platform of machinery and/or equipment servicing 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 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 OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ TELEPHONE _____

DATE _____

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.

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
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G7 This permit has been issued for: New Construction Substantial Improvement _____ ft. (m) Datum: _____

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: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

DATE _____

SIGNATURE _____

COMMENTS _____

Check here if attachments
 Replaces all previous editions