

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2006

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: Ronald A. Rosas
 BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 18213 Sunset Blvd.
 CITY: Redington Shores
 STATE: Florida
 ZIP CODE: _____

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

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): The South 40 Feet of Lot A, Block 2, SURFSIDE NO. 2
 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary): Residential

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER: 125141 County of Pinellas
 B2. COUNTY NAME: Pinellas
 B3. STATE: Florida

B4. MAP AND PANEL NUMBER: 1251410001
 B5. SUFFIX: B
 B6. FIRM INDEX DATE: 3/2/83
 B7. FIRM PANEL EFFECTIVE/REVISED DATE: 3/2/83
 B8. FLOOD ZONE(S) A11 & V14
 B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding): 130

B10. Indicate the source of this Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profiles FIRM Community Determined
 B11. Indicate the elevation datum used for the BFE in B9: NGVD 1928 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 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 C3-a) 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 spaces provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum 1929 Conversion/Comments: _____

Elevation reference mark used: _____ Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure)
 b) Top of next higher floor
 c) Bottom of lowest horizontal structural member (V zones only)
 d) Attached garage (top of slab)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)
 f) Lowest adjacent (finished) grade (LAG)
 g) Highest adjacent (finished) grade (HAG)
 h) No. of permanent openings (food vents) within 1 ft. above adjacent grade
 i) Total area of all permanent openings (food vents) in C3.h 0 sq. in. (sq. cm)

License Number, Embossed Seal:

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 1007.

CERTIFIER'S NAME: MILTON R. GILL
 TITLE: PROFESSIONAL SURVEYOR & MAPPER
 ADDRESS: 4847 NORTH FLORIDA AVENUE
 CITY: TAMPA
 STATE: FL
 ZIP CODE: 33603
 SIGNATURE:
 DATE: 4/5/04
 TELEPHONE: 813-234-0103
 LICENSE NUMBER: 5455

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.
18213 Sunset Blvd.

CITY
Redington Shores

STATE
FL

ZIP CODE

For Insurance Company Use
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

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 uses as supporting information for a LOMA or LOMRRF, 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 b) of the building is ft.(m) in.(cm) above the highest adjacent grade. Complete items C3.1 and C3.1 on front of form.

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, C (Items C3.1 and C3.1 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

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer this 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 endorsed 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:

G8. BFE or (in Zone AO) depth of flooding at the building site is:

_____ ft.(m)

Date: _____

_____ ft.(m)

Date: _____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments