

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

<b>SECTION A - PROPERTY INFORMATION</b>	
A1. Building Owner's Name <b>LORENZ, FRANK LORENZ, BETTY M</b>	For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>777 182ND AVE E</b>	Company NAIC Number
City <b>REDINGTON SHORES</b>	State <b>FL</b>
ZIP Code <b>33708</b>	

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**SURFSIDE SUB NO. 4 BLK 2, LOT 20**

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**  
 A5. Latitude/Longitude: Lat. **N27°49'57"** Long. **W82°49'71"**  
 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  
 A7. Building Diagram Number **1B**

Horizontal Datum:  NAD 1927  NAD 1983

A8. For a building with a crawlspace or enclosure(s):  
 a) Square footage of crawlspace or enclosure(s) **N/A** sq ft  
 b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **N/A**  
 c) Total net area of flood openings in A8.b **N/A** sq in  
 d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:  
 a) Square footage of attached garage **N/A** sq ft  
 b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **N/A**  
 c) Total net area of flood openings in A9.b **N/A** sq in  
 d) Engineered flood openings?  Yes  No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <b>REDINGTON SHORES, TWIN/PINELLAS 125141</b>	B2. County Name <b>PINELLAS</b>	B3. State <b>FLORIDA</b>
B4. Map/Panel Number <b>12103C0179</b>	B5. Suffix <b>G</b>	B6. FIRM Index Date <b>09/03/2003</b>
B7. FIRM Panel Effective/Revised Date <b>09/03/2003</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>12</b>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe) \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item 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)?  
 Designation Date **N/A**  CBRS  OPA  Yes  No

## 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. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, ARI/AH, AR/AC. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.  
 Benchmark Utilized **DFS801** Vertical Datum **5.00 NAVD88**  
 Conversion/Comments **N/A**

	Check the measurement used.	feet	meters (Puerto Rico only)
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<b>7.04</b>	<b>N/A</b>
b) Top of the next higher floor	<input type="checkbox"/> feet <input type="checkbox"/> meters	<b>N/A</b>	<b>N/A</b>
c) Bottom of the lowest horizontal structural member (V Zones only)	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<b>N/A</b>	<b>N/A</b>
d) Attached garage (top of slab)	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<b>N/A</b>	<b>N/A</b>
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<b>4.89</b>	<b>N/A</b>
f) Lowest adjacent (finish) grade next to building (LAG)	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<b>3.55</b>	<b>N/A</b>
g) Highest adjacent (finish) grade next to building (HAG)	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<b>4.02</b>	<b>N/A</b>
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<b>N/A</b>	<b>N/A</b>

## 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 on this Certificate represents my best efforts to interpret the data available. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code, Section 7001.

Check here if comments are provided on back of form. We're latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Certifier's Name <b>HECTOR LEBRON</b>	License Number <b>#6634</b>
Title <b>PSM</b>	Company Name <b>FL. BUILDING &amp; LAND SURVEYING</b>
Address <b>2400 WEST 80 STREET # 5</b>	City <b>HIALEAH</b>
State <b>FL</b>	ZIP Code <b>33016</b>
Date <b>1/11/2010</b>	Telephone <b>1-877-894-8001</b>



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 777 182ND AVE E	For Insurance Company Use Policy Number
City REDINGTON SHORES State FL ZIP Code 33706	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 NOTE: THIS ELEVATION IS NOT FOR CONSTRUCTION PURPOSES, THIS IS ONLY FOR INSURANCE PURPOSES  
ALL ELEVATIONS REFLECT HEREON ARE IN NAVD88 SYSTEM. MACHINERY SERVICING THE BUILDING IS AN A/C UNIT.

Signature  Date 1/11/2010  Check here if attachments  
**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A, items 8 and/or 9 (see pages 8-9 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. 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, 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, 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 \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments \_\_\_\_\_

**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. Check the measurement used in items G8 and G9.

G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters (PR) Datum _____		
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters (PR) Datum _____		
G10. Community's design flood elevation _____ <input type="checkbox"/> feet <input type="checkbox"/> meters (PR) Datum _____		
Local Official's Name _____ Title _____		
Community Name _____ Telephone _____		
Signature _____ Date _____		
Comments _____		

NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE

Expires July 31, 2002

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

OWNER'S NAME: Living Park Group of Pinellas, Inc.  
 STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 1678 Heritage Oaks Court  
 CITY: Tarpon Springs STATE: FL ZIP CODE: 34689  
 POLICY NUMBER: \_\_\_\_\_  
 COMPANY NAIC NUMBER: \_\_\_\_\_

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Lot 151 Harbor Oaks I (Plat Book 121 Pages 10-15)  
 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): Residential  
 ATTITUDE/LONGITUDE (OPTIONAL) # - # - # or # - # - # - # - # : \_\_\_\_\_  
 HORIZONTAL DATUM: SOURCE:  GPS (Type)  USGS Quad Map  Other: \_\_\_\_\_

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

FIRM COMMUNITY NAME & COMMUNITY NUMBER: Tarpon Springs 120259  
 B2. COUNTY NAME: Pinellas  
 B3. STATE: Florida  
 B4. MAP AND PANEL NUMBER: 120259 0005 B  
 B6. FIRM INDEX DATE: 6-01-83  
 B7. FIRM PANEL EFFECTIVE/REVISED DATE: 6-01-83  
 B8. FLOOD ZONE(S): A12  
 B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): 11  
 10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  FIS Profile  Community Determined  Other (Describe): BASE  
 11. Indicate the elevation datum used for the BFE in B9:  NAVD 1988  Other (Describe): \_\_\_\_\_  
 12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date: N/A

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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.  
 2. 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.)  
 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-l below according to the building diagram specified in item C2. State the datum used. If the datum is different from 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 NGVD29 Conversion/Comments NONE  
 Elevation reference mark used PINCO "O" Does the elevation reference mark used appear on the FIRM?  Yes  No

1. a) Top of bottom floor (including basement or enclosure) N/A 12. 8.  N/A  N/A  N/A  N/A  
 b) Top of next higher floor N/A  N/A  N/A  N/A  N/A  
 c) Bottom of lowest horizontal structural member (V zones only) N/A  N/A  N/A  N/A  N/A  
 d) Attached garage (top of slab) N/A  N/A  N/A  N/A  N/A  
 e) Lowest elevation of machinery and/or equipment servicing the building N/A  N/A  N/A  N/A  N/A  
 f) Lowest adjacent grade (LAG) Lowest Adjacent Grade  N/A  N/A  N/A  N/A  
 g) Highest adjacent grade (HAG) 11.0  N/A  N/A  N/A  N/A  
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A  N/A  N/A  N/A  N/A  
 i) Total area of all permanent openings (flood vents) in C3h N/A sq. ft.  N/A  N/A  N/A  N/A

Signature, Title, and Date: West Flood Elevation 7/27/01  
 License Number: 5727  
 License # 5727

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: Mark S. Lischalk  
 TITLE: Survey Supervisor  
 COMPANY NAME: Zaria Boyd, Inc.  
 ADDRESS: 1480 Beechtree  
 CITY: Dunedin STATE: FL ZIP CODE: 34698  
 SIGNATURE: \_\_\_\_\_ DATE: 7/27/01 TELEPHONE: (727) 738-9010  
 LICENSE NUMBER: 5727

SEE REVERSE SIDE FOR CONTINUATION  
 REPLACES ALL PREVIOUS EDITIONS

Form 81-31, AUG 99

Sample