

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME

ANTHONY J. & SUSAN BRINTON

For Insurance Company Use:

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
430 22ND STREET NORTH

Company NAIC Number

CITY
BELLEAIR BEACH

STATE
FL

ZIP CODE
33786

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

LOT 28 AND A PART OF LOT 29, BELLEVUE ESTATES ISLAND 1ST ADDITION, PINELLAS COUNTY PUBLIC RECORDS

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. NFIP COMMUNITY NAME & COMMUNITY NUMBER
CITY OF BELLEAIR BEACH 125089

B2. COUNTY NAME
PINELLAS

B3. STATE
FLORIDA

B4. MAP AND PANEL
NUMBER
0002

B5. SUFFIX
B

B6. FIRM INDEX DATE
03-02-83

B7. FIRM PANEL
EFFECTIVE/REVISED DATE
03-02-83

B8. FLOOD ZONE(S)
"A-11"

B9. BASE FLOOD ELEVATION(S)
(Zone AO, use depth of flooding)
10.0

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: ☒ 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)

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 7 (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

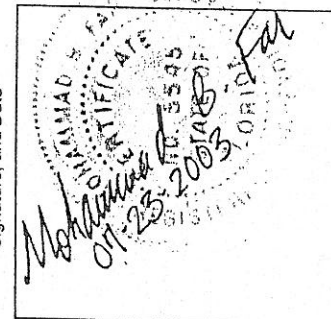
Complete items C3-a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 1929 Conversion/Comments NONE

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) 08.3 ft.
- ▶ b) Top of next higher floor 17.3 ft.
- ▶ c) Bottom of lowest horizontal structural member (V zones only) N/A ft.
- ▶ d) Attached garage (top of slab) 08.3 ft.
- ▶ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 11.5 ft.
- ▶ f) Lowest adjacent (finished) grade (LAG) 08.0 ft.
- ▶ g) Highest adjacent (finished) grade (HAG) 08.3 ft.
- ▶ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 23
- ▶ i) Total area of all permanent openings (flood vents) in C3.h 2944 sq. in.

License Number, Embossed Seal, Signature, and Date



PLS&M #5545

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 **MOHAMMAD B. FAR**

LICENSE NUMBER **#5545**

TITLE **PROFESSIONAL LAND SURVEYOR & MAPPER**

COMPANY NAME **MOHAMMAD B. FAR**

ADDRESS
9131 MEADOWVIEW PLACE

CITY
NEW PORT RICHEY

STATE
FL

ZIP CODE
34655

SIGNATURE
Mohammad B. Far

DATE
07-23-2003

TELEPHONE FAX
727-375-1740 727-375-1741



City of Belleair Beach, Florida

444 Causeway Boulevard * Belleair Beach, FL 33786

(727) 595-4646 * Fax (727) 593-1409

cityofbelleairbeach.com

MEMO OF REVIEW FOR CORRECTNESS & COMPLETION

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This completed form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

- ☐ The attached elevation certificate requires corrections by the surveyor of section(s) _____ prior to acceptance by the community.
- ☒ The attached elevation certificate is complete and correct.
- ☒ Minor corrections have been made in the below marked sections by the Community Official.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <u>Anthony J. & Susan Brinton</u>		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	ZIP CODE

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

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

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. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME		B3. STATE	
B4. MAP AND PANEL NUMBER <u>125089 0002</u>	B5. SUFFIX <u>B</u>	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)

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: ☐ 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)

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 (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

- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)

Comments: _____

_____ ft(m)

- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

- o i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

Date of Review: 7/30/2005

Community Official: Red Scheld

All elevation certificates shall be maintained by the community and copies with the attached memo made available by request