

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME BLAIR & EVA GRIFFITH

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 103 CAUSEWAY BLVD

STATE FL. ZIP CODE 33786

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 37, & A PORTION OF LOT 34, WINSTON ESTATES

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 125089

B2. COUNTY NAME PINELLAS

B3. STATE FL.

B4. MAP AND PANEL NUMBER <u>0002</u>	B5. SUFFIX <u>B</u>	B6. FIRM INDEX DATE <u>6-6-96</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>3-2-83</u>	B8. FLOOD ZONE(S) <u>A11</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>10'</u>
---	------------------------	--------------------------------------	--	---------------------------------	--

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 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 C3.-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 1929 Conversion/Comments _____Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ Noa) Top of bottom floor (including basement or enclosure) 10.2 ft(m)b) Top of next higher floor N/A ft(m)c) Bottom of lowest horizontal structural member (V zones only) N/A ft(m)d) Attached garage (top of slab) 8.6 ft(m)e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10.2 ft(m)f) Lowest adjacent (finished) grade (LAG) 3.8 ft(m)g) Highest adjacent (finished) grade (HAG) 5.3 ft(m)h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 13i) Total area of all permanent openings (flood vents) in C3.h 1460 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

3-14-02 PIS #4495

M. G. Mayer

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 M.G. MAYERLICENSE NUMBER PLS#4495TITLE CEOCOMPANY NAME FLORIDA BENCHMARK, INC.ADDRESS
1298 LAKEVIEW ROADCITY
CLEARWATERSTATE
FLZIP CODE
33756

DATE

3-14-02TELEPHONE
727 298-0286



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					
BUILDING OWNER'S NAME <u>Blair & Eva Griffith</u>					For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.					Policy Number
CITY _____ STATE _____ ZIP CODE _____					Company NAIC Number
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: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Belleair Beach 125089</u>		B2. COUNTY NAME		B3. STATE	
B4. MAP AND PANEL NUMBER <u>1250890002</u>	B5. SUFFIX <u>B</u>	B6. FIRM INDEX DATE <u>3/2/1983</u>	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. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> 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) _____ 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)	
Comments: _____	

Date of Review: 7/31/2005

Community Official: R. S. Hill

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