JOB # 03-0241

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 BUILDING OWNER'S NAME For Insurance Company Use: BRIAN D. VERONICA M. FARLEY Policy Number UILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. 2187 LOUISA DRIVE Company NAIC Number CITY STATE BELLEAIR BEACH ZIP CODE FL PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 18, BELLEVUE ESTATES ISL BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL 3 0 2003 LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: G ☐ NAD 1927 ☐ NAD 1983 USGS Quad Map ☐ Other SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1 NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE 125089 MINELLAS FL B4. MAP AND PANEL B7. FIRM PANEL NUMBER B9. BASE FLOOD ELEVATION(S) B6. FIRM INDEX DATE **B5. SUFFIX** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) 2000 (Zone AO, use depth of flooding) 13 3-2-83 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9 AII 10' FIS Profile X FIRM Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: A-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* Pinished 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.) evations - 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 1929 Conversion/Comments N/A Elevation reference mark used _____Does the elevation reference mark used appear on the FIRM? ____ Yes 🔀 No o a) Top of bottom floor (including basement or enclosure) PLS 4024 7.21 ft.(m) License Number, Embossed Seal, Signature, and Date o b) Top of next higher floor M/A ft.(m) 5-21-03 o c) Bottom of lowest horizontal structural member (V zones only) 14 ft.(m) o d) Attached garage (top of slab) 6.67 ft.(m) o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 6.49ft.(m) o f) Lowest adjacent (finished) grade (LAG) 5.5 ft.(m) o g) Highest adjacent (finished) grade (HAG) 6.6 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) 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 THOMAS S. CLANCEY LICENSE NUMBER PLS 4024 TITLE VICE PRESIDENT COMPANY NAME SURVEY PROS. INC. ADDRESS CITY 2630 WEST BAY DR. #104 STATE ZIP CODE BELLEAIR BLUFFS TURE FL 33770 DATE TELEPHONE 5-21-03 727-501-9900

SECTION G - COMMUNITY INFORMATION (OPTIONAL) 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 Elevificate. Complete the applicable item(s) and sign below. 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 to or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. The following information (Items G4-G9) is provided for community floodplain management purposes. PERMIT NUMBER G5. DATE PERMIT ISSUED G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED This permit has been issued for: New Construction Substantial Improvement Bevation of as-built lowest floor (including basement) of the building is:	IMPORTANT: In these spaces, copy the corresponding information fi	rom Section A.	State	For Insurance Company Use:
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) SOOT with sides of this Sevation Cardicate for (1) community official, (2) insurance ageniticompany, and (3) building owner. Check here if attachment of the sevation of the sevent	2187 LOUISA DRIVES	AND BOX NO.	and a contract of the design of the second o	Policy Number
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e 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 used BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge. COPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTATIVE'S NAME CITY STATE ZIP CODE SNATURE DATE TELEPHONE MIMENTS Check here if attachmen SECTION G - COMMUNITY INFORMATION (OPTIONAL) Cocal 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 Elevicate. Complete the applicable item(s) and sign below. The information in Section C was laken from other documentation that has been signed and embossed by a locensed surveyor, engineer, or architect who is authorized by or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. The following information (Items G4-G9) is provided for community floodplain management purposes. PERMIT NUMBER G5. DATE PERMIT ISSUED G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED his permit has been issued for: MEDITALE DATE TITLE MMUNITY NAME TELEPHONE NATURE DATE	Yes No Unknown. The local official must certify this information in S	Section G.	with the constituting 5 not	opiain management ordinance?
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SECTION G - COMMUNITY INFORMATION (OPTIONAL) cal 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 Elev cate. Complete the applicable item(s) and sign below. 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 or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) A community official completed Section E for a building located in Zone A (without a FEMA issued or community-issued BFE) or Zone AO. The following information (Items G4-G9) is provided for community floodplain management purposes. PERMIT NUMBER G5. DATE PERMIT ISSUED G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED This permit has been issued for: New Construction Substantial Improvement evation of as-built lowest floor (including basement) of the building is: ft (m) Datum: AL OFFICIAL'S NAME TITLE MUNITY NAME TELEPHONE NATURE DATE				The state of the s
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