

U.S. DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
National Flood Insurance Program

OMB Control No. 1660-0008  
Expiration Date: 06/30/2026

**ELEVATION CERTIFICATE**

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>RICHARD &amp; SARAH GOLDMAN</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>234 HOWARD DRIVE</u>		Company NAIC Number: _____
City: <u>BELLEAIR BEACH</u>	State: <u>FL</u>	ZIP Code: <u>33786</u>
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 36, HOWARD ESTATES UNIT 1 - PARCEL # 30-29-15-41490-000-0360</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>27.930535°</u> Long. <u>-82.835055°</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>7</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>3,445</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>18</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>3,600</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>N/A</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.		
<b>SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>		
B1.a. NFIP Community Name: <u>CITY OF BELLEAIR BEACH</u>		B1.b. NFIP Community Identification Number: <u>125089</u>
B2. County Name: <u>PINELLAS COUNTY</u>	B3. State: <u>FL</u>	B4. Map/Panel No.: <u>12103C0112</u> B5. Suffix: <u>H</u>
B6. FIRM Index Date: <u>8-24-2021</u>	B7. FIRM Panel Effective/Revised Date: <u>8-24-2021</u>	
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>9.0'</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____		
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

# ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 234 HOWARD DRIVE	<b>FOR INSURANCE COMPANY USE</b>
City: BELLEAIR BEACH State: FL ZIP Code: 33786	Policy Number: _____
	Company NAIC Number: _____

## 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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.  
Benchmark Utilized: CROSS CITY CORS ARP Vertical Datum: N.A.V.D. 1988

Indicate elevation datum used for the elevations in items a) through h) below.  
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? ☐ Yes ☒ No  
If Yes, describe the source of the conversion factor in the Section D Comments area.


a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	8.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor (see Instructions):	17.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab):	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	15.5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished	6.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished	7.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	7.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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 statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

☒ Check here if attachments and describe in the Comments area.

Certifier's Name: GEORGE A. SHIMP II License Number: 2512  
Title: PRESIDENT Job Number: 210214-E  
Company Name: GEORGE A. SHIMP II & ASSOCIATES, INC.  
Address: 3301 DESOTO BOULEVARD, SUITE D  
City: PALM HARBOR State: FL ZIP Code: 34683  
Signature:  Date: 1-22-2024  
Telephone: (727) 784-5496 Ext.: N/A Email: INFO@SHIMPSURVEYING.COM

Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

SEE SURVEYOR'S NOTES ON ATTACHMENT PAGES 1 AND 2 FOR ADDITIONAL NOTES AND COMMENTS. THIS DOCUMENT IS NOT VALID UNLESS SIGNED AND EMBOSSED WITH THE SURVEYOR'S ORIGINAL RAISED SEAL AND MUST CONTAIN ALL FORM PAGES AND ATTACHMENTS.

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 234 HOWARD DRIVE	<b>FOR INSURANCE COMPANY USE</b>
City: BELLEAIR BEACH State: FL ZIP Code: 33786	Policy Number: _____
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## SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☐ Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments:

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 234 HOWARD DRIVE		<b>FOR INSURANCE COMPANY USE</b>	
City: BELLEAIR BEACH		State: FL	
ZIP Code: 33786		Policy Number: _____	
		Company NAIC Number: _____	

**SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.

G2.b. ☐ A local official completed Section H for insurance purposes.

G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.

G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.

G5. Permit Number: \_\_\_\_\_ G6. Date Permit Issued: \_\_\_\_\_

G7. Date Certificate of Compliance/Occupancy Issued: \_\_\_\_\_

G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G9.a. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ ☐ feet ☐ meters Datum: \_\_\_\_\_

G9.b. Elevation of bottom of as-built lowest horizontal structural member: \_\_\_\_\_ ☐ feet ☐ meters Datum: \_\_\_\_\_

G10.a. BFE (or depth in Zone AO) of flooding at the building site: \_\_\_\_\_ ☐ feet ☐ meters Datum: \_\_\_\_\_

G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: \_\_\_\_\_ ☐ feet ☐ meters Datum: \_\_\_\_\_

G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

NFIP Community Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
234 HOWARD DRIVE

City: BELLEAIR BEACH State: FL ZIP Code: 33786

## FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

## SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom \_\_\_\_\_ ☐ feet ☐ meters ☐ above the LAG  
floor (include above-grade floors only for buildings with  
subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next \_\_\_\_\_ ☐ feet ☐ meters ☐ above the LAG  
higher floor (i.e., the floor above basement, crawlspace, or  
enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

## SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
**234 HOWARD DRIVE**

City: **BELLEAIR BEACH** State: **FL** ZIP Code: **33786**

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: **FRONT VIEW 1**

1-22-2024

Clear Photo One



Photo Two

Photo Two Caption: **FRONT VIEW 2**

1-22-2024

Clear Photo Two



**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
234 HOWARD DRIVE

City: BELLEAIR BEACH State: FL ZIP Code: 33786

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: REAR VIEW 1

1-22-2024

Clear Photo Three



Photo Four

Photo Four Caption: REAR VIEW 2

1-22-2024

Clear Photo Four

# Surveyor's Notes

Attachment Page 1

OMB No. 1660-0008  
Expiration Date: 06/30/2026

## ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 234 HOWARD DRIVE		Policy Number:	
City BELLEAIR BEACH	State FL	ZIP Code 33786	Company NAIC Number

### SECTION D – SURVEYOR'S CERTIFICATION (CONTINUED FROM PAGE 2)

A1.) THIS ELEVATION CERTIFICATE, UNDER CONTRACT, WAS EXCLUSIVELY PREPARED FOR AND CERTIFIED TO THE PARTY SPECIFIED IN SECTION A, ITEM 1, FOR THE SPECIFIC PURPOSE OF OBTAINING FLOOD INSURANCE AND/OR VERIFYING FLOOD ZONE COMPLIANCE WITH THE LOCAL GOVERNING AUTHORITY. USE OF THIS DOCUMENT BY ANY OTHER PARTY OR FOR ANY OTHER PURPOSES SHALL BE AT THAT PARTY'S SOLE RISK AND GEORGE A. SHIMP II & ASSOCIATES, INC. ASSUMES NO LIABILITY OR PROVIDES ANY WARRANTY TO SAID PARTY. THIS DOCUMENT SHALL NOT BE VALID AND BINDING AGAINST THE SIGNING SURVEYOR WITHOUT THE ORIGINAL RAISED SEAL AND SIGNATURE OF THE FLORIDA LICENSED SURVEYOR AND MAPPER.

GEORGE A. SHIMP II & ASSOCIATES, INC. ASSUMES NO LIABILITY OR PROVIDES ANY WARRANTY FOR UNAUTHORIZED COPIES, IN ANY FORM OR BY ANY MEANS, INCLUDING PHOTOCOPYING OR OTHER ELECTRONIC OR MECHANICAL METHODS, AND USE OF SAID COPIES SHALL BE AT THE USER'S SOLE RISK. REQUESTS FOR ANY ADDITIONAL OFFICIAL SIGNED AND SEALED COPIES MUST BE DIRECTED TO GEORGE A. SHIMP II & ASSOCIATES, INC.

A4.) THE BUILDING USE WAS DETERMINED BY PHYSICAL OBSERVATIONS MADE ON THE DATE OF SURVEY.

A5.) THE LATITUDE AND LONGITUDE COORDINATES WERE OBTAINED USING A HAND HELD G.P.S. UNIT WHICH MEETS OR EXCEEDS FEMA'S REQUIRED ACCURACY OF 66 FEET.

A7.) THE BUILDING DIAGRAM NUMBER WAS DETERMINED BY PHYSICAL OBSERVATIONS MADE ON THE DATE OF SURVEY. CERTAIN STRUCTURAL FEATURES NOT VISIBLE TO THE SURVEYOR (PILINGS, GRADE BEAMS, ETC.) OR USE OF ANY AREAS BELOW THE BASE FLOOD ELEVATION THAT DOES NOT COMPLY WITH FEMA REGULATIONS CAN AFFECT THIS DETERMINATION.

A8.) FOR THE PURPOSE OF THIS DOCUMENT, A BUILDING ENCLOSURE IS DEFINED AS THAT PORTION OF AN ELEVATED BUILDING, BELOW THE LOWEST ELEVATED FLOOR, THAT IS EITHER PARTIALLY OR FULLY SHUT IN BY RIGID WALLS. A GARAGE BELOW OR ATTACHED TO AN ELEVATED BUILDING IS CONSIDERED AN ENCLOSURE. SUCH AREAS SHALL NOT CONTAIN MORE THAN 20 LINEAR FEET OF FINISHED INTERIOR WALLS (PANELING, ETC.) OR IT WILL BE CONSIDERED A FINISHED (HABITABLE) AREA.

A8. & A9.) FOR THE PURPOSE OF THIS DOCUMENT, A FLOOD OPENING IS DEFINED AS A PERMANENT OPENING IN AN EXTERIOR WALL THAT IS NO HIGHER THAN 1.0 FOOT ABOVE THE HIGHER OF THE EXTERIOR OR INTERIOR GRADE OR FLOOR IMMEDIATELY BELOW THE OPENING.

IN REGARD TO THE ENGINEERED FLOOD OPENING(S), IF APPLICABLE, THE SURVEYOR DOES NOT KEEP COPIES OF EITHER THE INDIVIDUAL ENGINEERED FLOOD OPENINGS CERTIFICATION OR THE EVALUATION REPORT ISSUED BY THE INTERNATIONAL CODE COUNCIL EVALUATION SERVICE (ICC ES) ON FILE. CURRENT COPIES OF THESE DOCUMENTS SHOULD BE AVAILABLE FROM THE MANUFACTURER OF THE ENGINEERED FLOOD OPENING(S).

B8.) UNLESS OTHERWISE NOTED IN SECTION B, ITEM 10, THE FLOOD ZONE WAS DETERMINED BASED ON THE FLOOD INSURANCE RATE MAP. IN CERTAIN CASES WHERE AN ACCURATE DETERMINATION COULD NOT BE MADE FROM THE MAP, FEMA'S INTERACTIVE MAP OR THE COUNTY'S G.I.S. OVERLAY MAY HAVE BEEN UTILIZED TO DETERMINE THE FLOOD ZONE. NO SEARCH OF THE PUBLIC RECORDS WAS PERFORMED FOR LOMA'S, LOMR'S, ETC. WHICH MAY AFFECT THE SITE.

B9.) IF APPLICABLE, WHEN THE BASE FLOOD ELEVATION IS SHOWN AS A WHOLE NUMBER ON THE FIRM, IT HAS BEEN CONVERTED TO A DECIMAL AND ENTERED TO THE NEAREST TENTH OF A FOOT AS REQUIRED BY FEMA.

B13.) UNLESS OTHERWISE NOTED, THE DETERMINATION TO THE BUILDING LOCATION REGARDING THE LIMIT OF MODERATE WAVE ACTION (LIMWA) WAS BASED ON THE FLOOD INSURANCE RATE MAP, FEMA'S INTERACTIVE MAP OR THE COUNTY'S G.I.S. OVERLAY MAY HAVE BEEN UTILIZED TO DETERMINE IF THE BUILDING IS OR IS NOT LOCATED SEAWARD OF THE LIMWA.

C2.f) & C2.g) AS DEFINED BY FEMA, NATURAL GRADE MEANS THE UNDISTURBED NATURAL SURFACE OF THE GROUND PRIOR TO ANY EXCAVATION OR FILL. DUE TO THE ARDUOUS NATURE OF SUCH NATURAL GROUND DETERMINATION LYING BEYOND THE SCOPE OF A PROFESSIONAL LAND SURVEYOR AND MAPPER, ALL GRADE ELEVATIONS WILL BE CONSIDERED FINISHED AND ALL SUPPORTING DOCUMENTATION WILL NEED TO BE PROVIDED BY THIRD PARTIES, (E.G. ENGINEER'S, DESIGNERS, AND / OR PROPERTY OWNER'S).



# Surveyor's Notes

Attachment Page 2

OMB No. 1660-0008  
Expiration Date: 06/30/2026

## ELEVATION CERTIFICATE

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 234 HOWARD DRIVE		Policy Number:
City BELLEAIR BEACH	State FL	ZIP Code 33786
		Company NAIC Number

### SECTION D – SURVEYOR'S CERTIFICATION (CONTINUED FROM ATTACHMENT PAGE 1)

IF APPLICABLE, THE STRUCTURE CONTAINS: ☐ CRAWLSPACE ☒ ENCLOSURE ☐ ATTACHED GARAGE ☐ N/A

IF APPLICABLE, THE BOTTOM FLOOR ENCLOSURE CONTAINS: GARAGE, STORAGE, FOYER, STAIRS, & ELEVATOR.

IF APPLICABLE, DOES THE BOTTOM FLOOR ENCLOSURE APPEAR TO CONTAIN BREAK-AWAY WALLS? ☐ YES ☒ NO ☐ N/A

IF APPLICABLE, THIS ELEVATION CERTIFICATE WAS PREPARED USING THE "HISTORIC" FLOOD MAP DATA AND DATUM (N.G.V.D. 1929) FOR POSSIBLE "GRANDFATHERING" PURPOSES: ☐ YES ☒ NO

C2.e) AIR CONDITIONER IS ELEVATED ON A METAL FRAME LOCATED ON THE NORTH SIDE OF THE STRUCTURE.

NOTE: ENCLOSURE CONTAINS 18 ENGINEERED FLOOD OPENING(S) CERTIFIED TO COVER 200 SQ. FEET PER OPENING (MANUFACTURER: SMART VENT - MODEL: 1540-520) FOR A TOTAL OF 3,600 SQ. FEET OF COVERAGE AND 0 NON-ENGINEERED FLOOD OPENING(S) WITH A NET AREA OF 0 SQ. INCHES, PROVIDING COVERAGE FOR A TOTAL OF 3,600 SQ. FEET. ENGINEERED FLOOD OPENING(S) ARE INSTALLED AND ARE 8" X 16" CONTAINING A TOTAL PHYSICAL NET AREA OF 2,304 SQ. INCHES.

B9.) PINELLAS COUNTY FLOODPLAIN - COASTAL 100 YEAR (REGULATORY VULNERABILITY ASSESSMENT 2021): FLOOD ELEVATION 10.8 FEET.

NOTICE: THIS DOCUMENT SHALL NOT BE VALID OR BINDING AGAINST THE SIGNING SURVEYOR UNLESS IT IS SIGNED AND EMBOSSED WITH THE ORIGINAL RAISED SEAL OF THE FLORIDA LICENSED SURVEYOR AND MAPPER.