



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

U.M.B. NO. 3007-0011
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use

PROPERTY OWNER'S NAME
JEAN E. ZOLLER AND KENT A. ZOLLER

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

101 BTH. STREET

CITY

BELLEAIR BEACH

STATE

FLORIDA

ZIP CODE

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

LOT 1, BLK. 9, BELLEAIR BEACH SUBDIVISION UNIT A PB. 21, PG. 89

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section 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

BELLEAIR BEACH 125089

B2. COUNTY NAME

PINELLAS

B3. STATE

FLORIDA

B4. MAP AND PANEL NUMBER

0001

B5. SUFFIX

B

B6. FIRM INDEX DATE

3-2-83

B7. FIRM PANEL EFFECTIVE/REVISED DATE

3-2-83

B8. FLOOD ZONE(S)

A-11

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

10'

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 C3a-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 _____ Conversion/Comments _____

Elevation reference mark used SEE COMMENTS

Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)

10.00 ft.(m)

☐ b) Top of next higher floor

20.6 ft.(m)

☐ c) Bottom of lowest horizontal structural member (V zones only)

N/A ft.(m)

☐ d) Attached garage (top of slab)

5.59 ft.(m)

☐ e) Lowest elevation of machinery and/or equipment servicing the building

11.04 ft.(m)

☐ f) Lowest adjacent grade (LAG)

4.9 ft.(m)

☐ g) Highest adjacent grade (HAG)

5.3 ft.(m)

☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade: **6**

☐ i) Total area of all permanent openings (flood vents) in C3h **768** sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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

LAUREN R. PENNY

LICENSE NUMBER

4931

TITLE

LAND SURVEYOR

COMPANY NAME

L.R. PENNY & ASSOC., INC.

ADDRESS **10730 102ND AVE. N.**

SEMINOLE,

CITY

FLORIDA

STATE **33798**

ZIP CODE

SIGNATURE

Lauren R. Penny

DATE

2-27-02

TELEPHONE

727-398-4360

FEMA Form 81-31 AUG 89

SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS

CERTIFY TO: JEAN E. ZOLLER / KENT A. ZOLLER / GOSA & HALL, P.A. /

RMC VAN GUARD MORTGAGE CORP. / ATTORNEY'S TITLE INSURANCE FUND, INC

NO UNDERGROUND INSTALLATIONS OR IMPROVEMENTS HAVE BEEN LOCATED EXCEPT AS NOTED
NO INSTRUMENTS OF RECORD REFLECTING EASEMENTS, RIGHT OF WAY, AND/OR OWNERSHIP
WERE FURNISHED TO THIS SURVEYOR EXCEPT AS NOTED AND/OR SHOWN.

SIGNATURE: *Lauren R. Penny*

LAUREN R. PENNY R.L.S.#4931

DATE: **2/27/2002**

DRAWN BY: **LP/TK**



L.R. PENNY AND ASSOCIATES, INC.

**10730-102nd AVENUE NORTH
SEMINOLE, FLORIDA 33778
PHONE: (727) 398-4360
FAX: (727) 319-6051
LAND BUSINESS # 6539**

11 E 62 SRG 29
SECTION 15 TWP 31 S. R. 21 E. S. 15
SECTION 15 TWP 31 S. R. 21 E. S. 15

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>101 8TH STREET</u>		Insurance Company Use Policy Number Company NAIC Number
CITY <u>BELLEAIR BEACH</u>	STATE <u>FLORIDA</u>	ZIP CODE

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
BENCHMARK SRD # 218
ELEV. = 12.90
BELLEAIR CAUSEWAY

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE) ☐ Check here if attachments

For Zone AO and Zone A (without BFE), complete Items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. 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.)

E2. The top of the bottom floor (including basement or enclosure) of the building is ☐ ft.(m) ☐ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade.

E3. For 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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

SECTION G - COMMUNITY INFORMATION (OPTIONAL) ☐ Check here if attachments

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.

G1. ☐ 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 state or local 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
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G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	