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

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

60696EC

Important: Follow the instructions on pages 1–9.

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 INSUF	RANCE COMPANY USE	
A1. Building Owne	r's Name					Policy Num	ber:
JEFF SALME							
A2. Building Street Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:						AIC Number:
	2700 BAYSHORE DRIVE						
City				State		ZIP Code	
BELLEAIR BEAC		d Block Numbers, Tax	Dorool	FLORIDA	porintian ata	33786	
	H ADDITION TO E	ELLEVUE ESTATES, ACCOR				BOOK 41, PAGE	65, OF THE PUBLIC
A4. Building Use (e.g., Resident	ial, Non-Residential, A	ddition	Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longi	tude: Lat. _{27.}	92976570 L	ong <u>8</u>	32.84012604	Horizontal Datur	n: NAD 1	927 X NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	ate is being used to	obtain flood insur	ance.	
A7. Building Diagra	am Number	В					
A8. For a building	with a crawlsp	pace or enclosure(s):					
a) Square foo	tage of crawls	pace or enclosure(s)	N/A	sq ft			
b) Number of	permanent flo	od openings in the crav	vlspac	e or enclosure(s) wi	ithin 1.0 foot above	adjacent gr	ade ₀
c) Total net ar	ea of flood op	enings in A8.b ₀	s	q in			
d) Engineered	flood opening	gs? 🗌 Yes 🕱 No					
A9. For a building	with an attach	ed garage:					
a) Square foo	tage of attach	ed garage 690		sq ft			
b) Number of	permanent flo	od openings in the atta	ched g	arage within 1.0 foo	ot above adjacent	grade o	
c) Total net ar	ea of flood op	enings in A9.b ₀		sq in			
d) Engineered flood openings? Yes X No							
, 0	•						
	SE	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Name & Community Number B2. County Name			B3. State				
CITY OF BELLAIR BEACH 125089			PINELLAS		FLORIDA		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E1	RM Panel fective/ evised Date	B8. Flood Zone(s	´ (Zo	se Flood Elevation(s) ne AO, use Base od Depth)
12103C - 0112	Н	8/24/2021		08/24/2021	AE	9'	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No							
Designation Date: CBRS OPA							

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		00090LC	Expiration Bato: Novomber 60, 2022			
IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/o	or Bldg. No.) or P.O. Rout	e and Box No.	Policy Number:			
2700 BAYSHORE DRIVE City St	ate ZIP (Codo	Company NAIC Number			
			Company NAIO Number			
	ORIDA 3378					
SECTION C – BUILDING E	LEVATION INFORMAT	ION (SURVEY RI	EQUIRED)			
 C1. Building elevations are based on: Construction Drawings* Building Under Construction* X Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: GPS;; Vertical Datum: NAVD 1988						
Indicate elevation datum used for the elevations in	, - ,	v.				
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other Datum used for building elevations must be the sa						
Datum used for building elevations must be the sai	ne as that used for the b	FE.	Check the measurement used.			
a) Top of bottom floor (including basement, crawls	space, or enclosure floor)	<u> </u>	X feet meters			
b) Top of the next higher floor		22.00	X feet meters			
c) Bottom of the lowest horizontal structural memb	ner (V Zones only)	N/A.				
d) Attached garage (top of slab)	or (v Zorioo oriiy)	5. 46				
e) Lowest elevation of machinery or equipment se	rvicing the building	10. 31				
(Describe type of equipment and location in Co	mments)					
f) Lowest adjacent (finished) grade next to buildin	g (LAG)	<u>5</u> . <u>26</u>	X feet meters			
g) Highest adjacent (finished) grade next to buildi	ng (HAG)	<u>5</u> . <u>59</u>	X feet meters			
 h) Lowest adjacent grade at lowest elevation of de structural support 	eck or stairs, including	N/A	X feet meters			
SECTION D - SURVEYOR	R, ENGINEER, OR ARC	HITECT CERTIF	ICATION			
This certification is to be signed and sealed by a land s I certify that the information on this Certificate represen statement may be punishable by fine or imprisonment u	ts my best efforts to interp inder 18 U.S. Code, Sect	oret the data availa ion 1001.	/ law to certify elevation information. able. I understand that any false			
Were latitude and longitude in Section A provided by a	licensed land surveyor?	X Yes No	Check here if attachments.			
Certifier's Name	License Number		JON SHOEMAKER			
JON SHOEMAKER	JON SHOEMAKER					
Title			LS 5144			
PROFESSIONAL SURVEYOR AND MAPPER						
Company Name						
FIRST CHOICE SURVEYING, INC. Address						
			STATE OF STATE			
PO BOX 470978 City	State	ZIP Code	STATE OF FLORIDA & FLORIDA			
			NAL SURVEYOR			
LAKE MONROE Signature	FLORIDA Date	32747 Telephone	10/00/0004			
Oignature	10/20/2021	•	10/20/2021			
Convey all pages of this Floyation Cortificate and all attaches		P: (407)951-3425	agent/company and (2) building owner			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per C2(e), if applicable) NOTE: C2.E = AC UNIT PAD. NOTE: THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON OR PERSONS NAMED ON THIS CERTIFICATE. THIS CERTIFICATE IS FOR FLOOD INSURANCE PURPOSES ONLY. THE INFORMATION ON THIS CERTIFICATE SHOULD NOT BE USED FOR CONSTRUCTION OR PLANNING.						

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.					CE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, a	Policy Number:					
2700 BAYSHORE DRIVE						
City	State	ZIP Cod	le	Company NAIC	Number	
BELLEAIR BEACH	FLORIDA	33786				
SECTION E – BUILDING I FOR ZO	ELEVATION INFO ONE AO AND ZON	ORMATION (S IE A (WITHO	SURVEY NOT UT BFE)	REQUIRED)		
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.						
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement,						
crawlspace, or enclosure) is		X	feet meter	s above or	below the HAG.	
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		X	feet meter	rs above or	below the LAG.	
E2. For Building Diagrams 6-9 with permanent floor	d openings provide	d in Section A	Items 8 and/or	9 (see pages 1–2	2 of Instructions),	
the next higher floor (elevation C2.b in the diagrams) of the building is	· _	X	feet meter	rs above or	below the HAG.	
E3. Attached garage (top of slab) is	·-	X	feet meter	s above or	below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is	· _	X	feet meter	s above or	below the HAG.	
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes					e community's ation in Section G.	
SECTION F - PROPERTY O	WNER (OR OWNE	R'S REPRES	ENTATIVE) CE	RTIFICATION		
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. The statements in Sections A, B, and E are correct to the best of my knowledge.						
Property Owner or Owner's Authorized Representati	ve's Name					
Address		City	St	ate	ZIP Code	
Signature		Date	Te	lephone		
Comments						
				Check h	ere if attachments.	

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Building Street Address (including Apt., Unit, St	Policy Number:						
2700 BAYSHORE DRIVE							
City	State	ZIP Code		Company NAIC Number			
BELLEAIR BEACH	FLORIDA	33786					
SECTIO	N G – COMMUNI	TY INFORMATION (OPTI	ONAL)				
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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.							
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 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 or Zone AO.	on E for a building	located in Zone A (withou	t a FEMA	A-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided f	or community floodplain m	anageme	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Constructio	n	ment				
G8. Elevation of as-built lowest floor (including of the building:	g basement) -		feet	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at	the building site:		feet	meters Datum			
G10. Community's design flood elevation:	-	·	feet	meters Datum			
Local Official's Name Title							
Community Name		Telephone					
Signature		Date					
Comments (including type of equipment and location, per C2(e), if applicable)							
				Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6. 60696FC

OMB No. 1660-0008

Expiration Date: November 30, 2022

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Building Street Address (including A	Policy Number:				
2700 BAYSHORE DRIVE					
City	State	ZIP Code	Company NAIC Number		
BELLEAIR BEACH	FLORIDA	33786			

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.





Front View

Rear View

Front View Date: 10/19/2021 Rear View Date: 10/19/2021





Right Side View

Left Side View

Right Side View: 10/19/2021 Left Side View: 10/19/2021

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S	Policy Number:				
2700 BAYSHORE DRIVE					
City	State	ZIP Code	Company NAIC Number		
BELLEAIR BEACH	FLORIDA	33786			
If submitting more photographs than will fit with: date taken; "Front View" and "Rear photographs must show the foundation with re	View"; and, if require	ed, "Right Side View" and '	'Left Side View." When applicable,		
Photo One			Photo Two		
Photo Three			Photo Four		
Filoto fillee			- noto i oui		