

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

1773Pm902

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME
ROBERT SEARS

For Insurance Company Use:

Policy Number

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

Company NAIC Number

CITY
BELLEAIR BEACHSTATE
FLZIP CODE
33786PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 1, UNIT D BELLEAIR BEACH YACHT CLUB ESTATES, PLAT BOOK 34, PAGE 44BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
ResidentialLATITUDE/LONGITUDE (OPTIONAL)
(##° -##' -##" or #####°)
NAHORIZONTAL DATUM:
☐ NAD 1927 ☐ NAD 1983SOURCE: ☐ GPS (Type):
☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER
CITY OF BELLEAIR BEACH 125089B2. COUNTY NAME
PINELLASB3. STATE
FLB4. MAP AND PANEL
NUMBER
0001B5. SUFFIX
BB6. FIRM INDEX DATE
03-02-83B7. FIRM PANEL
EFFECTIVE/REVISED DATE
03-02-83B8. FLOOD ZONE(S)
"A11"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 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.)

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 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 NGVD29 Conversion/Comments

Elevation reference mark used 172 Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- o a) Top of bottom floor (including basement or enclosure) 16. 3 ft.(m)
- o b) Top of next higher floor NA. ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) NA. ft.(m)
- o d) Attached garage (top of slab) NA. ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) NA. ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 4. 3 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 5. 7 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA
- o i) Total area of all permanent openings (flood vents) in C3.h NA 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 Enol A. Ayuso

LICENSE NUMBER #5955

TITLE President

COMPANY NAME Ayuso Surveying Inc

ADDRESS
6251 44th Street North Unit 6CITY
Pinellas ParkSTATE
FLZIP CODE
33781

SIGNATURE

DATE
09-11-2002TELEPHONE
727-528-2399

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.

901 GULF BOULEVARD

CITY
BELLEAIR BEACH

STATE
FL

ZIP CODE
33786

For Insurance Co.

Policy Number

Company NAIC Number

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

VERTICAL DATUM OBTAINED FROM PINELLAS COUNTY ENGRN. DEPT., MAP # 172, STAMPED "HALL C", EL= 4.824' N.G.V.D. 29

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. 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. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

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

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

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

☐ Check here if attachments



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>Robert Sears</u>	For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number	
CITY	STATE	ZIP CODE

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	B2. COUNTY NAME	B3. STATE
B4. MAP AND PANEL NUMBER <u>125089 0002</u>	B5. SUFFIX <u>B</u>	B6. FIRM INDEX DATE
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.

- ☐ 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 (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:

Outside A/C unit at Finished Grade.

Not new construction. See attached 7/2/02

Date of Review: 7/31/05

Community Official: P. K. Fyfe

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