U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Federal Emergency Management Agency
National Flood Insurance Program

Important: Read the instructions on pages 1-8.

SEC	For Insurance Company Use:					
A1. Building Owner's Name CAROL TRESSEM	Policy Number					
Building Street Address (including Apt., Unit, Suite, and/or 15715 GULF BOULEVARD	Company NAIC Number					
City TOWN OF REDINGTON BEACH State FI ZIP Code 33708						
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 4, BLOCK 11 OF FIRST ADDITION TO LONE PALM BEACH						
 A4. Building Use (e.g., Residential, Non-Residential, Addition, A5. Latitude/Longitude: Lat. 82^48'34" W Long. 27^48'27" N A6. Attach at least 2 photographs of the building if the Certifical A7. Building Diagram Number 7/2 A8. For a building with a crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s) b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grades. c) Total net area of flood openings in A8.b 	A9. For a N/A sq ft B) No N/A N/A N/A N/A N/A N/A N/A	building with an attac quare footage of attac o. of permanent flood alls within 1.0 foot ab otal net area of flood	openings in the attached garage ove adjacent grade 6 openings in A9.b 3604 sq in			
B1. NFIP Community Name & Community Number	B2. County Name		B3. State			
125140 0187 G	PINELLAS		FLORIDA			
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date 12103C0187G G Sept. 03, 2003	B7. FIRM Panel Effective/Revised Date Sept. 03, 2003	B8. Flood Zone(s) VE13	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) EL. 13.00			
B11. Indicate elevation datum used for BFE in Item 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 OPA 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, 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-g below according to the building diagram specified in Item A7. Benchmark Utilized Vertical Datum Conversion/Comments Check the measurement used.						
Top of bottom floor (including basement, crawl space, or end b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zod) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) g) Highest adjacent (finished) grade (HAG)	$\begin{array}{c cccc} & \underline{17.68} & \boxtimes \text{ fe} \\ \hline \text{ones only}) & \underline{N/A}. & \square \text{ fe} \\ \hline 7.52 & \boxtimes \text{ fe} \\ \hline \text{ne building} & \underline{11.00} & \boxtimes \text{ fe} \\ \hline \underline{6.0} & \boxtimes \text{ fe} \\ \hline \end{array}$	et	o Rico only)			
SECTION D - SURVEYO	R, ENGINEER, OR ARCHITEC	T CERTIFICATIO	N '			
This certification is to be signed and sealed by a land surveyor, information. I certify that the information on this Certificate repret I understand that any false statement may be punishable by fine. Check here if comments are provided on back of form. Certifier's Name Bruce A. Klein The President Company Name Accidents 8016 Old County Road No. 54 City New Port Signature Date 02/07/07	sents my best efforts to interpret the or imprisonment under 18 U.S. Con License Number P	e data available. de, Section 1001.	on On			
1240			A DE			

IMPORTANT: In these space			1 A.	For Insurance Company Use:
Building Street Address (including A	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 15715 GULF POLILEVARD			Policy Number
City TOWN of REDINGTON BEAC	H State FI ZIP Code 33708			Company NAIC Number
SECTION	ON D - SURVEYOR, ENGIN	IEER, OR ARCHITECT CE	RTIFICATION (CON	TINUED)
py both sides of this Elevation Co	ertificate for (1) community offic	ial, (2) insurance agent/compa	ny, and (3) building owr	ier.
Comments				
Signature	4 1 1 1 1 1 1 1 	Date	*	☐ Check here if attachments
SECTION E - BUILDING EL	EVATION INFORMATION	(SURVEY NOT REQUIRE	D) FOR ZONE AO AI	☐ Check here if attachments ND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE) and C. For Items E1-E4, use nature				
 b) Top of bottom floor (including E2. For Building Diagrams 6-8 with (elevation C2.b in the diagram E3. Attached garage (top of slab) Top of platform of machinery at E5. Zone AO only: If no flood dep 	ng basement, crawl space, or e ng basement, crawl space, or e h permanent flood openings pro ns) of the building is is feet [and/or equipment servicing the	nclosure) is [ovided in Section A Items 8 and	feet meters addor 9 (see page 8 of Institute or below the Hag. et meters above a accordance with the control or meters above a coordance with the control or meters are accordance.	lAG.
SECTIO	ON F - PROPERTY OWNER	(OR OWNER'S REPRES	ENTATIVE) CERTIFI	CATION
The property owner or owner's author Zone AO must sign here. The sta				A-issued or community-issued BFE)
roperty Owner's or Owner's Author	ized Representative's Name			
r,gress		City	State	ZIP Code
Signature		Date	Telephone)
Comments			tite in the second seco	
				☐ Check here if attachment
	SECTION G - CON	IMUNITY INFORMATION (OPTIONAL)	
	emplete the applicable item(s) a	nd sign below. Check the meantation that has been signed a	surement used in Items and sealed by a licensed	s G8. and G9. surveyor, engineer, or architect who
62. A community official comple	ted Section E for a building loca ems G4G9.) is provided for co	ated in Zone A (without a FEM.	A-issued or community-	
G4. Permit Number	G5. Date Permit Issued	G6. Da	te Certificate Of Compli	ance/Occupancy Issued
67. This permit has been issued for: 68. Elevation of as-built lowest floor (in 69. BFE or (in Zone AO) depth of floor			meters (PR) Datum _ meters (PR) Datum _	
Local Official's Name		Title	Treatment of Action	
Community Name		Telephone		
Signature		Date		
nents ·				
			8	☐ Check here if attachments