

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

OMB No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

OWNER'S NAME CHARLES W. HAVEN POE	For Insurance Company Use: Policy Number
STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.), OR P.O. ROUTE AND BOX NO. 15812 GULF BOULEVARD	Company NAIC Number
CITY/TOWN DEERINGTON BEACH	STATE FL
ZIP CODE 33708	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1 & 2, BLOCK 13, 2ND ADDITION TO LONE PALM BEACH	
DESIGN USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL	
TIDE/LONGITUDE (OPTIONAL) # # # # or # # # #	HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983
SOURCE: ☐ GPS (Type): PLAT ☐ USGS Quad Map ☐ Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

FIRM COMMUNITY NAME & COMMUNITY NUMBER DEERINGTON BEACH / 125140	B2. COUNTY NAME PINELLAS	B3. STATE FLORIDA
MAP AND PANEL NUMBER 5140 0004	B5. SUFFIX C	B6. FIRM INDEX DATE 3/02/83
B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/02/83	B8. FLOOD ZONE(S) A12	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11.0
Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9: ☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):		
Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):		
Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date: N/A		

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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.

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.)

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: **NGVD 1929** Conversion/Comments: **0.00**

Elevation reference mark used: **SITR** Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

1 a) Top of bottom floor (including basement or enclosure)	11.1 ft. (m)
1 b) Top of next higher floor	N/A ft. (m)
1 c) Bottom of lowest horizontal structural member (V zones only)	N/A ft. (m)
1 d) Attached garage (top of slab)	7.5 ft. (m)
1 e) Lowest elevation of machinery and/or equipment servicing the building	11.7 ft. (m)
1 f) Lowest adjacent grade (LAG)	7.5 ft. (m)
1 g) Highest adjacent grade (HAG)	10.0 ft. (m)
1 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	16
1 i) Total area of all permanent openings (flood vents) in C3h	614 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Eugene T. Caudell
PLS 4821
12/17/02

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 demand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

SURVEYOR'S NAME EUGENE T. CAUDELL	LICENSE NUMBER PSM 4821
TITLE LAND SURVEYOR	COMPANY NAME E.T. CAUDELL & ASSOCIATES, INC.
ADDRESS 2321 PIN OAK LANE E.	CITY CLEARWATER
STATE FL	ZIP CODE 33755
DATE 12/17/02	TELEPHONE (727) 790-9778

IMPORTANT: In these spaces, copy the corresponding information from Section A. STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>15812 GULF BOULEVARD</u>		For Insurance Company Use Policy Number
CITY <u>REDINGTON BEACH</u>	STATE <u>FL</u>	ZIP CODE <u>33108</u>
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)		Company NAIC Number

both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

AGENTS

☐ Check here if attachment

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.

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.)

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

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.

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
NATURE	DATE	TELEPHONE	
COMMENTS			

☐ Check here if attachment

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

☐ 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.)

☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

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

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

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

NATURE _____ DATE _____

COMMENTS _____

☐ Check here if attachment