U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Federal Emergency Management Agency
National Flood Insurance Program

National Flood insurance Pr	ogram	important	Read the	instructions on p	ages 1-8.			1
		SEC	TION A - PR	OPERTY INFORM	IATION	For I	nsurance Com	pany Use:
A1. Building Owner's Name DAVII) CRR							y Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 16115 6th STREET EAST								mber
City REDINGTO	N BEACH			State FLORIDA		ZIP Cod 3370	e)8	
A3. Property Description (LOT 19, SEV	Lot and Block No ENTH ADDI	umbers, Tax Parcel N TION REDINGT	Number, Legal ON BEACH	Description, etc.) HOMES		3370	,,,	
A4. Building Use (e.g., Re	sidential, Non-R	esidential. Addition. A	Accessory etc.) RESIDEN	TTAL.			
A5. Latitude/Longitude: La	t. <u>27.8184</u>	Lo	ng82.8	084	Horizontal (Datum:	NAD 1927	X NAD 1983
A6. Attach at least 2 photo A7. Building Diagram Num	ographs of the bull ober 7	uilding if the Certificat	e is being used	d to obtain flood insu	rance.	-		
A8. For a building with a c	rawl space or en	closure(s), provide:		A9. For a	building with an atta	iched gar	age, provide:	
a) Square footage ofb) No. of permanent	crawl space or e flood openings in	enclosure(s) the crawl space or	1920 sq f	t a) So	uare footage of atta o. of permanent floo	ached gar	age	na sq ft
enclosure(s) walls	within 1.0 foot a	bove adjacent grade		wa	ills within 1.0 foot al	bove adja	cent grade	led garage
c) Total net area of fl	ood openings in	A8.b	2064 sq i	c) To	tal net area of flood	opening:	s in A9.b	sq in
		TION B - FLOOD	INSURANCE	RATE MAP (FIR	M) INFORMATIO	N		
B1. NFIP Community Name			B2. County Na	ime INELLAS	I	B3. Stat		
REDINGTON BE	B5. Suffix	25140 B6. FIRM Index			<u> </u>		FLORIDA	
	DO. GUIIX	Date Date		FIRM Panel /e/Revised Date	B8. Flood Zone(s)		Base Flood Ele AO, use base t	vation(s) (Zone
12103C 0183	G	9-03-03	9-03	-03	ΔF		11 °	Jac dopuny
B10. Indicate the source of FIS Profile	the Base Flood E	Elevation (BFE) data Community Determine			B9.			
B11. Indicate elevation datu				Other (Describe)	Other (Describe)			-
B12. Is the building located	in a Çpastal Ban	rier Resources Syste	m (CBRS) area	or Otherwise Prote	cted Area (OPA)?	П	Yes X K	10
Designation Date	NA	•	_ CBR	G OPA		ل		-
)	SECTIO	N C - BUILDING E	LEVATION	NFORMATION (S	SURVEY REQUIR	RED)		
C1. Building elevations are t	ased on:	Construction Drawing	os"	Building Under Co			ed Construction	<u> </u>
*A new Elevation Certific C2 Elevations – Zones A1-4	ate will be requi	red when constructio	n of the buildin	a is complete				1
C2. Elevations – Zones A1-A below according to the E	unding diagrain	Specified III Itelli A7.		I), AR, ARVA, ARVAE). Complete It	ms C2.a-g
Benchmark Utilized SI	NA NA	S ON BACK P.	AGE	Vertical Datum	NAVD 1	988		
Conversion/Comments_	IAV				Check the measurer	nont was	,	-
a) Top of bottom floor	(including bases	nent crawlenace or	andreum flee		7 -		ē.	
h) Top of the next higher floor							to Rico only) to Rico only)	
c) Bottom of the lowest horizontal structural member (V Zones only) <u>na</u> . <u>以</u> feet mel							to Rico only)	
 d) Attached garage (to e) Lowest elevation of 		uipment servicing the	s building				to Rico only) i	
(Describe type of ed	uipment in Com	ments)	a bulluing	11.2	X feet met	ers (Puer	to Rico only)	100
f) Lowest adjacent (fir	,			5.5		ers (Puer	to Rico only)	
g) Highest adjacent (fir	iisneo) grade (H	AG)			X feet met	ers (Puer	to Rico only)	
	SECTIO	N D - SURVEYOR	, ENGINEER	, OR ARCHITEC	CERTIFICATIO	N		
This certification is to be sign information. I certify that the I understand that any false s	information on t	his Certificate rennes	ents my hest e	fforts to intermed the	data available	on	i	
Check here if comments				. 4.1067 10 0.0. 000	e, Secuon 1001.			
M Check here it comments	are provided on	Dack of form.						1 (1) A. (1)
Certifier's Name DAVTD C - HAR	NER			License Number 2650				
Title PROFESSIONAL		Company Name VEYUR	7444					giva la la
Address 9925 GULF B		City TREASURE	ISLAND	State FLORID	ZIP Code 3370	_ _		7-19-07
ignature		Date		Telephone	3370	<u>D</u>	DAVID C.	HARNER
		7-19-07		(727)	360-0636		PLS #26	50

building Street Ad	dress (including Ant. I	py the corresponding info	O Pouto and D	Ma Na		For Insurance Corr	pany Use:
10113	5th STREET EA		Policy Number				
City RED ING	TON BEACH	State	RIDA		IP Code	Company NAIC Nu	mber
		- SURVEYOR, ENGINEER	OR ARCHITEC	T CERTIFIC	3708	TIMUED)	111
Copy both sides o	f this Elevation Certific	ate for (1) community official, (2)	insurance acept/c	mpany and	2) hulle	(TINOED)	ill Ill
Comments							!
BEI	CHMARK ELEVA	TION=5.21' ON BOX-	CUT IN CURB	IN ISLA	AND 28' W	EST OF SW PE	OPERTY CO
C2e.=B0	TTOM OF ELEC	TRIC BREAKER BOX A	ND ELECTRIC	OUTLETS	S	*	
Signature							
_			Date 7-19-07			☑ Check he	re if attachments
SECTIONE	- BUILDING ELEVA	ATION INFORMATION (SUR	VEY NOT REQU	IRED) FOR	ZONE AO A	ND ZONE A (WITH	OUT BFE)
For Zones AO and	A (without BFE), com	plete Items E1-E5. If the Certific	ate is intended to s	upport a LOM	A OF LOND	mariant named to 0	
and C. For Items	≣1-E4, use natural gra	de, if available. Check the meas	surement used. In I	Puerto Rico o	nly, enter mete	request, complete Se rs.	ctions A, B,
LI. FIGVIOR BIEV	ation information for the and the lowest adjace	e following and chack the appreci	oriate boxes to show	w whether the	elevation is ab	ove or below the high	hest adlacent
a) Top of bot	tom floor (including ha	nt grade (LAG). sement, crawl space, or enclosu					111
וסם וט ססד נט	tom floor tincilining has	sement croud coops or sales.	\ 6	. 님 feet 님		xove or L below th	e HAG.
EZ. FOR Building	Diagrams 6-8 with per	Transport flood openings provided	1- O- P A H		meters ab		e LAG.
(elevation C2	b in the diagrams) of	the building is	feet meters	and/or 9 (se	e page 8 of ins	structions), the next h	igher floor
E4. Top of platfor	m of machinery and/or	equipment servicing the building	a ic			avo or Dholourth	
						ove or Delow th	e HAG.
ordinance? [」Yes ☐ No ☐ l	Jnknown. The local official must	certify this informa	tion in Section	arica willi (ile (community's floodplai	management
·							
	SECTION F	- PROPERTY OWNER (OR	OWNER'S REPF	RESENTATI	VE) CERTIFI	CATION	
The property owner	or owner's authorized	representative who completes s	Sauliana A D I w			A insurad on	[][,
			orrect to the best of	f my knowledd	milioula reivi 10.	A-Issued or communi	ry-issued BFE)
Property Owner's o	Owner's Authorized F	Representative's Name		,			
Address							
Address			City		State	ZIP Code	
Signature		7	Date		Telephone		
Comments							
						Check h	re if attachments
a local official who	a authorized by 1	SECTION G - COMMUNI	TY INFORMATIO	ON (OPTION	IAL)		
d G of this Elevation	Certificate, Complete	ordinance to administer the come the applicable item(s) and sign	munity's floodplain	managemen	ordinance car	complete Sections	, В, С (or E).
. The informa	tion in Section C was t	taken from other design	below. Check the	measuremen	used in Items	G8. and G9.	()
is authorize	by law to certify eleva	taken from other documentation ation information. (Indicate the s	that has been signe	ed and sealed	by a licensed	surveyor, engineer, o	r architect who
. A communit	v official completed Se	ection E for a building land.	ource and date of the	ne elevation of	lata in the Con	nments area below.)	
. The following	n information (Itams C	ction E for a building located in 2	Zone A (without a F	EMA-issued of	or community-is	ssued BFE) or Zone	0.
e sesse en establishe		4: C3:) is provided for communit	y floodplain manag	ement purpos	es.		
4. Permit Number	G5	5. Date Permit Issued	G6.	Date Certific	ate Of Complia	nce/Occupancy Issue	d
This permit has be	en issued for:						
		ew Construction Subst	antial Improvement				
Elevation of as-bu	it lowest floor (includin	g basement) of the building:	·	feet [meters (PR)	Datum	
	O) depth of flooding at	the building site:	·		meters (PR)		
DI L OI (III ZOITE A			-			Datam	
		***	Title				
cal Official's Name			Telephone				
cal Official's Name	<u> </u>						
ocal Official's Name ommunity Name			Date				
cal Official's Name ommunity Name			Date				
ocal Official's Name ommunity Name			Date				
cal Official's Name ommunity Name gnature mments			Date				
cal Official's Name ommunity Name gnature mments			Date			☐ Check here	e if attachments