

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

<b>SECTION A - PROPERTY INFORMATION</b>		For Insurance Company Use:
A1. Building Owner's Name ED FERNANDEZ		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19136 & 19138 WHISPERING PINES DRIVE		Company NAIC Number
City TOWN OF INDIAN SHORES State FL ZIP Code 33785		

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
LOTS 5,6,37 & 38 AND A PORTION OF LOTS 7 & 36, BLOCK B, GULF VIEW CABIN VILLAS, PLAT BOOK 21, PAGE 41

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 27.50'43.56" Long. 82.50'31.7" Horizontal Datum:  NAD 1927  NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 6

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s)	_____ sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	_____ sq in
c) Total net area of flood openings in A8.b	_____ sq in

A9. For a building with an attached garage, provide:

a) Square footage of attached garage	<u>1,294</u> sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	<u>10</u>
c) Total net area of flood openings in A9.b	<u>1,696</u> sq in

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP Community Name & Community Number 125118 TOWN OF INDIAN SHORES		B2. County Name PINELLAS		B3. State FL	
B4. Map/Panel Number 1251180177	B5. Suffix G	B6. FIRM Index Date 5/17/05	B7. FIRM Panel Effective/Revised Date 9/3/03	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 12 & 11

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 (Describe) \_\_\_\_\_

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 \_\_\_\_\_  CBRS  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 NARROW "G" Vertical Datum 1988  
Conversion/Comments \_\_\_\_\_

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>4.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>15.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) <b>Bottom of the lowest horizontal structural member (V Zones only)</b>	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>4.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>20.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>4.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>4.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

**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 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.

Check here if comments are provided on back of form.

Certifier's Name VINCENT E. CORBITT	License Number 4608
Title PROFESSIONAL SURVEYOR & MAPPER	Company Name LAND PRECISION CORPORATION
Address 2683 SUNSET POINT ROAD	City CLEARWATER State FL ZIP Code 33759
Signature	Date 3/15/07 Telephone 727-796-2737

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	For Insurance Company Use
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19136 & 19138 WHISPERING PINES DRIVE	Policy Number
City TOWN OF INDIAN SHORES State FL ZIP Code 33785	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 TWO UNIT STRUCTURE WITH COMMON FIRE WALL, NO EQUIPMENT SERVICING HOME IN GARAGE OR ON ADJACENT GROUNDS EXISTING STRUCTURE IS LOCATED IN FLOOD ZONES AE (12) & AE (11), PROPERTY LIES IN FLOOD ZONES VE,(EL12) , AE, (EL12) & AE (EL11) N/A - NOT APPLICABLE, POST HOLDING BALCONY ARE CANTILEVERED WITH VERTICAL COLUMNS WHICH ARE DECORATIVE AND NON LOAD BEARING, SEE PHOTOS. OPENINGS FOR IN GARAGE DOORS ESTIMATE TO PANEL ONLY. LOUVERS NOT TAKEN INTO CONSIDERATION. NO INFORMATION PROVIDED. SEE PHOTOS (DOOR VENT) LPC# 01198 - PHTALO - VERIDIAN

Signature  Date 3/15/07

Check here if attachments

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

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, crawl space, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawl space, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.

E5. 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. *The statements in Sections A, B, 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. Check the measurement used in Items G8. and G9.

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 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: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments

# Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19136 & 19138 WHISPERING PINES DRIVE	For Insurance Company Use:
	Policy Number
City TOWN OF INDIAN SHORES State FL ZIP Code 33785	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

REAR VIEW



FRONT VIEW



BACONY W/ CANTILEVER



A/C & TANKLESS WATER HEATER (ON SECOND FLOOR)



# Building Photographs

Continuation Page

<b>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</b> 19136 & 19138 WHISPERING PINES DRIVE	<b>For Insurance Company Use:</b> Policy Number
<b>City</b> TOWN OF INDIAN SHORES <b>State</b> FL <b>ZIP Code</b> 33785	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

COVERED AREA W/ SPA



COVERED AREA W/ SPA



FLOOD VENTS IN GARAGE DOORS



SMART VENT

