#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name					Policy Numl	ber:	
Warren Rogers and Courtney							
<ul><li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li><li>101 15th Street</li></ul>					Company N	AIC Number:	
City			State		ZIP Code		
Belleair Beach			Florida		33786		
A3. Property Description (Lot Lot A, Block 16, Belleair Beac					c.)		
A4. Building Use (e.g., Resid	ential, Non-Residential, A	Addition,	Accessory, e	etc.) Residentia	1		
A5. Latitude/Longitude: Lat.	27°55'16.3" N	Long. 82	2°50'36.5" W	Horizontal	Datum: NAD 1	927 🗵 NAD 1983	
A6. Attach at least 2 photogra	phs of the building if the	Certific	ate is being u	sed to obtain flood	l insurance.		
A7. Building Diagram Numbe	6						
A8. For a building with a craw	Ispace or enclosure(s):						
a) Square footage of cra	wlspace or enclosure(s)		1	184.00 sq ft			
b) Number of permanent	flood openings in the cra	wlspace	or enclosure	e(s) within 1.0 foot	above adjacent gra	ade 8	
c) Total net area of flood	openings in A8.b	1	600.00 sq in	ı			
d) Engineered flood oper	ings? 🗵 Yes 🗌 N	0					
A9. For a building with an atta	ched garage:						
a) Square footage of atta	ched garage		N/A sq ft				
b) Number of permanent	flood openings in the atta	ached g	arage within	1.0 foot above adja	acent grade N/A		
c) Total net area of flood	openings in A9.b		N/A sq	in			
d) Engineered flood open	ings? ☐ Yes 区 N	0					
	SECTION B - FLOOD II	NSURA	NCE RATE	MAP (FIRM) INF	ORMATION		
B1. NFIP Community Name & Community Number City of Belleair Beach 125089			B2. County Pinellas	Name		B3. State Florida	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)	
12103C0112 * H	08-24-2021	08-24-2		AE	9.0		
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/Source:							
B11. Indicate elevation datum used for BFE in Item B9:   NGVD 1929   NAVD 1988  Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation Date: CBRS DPA							

## **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 101 15th Street				Policy Number:		
City State Belleair Beach Florida	ZIP C 33786		Compa	ny NAIC N	lumber	
SECTION C – BUILDING ELEVA	TION INFORMATI	ON (SURVEY RE	QUIRE	D)		
C1. Building elevations are based on:   *A new Elevation Certificate will be required when constructions – Zones A1–A30, AE, AH, A (with BFE), VE, Complete Items C2.a–h below according to the building Benchmark Utilized: N/A  Indicate elevation datum used for the elevations in items  NGVD 1929   NAVD 1988  Other/Sound Datum used for building elevations must be the same as a) Top of bottom floor (including basement, crawlspace, b) Top of the next higher floor  C) Bottom of the lowest horizontal structural member (V	rawings* Build: ruction of the building V1–V30, V (with BF) diagram specified in Vertical Datum: Notes a) through h) below ce: that used for the BF , or enclosure floor)	ing Under Construction g is complete. E), AR, AR/A, AR/A I Item A7. In Puerto N/A	Che 7.3 N/A	Finish A1-A30, A nly, enter r ck the med ix feet ix feet ix feet	asurement used.  meters meters meters meters meters	
d) Attached garage (top of slab)	a the building		N/A	∐ feet	meters	
<ul> <li>e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Commer</li> <li>f) Lowest adjacent (finished) grade next to building (LAg) Highest adjacent (finished) grade next to building (HAg)</li> <li>h) Lowest adjacent grade at lowest elevation of deck or structural support</li> </ul>	its) G) AG)		N/A 4.0 4.0 4.0	feet feet feet feet	meters meters meters meters	
SECTION D - SURVEYOR, EN	GINEER, OR ARC	HITECT CERTIFIC	CATION	J		
This certification is to be signed and sealed by a land surveyor a certify that the information on this Certificate represents my statement may be punishable by fine or imprisonment under Were latitude and longitude in Section A provided by a licens	or, engineer, or arch best efforts to interp 18 U.S. Code, Section	itect authorized by ret the data availal on 1001.	law to c	ertify eleva derstand to	ation information. hat any false e if attachments.	
	cense Number		T	$\overline{}$		
Dennis J. Eyre 28  Title Professional Surveyor and Mapper  Company Name Geodata Services, Inc.  Address 1166 Kapp Drive	365		6	Jann	ifyr	
•		ZIP Code 33765	10	-07	7-2021	
9		Telephone (727) 447-1763	Ext.			
Copy all pages of this Elevation Certificate and all attachments t	or (1) community offi	cial, (2) insurance a	agent/cor	mpany, and	d (3) building owner.	
Comments (including type of equipment and location, per C2(e), if applicable)  A5. Determined with GIS program "Google Earth". A8.c) Total rated value of all "Smart Vents".  A8.d) "Smart Vents", Model 1540-520, each providing 200 square feet of flood coverage per ICC-ES Evaluation Report ESR-2074.  B4. * Lot lies in Panels 12103C0112 and 12103C111, both suffix "H". B7. Effective date. B9. Rounded whole foot value from FIRM.  C2.a) Ground floor enclosure (no living area). C2.b) 2nd floor (1st living floor). C2.e) No elevations specified.						

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Building Street Address (including Apt., Unit, Suite, and/o	or Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:			
	ate ZIP orida 3378	Code 36	Company NAIC Number			
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATIO AO AND ZONE A (WIT	N (SURVEY NOT HOUT BFE)	REQUIRED)			
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.						
<ul><li>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).</li><li>a) Top of bottom floor (including basement,</li></ul>						
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet meter	s above or below the HAG.			
crawlspace, or enclosure) is		feet meter				
E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Section	feet  meter				
E3. Attached garage (top of slab) is		☐ feet ☐ meter	rs above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is	<u></u>	☐ feet ☐ meter	rs above or below the HAG.			
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes			cordance with the community's certify this information in Section G.			
SECTION F - PROPERTY OWN	ER (OR OWNER'S REP	RESENTATIVE) CE	RTIFICATION			
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sections	A, B, and E for Zo A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's Name						
Address	City	Sta	ate ZIP Code			
Signature	Date	Те	lephone			
Comments						
			Charlebase " " " " " " " " " " " " " " " " " " "			
			Check here if attachments.			

### **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, St 101 15th Street	uite, and/or Bldg. No.) or P.O.		Policy Number:		
City Belleair Beach	State Florida	ZIP Code 33786	Company NAIC Number		
SECTIO	N G - COMMUNITY INFOR	MATION (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–G10. In Puerto Rico only, enter meters.					
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 Zone AO.	on E for a building located in	Zone A (without a FEM/	N-issued or community-issued BFE)		
G3. The following information (Items G4-	G10) is provided for commun	ity floodplain managem	ent purposes.		
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction  Subs	tantial Improvement			
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	feet	meters Datum		
G10. Community's design flood elevation:			meters Datum		
Local Official's Name	Title				
Community Name	Tele	phone			
Signature Date					
Comments (including type of equipment and loc	cation, per C2(e), if applicable	2)			
			Check here if attachments.		
			Check here if attachments.		

## **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, 101 15th Street	and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:		
City Belleair Beach	State Florida	ZIP Code 33786	Company NAIC Number		
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.					
	Photo O	ne			
	Photo One				
Photo One Caption			Clear Photo One		
	Photo Tv	vo			
	Photo Two				
Photo Two Caption			Clear Photo Two		

## **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, at 101 15th Street	nd/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Belleair Beach	Florida	33786	Company Will Wallet
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View"; photographs must show the foundation with represe	preceding page, affix and, if required, "Ri	the additional photograp	eft Side View." When applicable,
	Photo Thre	e	
	Photo Three		
Photo Three Caption			Clear Photo Three
	Photo Four	r	
Photo Four Caption	Photo Four		Clear Photo Four
Photo Four Caption			Glear Photo Four