FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number FLONA ANNE MARTIN AND PETER MARTIN BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 109-16TH. STREET CITY STATE ZIP CODE BELLEAIR BEACH FLORIDA PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number; Legal Description, etc.) 3378*5* BLK. 17, BELLEIR BEACH SUBDIVISION BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ##' - ##.##" or ##.####") NAD 1927 NAD 1983 USGS Quad Map I Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME** B3. STATE CITY OF BELLEAIR BEACH 125089 PINELLAS FLORIDA **B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL** B8. FLOOD B9. BASE FLOOD ELEVATION(S) NUMBER DATE EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) 0001 B 3-2-83 3-2-83 A-11 10 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. **™** FIRM Community Determined __ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: MGVD 1929 | NAVD 1988 | Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? |__| Yes Designation Date: 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. 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.) C3. 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 C3.a-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. Conversion/Comments Elevation reference mark used See Comments Does the elevation reference mark used appear on the FIRM? a) Top of bottom floor (including basement or enclosure) 10 . 02 ft.(m) ☐ b) Top of next higher floor NIA ft.(m) Q c) Bottom of lowest horizontal structural member (V zones only) NIA ft.(m) □ d) Attached garage (top of slab) . 83 ft.(m) e) Lowest elevation of machinery and/or equipment e Number, Signature, servicing the building (Describe in a Comments area.) . 11_ft.(m) ☐ f) Lowest adjacent (finished) grade (LAG) _ . <u>こ</u> ft.(m) g) Highest adjacent (finished) grade (HAG) . 3 ft.(m) icense ☐ i) Total area of all permanent openings (flood vents) in C3.h 36 sq. in. (sq. cm) 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 understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1806: 2 6 2002 CERTIFIER'S NAME LICENSE NUMBER # 493 COMPANY NAME L. R. PENN ADDRESS STATE AVENUE ZIP CODE NORTH SEMINOLE -2002 727-398 4360 FEMA Form 81-31, JUL 00 SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITIONS

BUILDING STREET ADDRESS (In	s, copy the corresponding info	rmation from Section A.*	For Insurance Company Use:
109-161A. STR	EET	No.) OR P.O. ROUTE AND BOX NO.	Policy Number
CITY BELLEAIR BE	ACH FL	ORIDA 33785	Company NAIC Number
		, OR ARCHITECT CERTIFICATION (CO	ONTINUED)
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COMMENTS BENCHMA	ARK: GARAGE FL.	EL. @ 104-16TH. STRE	FT
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			Check here if attachments
SECTION E - BUILDING E	LEVATION INFORMATION (SUI	RVEY NOT REQUIRED) FOR ZONE AC	AND ZONE A (WITHOUT BFE)
For Zone AO and Zone A (withon formation for a LOMA or LOME E1. Building Diagram Number see pages 6 and 7. If no diagram to the top of the bottom floor (check one) the highest adjages. For Building Diagrams 6-8 v ft.(m) lin.(cm) E4. For Zone AO only: If no floor floodplain management ord SECTOTE The property owner or owner's (without a FEMA-issued or contact the best of my knowledge.	ut BFE), complete Items E1. thro R-F, Section C must be complete (Select the building diagram agram accurately represents the including basement or enclosure acent grade. (Use natural grade, with openings (see page 7), the nabove the highest adjacent grade od depth number is available, is the inance? Yes No ON F - PROPERTY OWNER (Or authorized representative who community-issued BFE) or Zone AO	ugh E4. If the Elevation Certificate is intend. In most similar to the building for which the building, provide a sketch or photograph of the building is ft.(m) if available.) Ext higher floor or elevated floor (elevations). Complete Items C3.h and C3.i on from the top of the bottom floor elevated in account of the bottom floor elevated floor elevated in account of the bottom floor elevated flo	ended for use as supporting is certificate is being completed —) _lin.(cm) above or below n b) of the building is t of form. ordance with the community's this information in Section G. TIFICATION
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