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

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE CB17-10071 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 INSURANCE COMPANY USE A1. Building Owner's Name Policy Number: CHRISTOPHER M. & DEBRA G. BOSLER A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: **125 17th STREET** City State ZIP Code **BELLEAIR BEACH** Florida 33789 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 12, UNIT B OF BELLEAIR BEACH YACHT CLUB A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTAL A5. Latitude/Longitude: Lat. 27*55'19.68" Long. 82°50'28.05" 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 A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawtspace or enclosure(s) 1653.00 sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 13 c) Total net area of flood openings in A8.b _____ 2600.00 sq in d) Engineered flood openings? X Yes No. A9. For a building with an attached garage; Square footage of attached garage b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0 c) Total net area of flood openings in A9.b 0.00 sq in d) Engineered flood openings? X Yes No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1. NFIP Community Name & Community Number B2. County Name** CITY OF BELLEAIR BEACH 125089 **B3.** State **PINELLAS** Florida B4. Map/Panel **B5. Suffix B6. FIRM Index B7. FIRM Panel** B9. Base Flood Elevation(s)
(Zone AO, use Base Flood Depth) **B8.** Flood Number Date Effective/ Zone(s) **Revised Date** 12103C0112 G 08-18-2009 09-03-2003 AE 10.0 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 X 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: N/A ☐ CBRS ☐ OPA

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PORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY	FOR INSURANCE COMPANY USE	
uilding Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 25 17th STREET			Policy Number:	UUL	
City BELLEAIR BEACH	Stalie Florida	ZIP Code 33789	Company NAIC Number		
SECTION C	- BUILDING ELEVATION INFO	RMATION (SURVEY	(REQUIRED)		
C1. Building elevations are based on: *A new Elevation Certificate will be	Construction Drawings*	Building Under Cons		on .	
C2. Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below acco Benchmark Utilized: HALL C	.H, A (with BFE), VE, V1–V30, V (ording to the building diagram spe	WHEN DEEL AD ARVA A	serto Rico only, enter meters.	ļ	
Indicate elevation datum used for th	ne elevations in items a) through t	n) below.	4.00		
■ NGVD 1929 X NAVD 1	1988 Other/Source:				
Datum used for building elevations i	must be the same as that used to	r the BFE.	Charle the manufacture		
 Top of bottom floor (including be 	sement, crawispace, or enclosure	a floor)	Check the measurement use 4.95 X feet meters	đ.	
b) Top of the next higher floor			14.77 × feet meters		
c) Bottom of the lowest horizontal s	tructural member (V Zones only)		N/A X feet meters		
d) Attached garage (top of slab)			N/A		
 e) Lowest elevation of machinery or (Describe type of equipment and 	r equipment servicing the building location in Comments)		13.16 🗵 feet 🔲 meters		
f) Lowest adjacent (finished) grade	next to building (LAG)	***	4.60 X feet meters		
g) Highest adjacent (finished) grade	next to building (HAG)		4,70 X feet meters		
h) Lowest adjacent grade at lowest structural support	elevation of deck or stairs, includ	ing	4.60 🗵 feet 🗌 meters		
SECTION D -	- SURVEYOR, ENGINEER, OF	ARCHITECT CERTI			
This certification is to be signed and seak I certify that the information on this Certifi statement may be punishable by fine or in	ed by a land surveyor, engineer, or	or architect authorized b		1.	
Nere latitude and longitude in Section A p	provided by a licensed land surve	yor? 🗵 Yes 🗆 No	Check here if attachments.		
Certifier's Name JEFF M. HARTLEY	License Numbe	ſ		\dashv	
Title	#7123				
PLS			1/1/4-140/10		
Company Name					
NITIAL POINT LAND SURVEYING, LLC.			AND SOL		
Address 708 WATER OAK DRIVE			W716Here	l	
CARPON SPRINGS	State Florida	ZIP Code 34689	PLS#7125		
ignature III to Mull	Date 06-26-2019	Telephone (727) 831-1990	Ext.	-	
opy of pages of this Elevation Certificate at	nd all attachments for (1) commun	ity official, (2) insurance	agent/company, and (3) building owner	-	
omments (including type of equipment an ata in C2.f-h is only accurate to 0.1"; ignor 2(e) =A/C'S (LEFT SIDE) ON CANTILEV 3) SMART VENTS MODEL# 1540-520 C LEVATION OF LANDING UPON ENTERI NTIRE LOWER FLOOR USED FOR PAR LEVATOR ON LOWEST FLOOR IN GAR	Id location, per C2(e), if applicable re the second decimal place, as t ER BRACKETS OVERAGE OF 200 SQFT PER \ ING FRONT DOOR 11.77* KING/STORAGE/ACCESS MET	e) his is automatically add /ENT	ded by the FEMA form.		

Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. FOR INSURANCE COMPANY USE Policy Number: 125 17th STREET City State ZIP Code Company NAIC Number BELLEAIR BEACH Florida 33789 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, crawlspace, or enclosure) is ______ feet __ meters __ above or __ below the HAG. b) Top of bottom floor (including basement, crawispace, or enclosure) is ____ feet __ meters __ above or __ below the LAG. E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1-2 of Instructions), 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 or Owner's Authorized Representative's Name Address City State ZIP Code Signature Date Telephone Comments Check here if attachments. FEMA Form 086-0-33 (7/15)

ELEVATION CERTIFICATE

OMB No. 1660-0008

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the correspond	ding informat	ion from Section A		FOR INSURANCE COMPANY
Building Street Address (including Apt , Unit, Suite, an 125 17th STREET	d/or Bldg. No.) or P.O. Route and	Box No.	Policy Number:
REI I FAIR REACH	State Florida	ZIP Code 33789		Company NAIC Number
SECTION G -	COMMUNITY	INFORMATION (O	TIONALL	
The local official who is authorized by law or ordinance Sections A, B, C (or E), and G of this Elevation Certificused in Items G8–G10. In Puerto Rico only, enter mete G1. The information in Section C was taken from engineer, or architect who is authorized by la data in the Comments area below.)	to administer ate. Complete ers.	the community's flo the applicable item	odplain mar s) and sign	below. Check the measurement
A community official completed Section E for or Zone AO.				
3. The following information (Items G4-G10) is a	provided for co	ommunity floodplain	manageme	nt purposes.
G5. Da	ate Permit Issu	ved	G6. Da	ate Certificate of ompliance/Occupency Issued
7. This permit has been issued for: New Co	onstruction [Substantial Improve	ment	
 Elevation of as-built lowest floor (including baseme of the building: 	nt)			
BFE or (in Zone AO) depth of flooding at the building	g site:		feet [meters Datum
Community's design flood elevation:	Market Committee appear		feet [meters Datum
al Official's Name		Title		
nmunity Name		Telephone		
nature				
ioloite.		Date		
ments (including type of an				
ments (including type of equipment and location, per	C2(e), if applic	cable)		
Form 086-0-33 (7/15)				☐ Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

ELEVATION CERTIFICATE	See Instructio	ns for Item A6.	OMB No. 1660-0008 Expiration Date: November 30, 2018
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City BELLEAIR BEACH	State Floride	ZIP Code 33789	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.

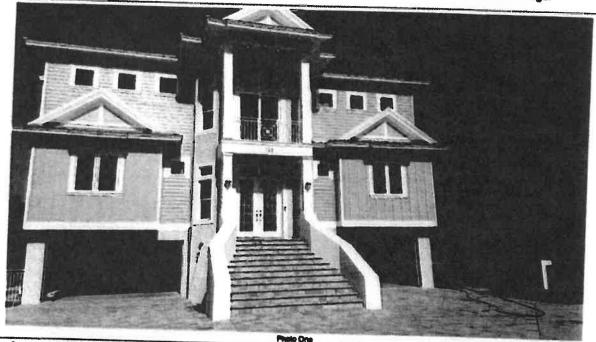


Photo One Caption FRONT VIEW

Clear Photo One

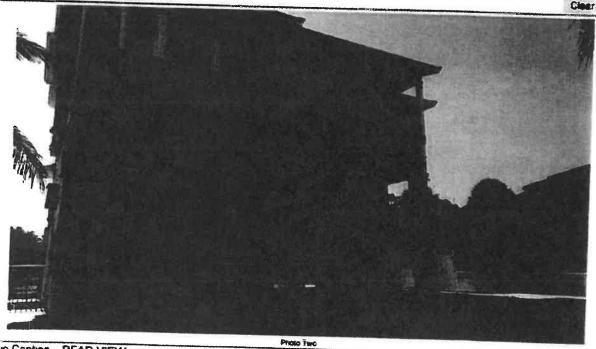


Photo Two Caption REAR VIEW

FEMA Form 086-0-33 (7/15)

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE	Continua	NOTOGRAPHS	OMB No. 1660-0008 Expiration Date: November 30, 2018	
IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 125 17th STREET			FOR INSURANCE COMPANY USE Policy Number:	
City BELLEAIR BEACH	State Florida	ZIP Code 33789	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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption RIGHT SIDE VIEW

ELEVATION CERTIFICATE

Clear Photo Three



Photo Four Caption LEFT SIDE VIEW

FEMA Form 086-0-33 (7/15)

Clear Photo Four