

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

OMB 3067-0077 Expires: June 1984

1,11

ELEVATION CERTIFICATE

This form is to be used for: 1) New/Emergency Program construction in Special Flood Hazard Areas; 2) Pre-FIRM construction after September 30, 1982; 3) Post-FIRM construction; and, 4) Other buildings rated as Post-FIRM rules.

AL BETANCOURT BUILDING OWNER'S				2741 GULF BLVD.			BELLEAIR BEACH, FL			
NAME			ADDRESS							
PROPERTY L	OCATION (L	ot and BI	8, BLOCK ock numbers an	B, UNIT	E, BELLEAIR	R BEACH	SUBDIVI	SION		
	on the state of th		,			s 1				
certify that t	he informati	on on this	certificate repre	esents my be	est efforts to interp	pret the d	ata available	, I under	stand that any false	
					U.S. code, Section cal Community Pe		ial or a Regis	tered Pro	ofessional Engineer,	
	·		Archit	ect, or Surve	eyor)	T			· · · · · · · · · · · · · · · · · · ·	
COMMUNITY NO	PANEL NO	SUFFIX	DATE OF FIRM	FIRM ZONE	DATE OF CONSTR.		LOOD ELEV. one, use depth)	BUILDING	☐ New/Emergency	
125089	0002	B.	3/2/83	A 11		1	0		() Pre-FIRM Reg () Post-FIRM Reg	
O O or	dinance. The	tt, NGVD	may rely on con	nmunity reco struct the bu	ilding at this elev-	loor (inclu	iding basem	ent) will	be at an elevation	
0 0 or	dinance base	ed on elev	ation data and v	risual inspec	in compliance wit tion or other reas the community.	th the con onable me	nmunity's flo	od plain	management	
YES NO TH	ne mobile ho	me locate	d at the address	described a	bove has been tie				nce with the	
	HOME MAKI		MODEL		in compliance wit		SERIAL N		DIMENSIONS	
					51 M/11101710101		oenne r	.0.	X .	
(Community	Permit Officia	al or Book	lored Professio	nol Engineer	r, Architect, or Su					
			& ASSOC.,	(7.7)		175 0	OUTU UTO	III BAID	A145	
	SIDENT	LLION				0U-AS	OUTH HIG			
TITLE	1000		CITY	CLEARWAT	EK,	STA	TE FLORI	DA	ZIP 33516	
SIGNATURE	Shed	er J	Lille	٠	DATE 10/10	/85 P	HONE 44	3-7067	7	
SIGNATURE FLUX DATE 10/10/85 PHONE 443-7067 SECTION IN ELEVATION CERTIFICATION (Certified by a Local Community Permit Official or a Registered Professional Engineer.										
			Archi	tect, or Surv	eyor.)		a, or a mog.	31010011		
FIRM ZONE A1-A30: I certify that the building at the property location described above has the lowest floor (including basement) at an elevation of 1.54 seet, NGVD (mean sea level) and the average grade at the building site is at an elevation of 6.60 feet, NGVD GARAGE FLOOR										
FIRM ZONES	V, V1-V30:	at an ele	hat the building vation of	feet,	NGVD (mean sea	ibed abov level), an	e has the bol of the averag	tom of th	e lowest floor beam at the building site	
FIRM ZONES floor elevation	A, A99, AH ai of	nd EMERG	ENCY PROGRA	M: I certify to on of the high	that the building at	the proper next to the	ty location de building is	escribed a	bove has the lowest	
FIRM ZONE A feet, NGVD. T	O: I certify to	hat the bui If the highe	ding at the prope	erty location on next to the b	described above has uilding is	the lowest	floor elevati	on of		
	~				on by a Registere			er or Arc	:hitect)	
and hydrodyr forces associa	Itially impermanic loads a sted with the NO In In	neable to and effects base flood the event	the passage of a soft buoyancy the distance of the buoyancy the distance of the buoyancy will be soft flooding, will	water and sinat would be this degree	tructural compone	ents havin ood depth oe achieve	ig the capat is, pressures d with huma	velocities in interve		
If the answer	cui do∈ NO ∐ Wil to both ques'	unless mors and will the build	easures are take ndows). ling be occupied S, the floodprod	en prior to the das a reside ofing cannot	ne flood to preven nce? be credited for ra	t entry of	water (e.g., l	bolling m	netal shields over	
completed an	d certified in:	stead. Cor	nplete both the	elevation and	d floodproofing ce	ertificates.				
FIRM ZONES	A, A1-A30, V	1-V30, AC	and AH:		Certified F	loodproo	led Elevation	is	feet, (NGVD).	
THIS CERTIF		FOR 🗆 SE	CTION II	BOTH SEC	TIONS II AND III	(Check O	ne)		74	
CERTIFIER'S GORDON F.			GORDON I	COMPANY F. KILLI	NAME ON & ASSOC.,	INC	u u u	3138	NO. (or Affix Seal)	
TITLÉ				ADDRESS		, =			IP	
PREST DENT		,	1260-A S		GHLAND AVE.			33516	*	
SIGNATURE	1 01	40	DATE	CITY			STATE		PHONE	
J'alil	with	lllo	10/10/85		ARWATER,	FLORI		443-		
The Ins	urance ågen the secon	t should a d copy sh	ttach the origin ould be supplied	al copy of the	e completed form cyholder and the	to the flo	ood insurance retained by	e policy the age	application, nt	

INSURANCE AGENTS MAY ORDER THIS FORM