## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

**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 DENNIS AND SANDRA MELUCCI BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 222 HOWARD AVENUE STATE ZIP CODE BELLEAIR BEACH FLORIDA 33786 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

LOT 42, HOWARD ESTATES BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) SINGLE FAMILY RESIDENCE LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): ( ##° - ##' - ##.##" or ##.####") □ NAD 1927 □ NAD 1983 USGS Quad Map Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2 COUNTY NAME PINELLAS B3. STATE FLORIDA BELLEAIR BEACH - 125089 B4, MAP AND PANEL B7. FIRM PANEL B9. BASE FLOOD ELEVATION(S) NUMBER B5. SUFFIX B6. FIRM INDEX DATE FFECTIVE/REVISED DATE 3/2/83 B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) 125089-0002 3/2/83 В A11 10 FEET B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. ☐ FIS Profile X FIRM ☐ Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X 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 X No Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: 
Construction Drawings\* ☐ Building Under Construction\* X Finished Construction \*A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number \_1(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.) 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 occurrent the datum conversion. Datum NGVD Conversion/Comments BENCH MARK USED DNR -R-65 Elevation reference mark used Does the elevation reference mark used appear on the FIRM? Yes X No a) Top of bottom floor (including basement or enclosure) 10 38 ft(m) Seal b) Top of next higher floor 22 .83ft(m) Embossed S c) Bottom of lowest horizontal structural member (V zones only) **N/A**. \_\_ft(m) d) Attached garage (top of slab) 8 34 ft(m) e) Lowest elevation of machinery and/or equipment-Signature, servicing the building (Describe in a Comments area) 10 09 ft(m) A/C PAD f) Lowest adjacent (finished) grade (LAG) 6 03 ft(m) g) Highest adjacent (finished) grade (HAG) 9 .0 ft.(m) cense h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 16 i) Total area of all permanent openings (flood vents) in C3.h 760 SQUARE INCHES \_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 1001. CERTIFIER'S NAME LICENSE NUMBER 1269 JOHN C. BRENDLA COMPANY NAME JOHN C. BRENDLA & ASSOCIATES, INC. REGISTERED LAND SURVEYOR 17DRE8S ZIP CODE STATE 4Ø15 82ND AVENUE NORTH PINELLAS PARK. FLORIDA 33781 JIGNATURE DATE TELEPHONE JULY 25, 2003 (727) 576-7546 FEMA Form 81/31, January 2003 See reverse side for continuation. Replaces all previous editions

| IMPORTANT: In these spaces, copy   |  | AND DESCRIPTION OF THE PERSON NAMED OF THE PER |                                  | For Insurance Company  | Usec                                    |
|--|--|--|----------------------------------|--|---|
| BUILDING STREET ADDRESS (Including Apt, 222 HOWARD AVENUE  |  |  | * 6                              | Policy Number  |   |
| CITY   |  | STATE  | ZIP CODE                         | Company NAIC Number  | <b>r</b> =                              |
| BELLEATR BEACH SECT  | FL<br>ION D - SURVEYOR, ENGINEER, O  | ORTDA<br>OR ARCHITECT (  | 33786                            | INI IED)   |   |
|  |  | <del></del>  |                                  | inold)   |   |
| Copy both sides of this Elevation Certificate<br>COMMENTS  | ; for (1) community official, (2) insurance a  | igenizompany, and  | (3) building owner.              |  |   |
| COMMENTS   |  |  | <u></u>                          |  |   |
|  |  |  |                                  |  |   |
|  |  |  |                                  |  |   |
|  | 3  |  |                                  |  |   |
|  |  |  |                                  | ☐ Check here if att  | achments                                |
|  | LEVATION INFORMATION (SURV   |  |                                  |  |   |
| For Zone AO and Zone A (without BFE), com  | riplete items E1 through E4. If the Elevation  | on Certificate is inter  | nded for use as supporting in    | nformation for a LOMA or LOMR-   | Ē,                                      |
| Section C must be completed.   | u ilulia a ulia anno mant aimiles to the buildis   | a for which this cost  | iffacts is being completed.      | 200 2000 C and 7 Kno day   |   |
| E1. Building Diagram Number _(Select the base represents the building, provide a sketch  |  | ng for which this cent   | inicate is being completed — s   | see pages 6 and 7. If no diagram   | accurately                              |
| E2. The top of the bottom floor (including bas   |  | ft.(m) in.(cm)   | 1 above or □ below (chec         | xk one) the highest adjacent grade   | ı (Ikse                                 |
| natural grade, if available).  |  |  |                                  | are and a second | . (000                                  |
| E3. For Building Diagrams 6-8 with openings  |  | rated floor (elevation   | to b) of the building isft.(n    | n)in.(am) above the highest ac   | djacent                                 |
| grade. Complete items C3.h and C3.i or   |  |  |                                  |  | -                                       |
| E4. The top of the platform of machinery and   | /or equipment servicing the building is  | _ft.(m)in.(cm)   | ] above or $\square$ below (chec | x one) the highest adjacent grade  | . (Use                                  |
| natural grade, if available).<br>E5. For Zone AO only: If no flood depth num   | ober is available is the too of the bottom flo   | nor elevated in acco   | ordance with the community's     | s floodolain management ordinani   | œ? ·                                    |
| Yes No Unknown. The  |  |  | Tacareo mar aro continuing o     | 2 100 COLOR TO THE TOTAL OF CHILD IN   | ~.                                      |
|  | ION F - PROPERTY OWNER (OR C   |  | ESENTATIVE) CERTIFIC             | CATION   |   |
| The property owner or owner's authorized r   | representative who completes Sections A.   | , B, C (Items C3.h a   | nd C3.i only), and E for Zone    | e A (without a FEMA-issued or cor  | mmunity-                                |
| issued BFE) or Zone AO must sign here.   |  |  | est of my knowledge.             |  |   |
| PROPERTY OWNER'S OR OWNER'S AL   | UTHORIZED REPRESENTATIVE'S NAM   | ИE   |                                  |  |   |
| ADDRESS  | And the second s | CITY   |                                  | STATE ZIP CODE   |   |
|  |  |  |                                  |  |   |
| SIGNATURE  |  | DATE   |                                  | TELEPHONE  |   |
| COMMENTS   |  |  |                                  |  | *************************************** |
|  |  |  |                                  |  |   |
|  |  |  |                                  |  |   |
|  | CECTION O COMMUNIC   | TV INCODMATIC  | NI (OPTIONAL)                    | Check here if att  | achments                                |
|  | SECTION G - COMMUNI  |  |                                  | Continue I B C/co D and C of   |   |
| The local official who is authorized by law or<br>Certificate. Complete the applicable item(s)   |  | ilooopiain managen   | ient ordinance can complete      | a Sections A, B, C (or E), and G or  | inis Elevatio                           |
| G1. The information in Section C was tal   |  | en signed and emb  | ossed by a licensed surveyo      | or, engineer, or architect who is au   | thorized by s                           |
|  | mation. (Indicate the source and date of the   |  |                                  |  |   |
| G2. A community official completed Sec   |  |  |                                  | ) or Zone AO.  |   |
| G3. The following information (Items G4-   | -G9) is provided for community floodplain  | management purpo   | ises.                            | 9  |   |
| G4. PERMIT NUMBER  | G5. DATE PERMIT ISSUED   |  | G6. DATE CERTIFICATE O           | OF COMPLIANCE/OCCUPANCY ISSU   | JED                                     |
|  | 1 0.80   |  | 1                                | <u></u>  |   |
| G7. This permit has been issued for: Ne G8. Elevation of as-built lowest floor (including  |  | ment   | fL(m)                            | Datum:   |   |
| G9. BFE or (in Zone AO) depth of flooding at   |  |  | ft.(m)                           |  | -                                       |
| LOCAL OFFICIAL'S NAME  | to building one of   | Tr   | TLE                              |  |   |
| Accommendate de constructivo de la constructiva de processo de la constructiva de la cons |  | 2 2  |                                  |  |   |
| COMMUNITY NAME   |  |  | ELEPHONE                         |  |   |
| SIGNATURE  | * * * * * * * * * * * * * * * * * * *  | D/   | ATE                              | in the second  |   |
| COMMENTS   |  | ,  | 16                               |  | 1 6                                     |
|  |  |  |                                  | ☐ Check here if att  | achments                                |
|  |  |  |                                  | Declarate ii   | - AU                                    |