CP31Z -0 3150 4/6/60 OMB No. 1660-0008 Expires March 31, 2012

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

ELEVATION CERTIFICATE

Important: Read the instruction

important. Read the instructions on pages 1-9,	1 11 12-5
SECTION A - PROPERTY INFORMATION	For Insurance Company Use
Building Owner's Name JR STRUCTURES	Rollcy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIG Number
City BELLEAIR BEACH State FL ZIP Code 33786	
A3. Property Description (Lot and Block Numbers Tay Record Numbers Land	
LOT 5 BELLEAIR BEACH UNIT A, PLAT BOOK 21, PAGE 89	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL	
Ab. Latitude/Longitude: Lat. 27"54'49"N Long. 82°50'41"W	Option: T NAD 1007 57 AVAD 1000
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 6	Datum: NAD 1927 NAD 1983
40 E. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a) Square footage of crawlspace or enclosure(s) 2265 sq ft a) Square footage of	faffachad gomes has a
D) No of permanent	flood apprings to the street of
d) Engineered flood openings? Yes No No No No No No No No No N	flood openings in A9.b <u>N/A</u> sq in openings? Yes No
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA	TION
31 NFIP Community Name & Community Number B2 County Name	
PINELLAS	B3. State FLORIDA
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Floor 12103C-0111 G Date Ffootby (Panel Date)	
12103C-0111 G Date Effective/Revised Date Zone(s) 9-03-2003 9-03-2003 AE	
Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.	11.0
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe) N/A	
1. Indicate elevation datum used for BFE in Item B9: FT NGVD 1020	
To the building to the times there is not been also been the building	
The second of the second political resources overest it may be a compared and the second seco	-
Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA Designation Date NA OPA	oribe) <u>N/A</u>)? ☐ Yes ⊠ No
Designation Date N/A CBRS OPA)?
Designation Date N/A CERS OPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQ.)?
Designation Date N/A Construction Date N/A Construction Designation Date N/A Construction Designation Date N/A Construction Date N)? □ Yes ⊠ No UIRED)
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Designation Date N/A	UIRED) ☑ Yes ☑ No □ Yes ☑ No
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See reverse side for continuation.

Replaces all previous editions

105 5TH STREET	Apt., Unit, Suite, and/or Bida. No.	or P.O. Route and Box No.	For Insurance Company Use
City BELLEAIR BEACH State FL		TO THE STATE OF TH	Policy Number
<u> </u>			Company NAIG Number.
SECTION	ON D - SURVEYOR, ENGINE	ER, OR ARCHITECT CERTIFICATI	ON (CONTINUED)
Copy both sides of this Elevation Co	ertificate for (1) community official	. (2) insurance agent/company, and (3) b	uilding owner.
Comments JOB #12-140LOT5FN	THE	RE IS ONE SMART VENT 24"X36"	
() while			
Signature		Date 2-13-2013	
SECTION E - BUILDING EL	EVATION INFORMATION (S	IRVEY NOT PEOUIPED FOR 70	Check here if attachmen
E7	- matron la	SKYLT NOT KEGOIKED) FOR ZOI	NE AO AND ZONE A (WITHOUT BFE)
and C. For Items E1-E4, use nature	, complete Items E1-E5. If the Ce al grade, if available. Check the n	rtificate is intended to support a LOMA or neasurement used. In Puerto Rico only,	LOMR-F request, complete Sections A, B,
E1. Provide elevation information	for the following and check the ap	propriate boxes to show whether the elev	ation is above or below the highest adjacent
a) Top of bottom floor (including	in basement crawlenace or and	COLUMN IS AND INCOME	
U) TOO OI DOMAIN MOOT (INCHING	10 Dasement crawlengoo essent		ers above or below the HAG. ars above or below the LAG.
t2. For Building Diagrams 6-9 will	n permanent floori opponinge provi	ded in Continue & Description of	ges 8-3 of instructions), the next higher floor
E3. Attached garage (top of slab) is		feet meters above or below the HAG.	ow the HAG.
E4. Top of platform of machinery a	and/or equipment servicing the but	Iding to N/A Good Garage	Tohara as That at a same
Lo. Lond / Comp. It no negot dept	ui dulliuci is alvanadie is the ton o	Within bottom flore clausted in accordance.	□ above or □ below the HAG with the community's floodplain management
	The result of faithful fi	nest certaily true importantificat la Section G'	
SECTIO	N F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE)	CERTIFICATION
		es Sections A, B, and E for Zone A (without correct to the best of my knowledge.	out a FEMA-issued or community-issued BFE)
Property Owner's or Owner's Authorit	zed Representative's Name		
Address		City	Shall
Signature			State ZIP Code
	_11/	Date	Telephone
Comments			
	SECTION G - COMM	UNITY INFORMATION (OPTIONAL	
he local official who is authorized by la	aw or ordinance to administration	UNITY INFORMATION (OPTIONAL)	
ne local official who is authorized by led G of this Elevation Ceruficate. Con	ew or ordinance to administer the implete the applicable item(s) and was taken from other documents	community's floodplain management ord sign below. Check the measurement use	nance can complete Sections A, B, C (or E), d in Items G8 and G9.
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