ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008								
Expiration	Date:	July 31	. 2015					

SECTION A - PROPERTY INFORMATION							FOR INSURANCE COMPANY USE			
A1. Building Owner's Nam	. Building Owner's Name H. JAMES EATON						Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2703 BAYSHORE DR							Company NAIC Number:			
City BELLEAIR BEAC	Н			State FL	ZIP Code	e 33786				
A3. Property Description (I LOT 117, BELLEVUE ESTA	ot and Block Nu ATES 7 [™] ADDIT	mbers, Tax Parcel I ION REPLAT	Number,	Legal Descri	ption, etc.)					
A5. Latitude/Longitude: La A6. Attach at least 2 photo	Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL Latitude/Longitude: Lat. 27°92'94.85"N Long. 82°83'96.51"W Horizontal Datum: □ NAD 1927 NAD 1983 Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.									
A8. For a building with a cr a) Square footage of a b) Number of perman or enclosure(s) with c) Total net area of flo	 Building Diagram Number 1A For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade or enclosure(s) N/A sq in or enclosure(s) within 1.0 foot above adjacent grade or enclosure(s) or encl									
	SEC	IOM B - FLOOD	INSUR	CANCE RAI	E MAP (F	IRM) INFORMATIO	N			
B1. NFIP Community Name & Community Number B2. County Name PINELLAS						B3. State FLORIDA				
B4. Map/Panel Number 12103C0112	B5. Suffix G	B6. FIRM Index I 9/3/03	Date	Effective/Re	M Panel evised Date /03	B8. Flood Zone(s) AE	B9. E	Base Flood Ele NO, use base f 10'	vation(s) (Zone ood depth)	
310. Indicate the source of FIS Profile 311. Indicate elevation datu 312. Is the building located Designation Date: N/A		☐ Community Defin Item B9: ☐ NG	termined VD 1929 em (CBI		Other/Source	e: Other/Source	-	☐ Yes 🏻	3 No	
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)										
21. 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. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: AG0554 Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. Datum used for building elevations must be the same as that used for the BFE.										
a) Tan of hattam floor (i	actuding bacome	ant gravilences or o	nolonur	a floor)	,			surement used		
a) Top of bottom floor (iib) Top of the next highe		int, crawispace, or e	enciosure	e floor)		<u>6.42</u> N/A.		☐ meters		
c) Bottom of the lowest		ural member (V Zon	es only)		37 -	N/A	⊠ feet	☐ meters		
 d) Attached garage (top e) Lowest elevation of n 		inment servicing the	a building			5. <u>82</u>		☐ meters	~ 10	
(Describe type of equ	ipment and loca	tion in Comments)	, pallating	•	ذ	<u>5.94</u>	✓ feet	☐ meters	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
f) Lowest adjacent (finis						<u>5.4</u>		☐ meters	M	
g) Highest adjacent (fini h) Lowest adjacent grad			rs, includ	ling structural		<u>5.6</u> N/A		☐ meters ☐ meters		
	SECTIO	ON D - SURVEYO	OR, EN	GINEER, O	R ARCHII	TECT CERTIFICATI				
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 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.										
☐ Check here if commen☐ Check here if attachmen		on back of form.		latitude and lo		Section A provided by Yes \(\backslash \) No	a	د. پر	8/30/12	
Certifier's Name JOHN R B	EACH			Lice	ense Numb	er 2984		A	8/301	
Title P.L.S.		Company Name	JOHN F	R. BEACH & /	ASSOCIAT	ES, INC.		O DE DO	*	
Address 911 ST. PETERS	BURG DR W	City OLDSMAR				ZIP Code 34677		De XV.		
Signature C	112	Date 8/30/2013		Tel	enhone 8	13-854-1276	M	KV-)	1	

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Building Photographs

See Instructions for Item A6.

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.

2703 BAYSHORE DR
City BELLEAIR BEACH

State FL

ZIP Code 33786

FOR INSURANCE COMPANY USE

Policy Number:

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.

LOT 117, FRONT & RIGHT



LOT 117, REAR & LEFT

