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

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

35377EC

ELEVATION CERTIFICATEImportant: Follow the instructions on pages 1–9.

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 INSUF	RANCE COMPANY USE		
A1. Building Owner's Name				Policy Num	ber:			
JOHN V	JOHN WALTER MEADOWS AND CONNIE MARGARET MEADOWS							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Company N	AIC Number:		
105 23RD	STREET							
City				State		ZIP Code		
BELLEAIF		ad Diagla Novada and Taval	D 1	FLORIDA		33786		
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 80, BELLEVUE ESTATES, 6TH ADDITION ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 41, PAGE 29 OF THE PUBLIC RECORDS OF PINELLAS COUNTY, FLORIDA.							
A4. Building	Jse (e.g., Resider	tial, Non-Residential, Ad	ddition,	Accessory, etc.) _	RESIDENTIAL			
A5. Latitude/	ongitude: Lat. 27	7.92699814 Lo	ong. <u>-82</u>	2.84161377	Horizontal Datum	n: NAD 1	927 🛛 NAD 1983	
A6. Attach a	least 2 photograp	hs of the building if the C	Certifica	ate is being used to	obtain flood insur	ance.		
A7. Building	iagram Number	<u>1B</u>						
A8. For a bu	ding with a crawls	pace or enclosure(s):						
a) Squa	e footage of crawl	space or enclosure(s) 0)	sq ft				
b) Numb	er of permanent fl	ood openings in the craw	vlspace	e or enclosure(s) wi	thin 1.0 foot above	adjacent gr	ade ₀	
c) Total	et area of flood o	penings in A8.b ₀	s	q in				
d) Engir	ered flood openir	gs?						
A9. For a bui	A9. For a building with an attached garage:							
a) Squa	e footage of attacl	ned garage 480	8	sq ft				
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade o								
c) Total	et area of flood o	penings in A9.b		sq in				
d) Engir	ered flood openir	ngs?						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Community Name & Community Number			B2. County Name			B3. State		
CITY OF BELLEAIR BEACH 125089			PINELLAS			FLORIDA		
B4. Map/Pane Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date B8.		B8. Flood Zone(s	(Zo	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)	
12103C - 0112	G	9/3/2003		9/3/2003	AE	10.0		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile X 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								
Design	tion Date:	☐ CI	BRS	☐ OPA				

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or	Policy Number:				
105 23RD STREET					
City State	e ZIP (Code	Company NAIC Number		
 BELLEAIR BEACH FLOR	IDA 3378	6			
SECTION C – BUILDING ELE			FOLURED)		
		•	•		
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co	•	ling Under Constru a is complete.	uction* X Finished Construction		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), \ Complete Items C2.a–h below according to the build	/E, V1–V30, V (with BF	E), AR, AR/A, AR/	AE, AR/A1–A30, AR/AH, AR/AO.		
Benchmark Utilized: GPS; ; 8.30	ing diagram specified in ۱-Vertical Datum		o Rico offiy, effici meters.		
Indicate elevation datum used for the elevations in ite					
	, , ,	<i>/</i> .			
☐ NGVD 1929 🗓 NAVD 1988 ☐ Other/S Datum used for building elevations must be the same		==			
Datum used for building elevations must be the same	as that used for the bi	TE.	Check the measurement used.		
a) Top of bottom floor (including basement, crawlsparent)	ace, or enclosure floor)	<u> </u>	X feet meters		
b) Top of the next higher floor	,	N/A.			
	· () / Zanaa anlı ()				
c) Bottom of the lowest horizontal structural member	(v Zones only)	N/A			
d) Attached garage (top of slab)		<u>6. 95</u>	X feet meters		
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com	icing the building ments)	<u>7</u> . <u>66</u>	X feet meters		
f) Lowest adjacent (finished) grade next to building	(LAG)	<u>6</u> . <u>04</u>	x feet meters		
g) Highest adjacent (finished) grade next to building	(HAG)	6. 24	x feet meters		
h) Lowest adjacent grade at lowest elevation of decl		N/A.	X feet meters		
structural support	t or otalio, morading		K reet		
SECTION D - SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIF	ICATION		
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.					
Were latitude and longitude in Section A provided by a lic	ensed land surveyor?	X Yes ☐ No	Check here if attachments.		
Certifier's Name	License Number		DEW SALL		
ANDREW SNYDER	5639		ANDREW SNYDER LICENSE NUMBER		
ANDREW SNYDER 5639 Title ANDREW SNYDER					
PROFESSIONAL SURVEYOR AND MAPPER					
Company Name					
FIRST CHOICE SURVEYING, INC.	I Charles				
Address			THE MAN AND THE PROPERTY OF TH		
PO BOX 470978			STATE OF STATE OF		
City	State	ZIP Code	STATE OF FLORIDA SURVEYOR STATE OF STAT		
LAKE MONROE	FLORIDA	32747	SURVETO		
Signature	Date	Telephone	7/29/2019		
d. Ab	7/29/2019	P: (407)951-3425	CENTERLINE ROAD ELEVATION: 5.57		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) NOTE: C2.E = AC UNIT PAD. NOTE: THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON OR PERSONS NAMED ON THIS CERTIFICATE. THIS CERTIFICATE IS FOR FLOOD INSURANCE PURPOSES ONLY. THE INFORMATION ON THIS CERTIFICATE SHOULD NOT BE USED FOR CONSTRUCTION OR PLANNING.					
1					

ELEVATION CERTIFICATE

35377EC

MPORTANT: In these spaces, copy the corresp	FOR INSURA	NCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				r:		
105 23RD STREET						
City	State	ZIP Code	Company NA	C Number		
BELLEAIR BEACH	FLORIDA	33786				
SECTION E – BUILDING FOR 2		ORMATION (SURVEY NE 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).						
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		x feet _	meters above of	or Delow the HAG.		
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		x feet _	meters above	or Delow the LAG.		
E2. For Building Diagrams 6–9 with permanent flo	ood openings provide	ed in Section A Items 8 a	and/or 9 (see pages 1	-2 of Instructions),		
the next higher floor (elevation C2.b in the diagrams) of the building is	· -	x feet _	meters above of	or below the HAG.		
E3. Attached garage (top of slab) is	· -	x feet	meters above of	or below the HAG.		
E4. Top of platform of machinery and/or equipme servicing the building is	ent	<u>x</u> feet	meters above of	or below the HAG.		
E5. Zone AO only: If no flood depth number is av floodplain management ordinance? Yes		the bottom floor elevated nown. The local official				
SECTION F - PROPERTY	OWNER (OR OWN	ER'S REPRESENTATIV	/E) 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 Represent	tative's Name					
Address		City	State	ZIP Code		
Signature		Date	Telephone			
Comments						
			☐ Check	there if attachments.		

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre	esponding inform	nation from Section A.		FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St	Policy Number:					
105 23RD STREET						
City	State	ZIP Code		Company NAIC Number		
BELLEAIR BEACH	FLORIDA	33786				
SECTIO	N G – COMMUNI	TY INFORMATION (OPTI	ONAL)			
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation					
G2. A community official completed Section Zone AO.	on E for a building	located in Zone A (withou	ıt a FEMA	-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided f	or community floodplain m	anageme	ent purposes.		
G4. Permit Number	G5. Date Permit	t Issued		ate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for: New Construction Substantial Improvement						
G8. Elevation of as-built lowest floor (including of the building:	g basement)		feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	the building site:		feet	meters Datum		
G10. Community's design flood elevation:	-	·	feet	meters Datum		
Local Official's Name		Title				
Community Name		Telephone				
Signature Date						
Comments (including type of equipment and location, per C2(e), if applicable)						
☐ Check here if attachments.						

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6. 35377FC

OMB No. 1660-0008

Expiration Date: November 30, 2018

5551.125					
IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE				
Building Street Address (including A	Policy Number:				
105 23RD STREET					
City	State	ZIP Code	Company NAIC Number		
BELLEAIR BEACH	FLORIDA	33786			

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.





Rear View

Front View

Front View Date: 7/30/2019 Rear View Date: 7/30/2019



Right Side View



Left Side View

Left Side View: 7/30/2019

Right Side View: 7/30/2019

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

35377EC Expiration

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Building Street Address (including Apt., Unit, Suite, a	Policy Number:				
105 23RD STREET					
City	State	ZIP Code	Company NAIC Number		
BELLEAIR BEACH	FLORIDA	33786			
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.					
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Photo One			Photo Two		
		T			
Photo Three			Photo Equi		
Photo Three			Photo Four		