



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 VINCENT VELLARDITA & TERESA VELLARDITA		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 103 16 TH STREET		Company NAIC Number
CITY BELLEAIR BEACH	STATE FLORIDA	ZIP CODE 33786
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Lot B, Block 17, Belleair Dunes Subdivision Unit D</i>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	HORIZONTAL DATUM: <input type="checkbox"/> USGS Quad Map	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>Belleair Dunes 125089</i>		B2. COUNTY NAME PINELLAS	B3. STATE FLORIDA
B4. MAP AND PANEL NUMBER <i>125089 0002</i>	B5. SUFFIX <i>B</i>	B6. FIRM INDEX DATE <i>3/2/83</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>3/2/83</i>
B8. FLOOD ZONE(S) <i>A-11</i>		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>10.0</i>	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____			
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____			

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. 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.

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.)

C3. 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 document the datum conversion.
Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) *9.03 ft.(m)*
- o b) Top of next higher floor *N/A ft.(m)*
- o c) Bottom of lowest horizontal structural member (V zones only) *N/A ft.(m)*
- o d) Attached garage (top of slab) *7.46 ft.(m)*
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) *A/C* *7.04 ft.(m)*
- o f) Lowest adjacent (finished) grade (LAG) *6.9 ft.(m)*
- o g) Highest adjacent (finished) grade (HAG) *7.6 ft.(m)*
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade *0*
- o i) Total area of all permanent openings (flood vents) in C3.h *0* sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

FREDERICK S. BACHMANN
LS # 5174

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	FREDERICK S. BACHMANN	LICENSE NUMBER	PLS 5174
TITLE	PROFESSIONAL LAND SURVEYOR AND MAPPER	COMPANY NAME	SURVEY PROS, INC.
ADDRESS	2630 WEST BAY DR. #104	CITY	BELLEAIR BLUFFS
		STATE	FL
		ZIP CODE	33770
SIGNATURE		DATE	
		TELEPHONE	727-501-9900

