

Job # 05-2846

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.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:	
BUILDING OWNER'S NAME 05 12 <sup>TH</sup> STREET TRUST			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 105 15 <sup>TH</sup> STREET			Company NAIC Number	
CITY BELLEAIR BEACH	STATE FL	ZIP CODE 33786		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT C, BLOCK 16, BELLEAIR BEACH SUB				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####")		HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

<b>SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER BELLEAIR BEACH 125089		B2. COUNTY NAME PINELLAS		B3. STATE FL	
B4. MAP AND PANEL NUMBER 125089-0111	B5. SUFFIX G	B6. FIRM INDEX DATE 9-3-03	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9-3-03	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11
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 type="checkbox"/> NGVD 1929 <input checked="" 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 _____					

<b>SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number <u>1</u> (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 document the datum conversion. Datum <u>1988</u> Conversion/Comments _____ Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
o a) Top of bottom floor (including basement or enclosure)	6. 3 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)	6. 4 ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	5. 7 ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	5. 9 ft.(m)
o g) Highest adjacent (finished) grade (HAG)	5. 9 ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>0</u>	
o i) Total area of all permanent openings (flood vents) in C3.h <u>0</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature and Date

PLS # 4495

M. G. Mayer

7-27-05

<b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>			
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 M.G. MAYER		LICENSE NUMBER 4495	
TITLE CEO	COMPANY NAME FLORIDA BENCHMARK		
ADDRESS 8 LAKEVIEW RD.	CITY CLEARWATER	STATE FL	ZIP CODE 33756
SIGNATURE M. G. Mayer	DATE 7-27-05	TELEPHONE 727-298-0286	