FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

#226911

O.M.B. No. 3067-0077
Expires July 31, 2002

7-22-02

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME
Catherine D. Hass

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
108 6th Street

CITY	STATE	ZIP CODE
Belleair Beach	Florida	33786

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 8, Block 6, BELLEAIR BEACH SUBDIVISION UNIT A

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ##.##" or ##.#####°)   HORIZONTAL DATUM: |_| NAD 1927 |_| NAD 1983   SOURCE: |_| GPS (Type):_____
|_| USGS Quad Map |_| Other:_____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
BELLEAIR BEACH 125089	PINELLAS	FLORIDA

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
125089-0001	B	3/2/83	3/2/83	A11	10 feet

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
|_| FIS Profile |X| FIRM |_| Community Determined |_| Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: |X| NGVD 1929 |_| NAVD 1988 |_| Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? |_| Yes |X| No
Designation Date:_____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: |_|Construction Drawings* |_|Building Under Construction* |X|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.)

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 C3a-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 NGVD 1929 Conversion/Comments ____None____

Elevation reference mark used PINCO MAP#754 Does the elevation reference mark used appear on the FIRM? |_| Yes |X| No

- ☐ a) Top of bottom floor (including basement or enclosure)   4.80 ft . ___ ft.(m)
- ☐ b) Top of next higher floor   14.96 ft . ___ ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) N/A . ___ ft.(m)
- ☐ d) Attached garage (top of slab)   4.80 ft . ___ ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building   10.72 ft . ___ ft.(m)
- ☐ f) Lowest adjacent grade (LAG)   4.3 ft . ___ ft.(m)
- ☐ g) Highest adjacent grade (HAG)   4.7 ft . ___ ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 36
- ☐ i) Total area of all permanent openings (flood vents) in C3h 1080 sq. in. (sq.cm)

License Number, Embossed Seal, Signature, and Date

RLS4122
David W. Stinson
5/30/2001

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	LICENSE NUMBER
David W. Stinson	4122/Florida

TITLE	COMPANY NAME
President	STINSON SURVEYING & MAPPING, INC.

ADDRESS	CITY	STATE	ZIP CODE
38872 U.S. Highway 19	Tarpon Springs	Fla.	34689

SIGNATURE __[signature]__   DATE 5/30/2001   TELEPHONE 727-934-8311

FEMA Form 81-31, AUG 99   SEE REVERSE SIDE FOR CONTINUATION   REPLACES ALL PREVIOUS EDITIONS