

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME	For Insurance Company Use:
	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2216 Donato Drive	Company NAIC Number
CITY Belleair Beach Pinellas County	STATE Florida
	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 57 Bellevue Estates Island Second Addition (Plat Book 47, Page 30)	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential	
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####")	HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:
<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE Florida
B4. MAP AND PANEL NUMBER 1250890002	B5. SUFFIX B	B6. FIRM INDEX DATE 3/02/83
B7. FIRM PANEL EFFECTIVE/REVISED DATE March 2, 1983	B8. FLOOD ZONE(S) A11	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10

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

B11. Indicate the elevation datum used for the BFE in B9: 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 No
 Designation Date: Unknown

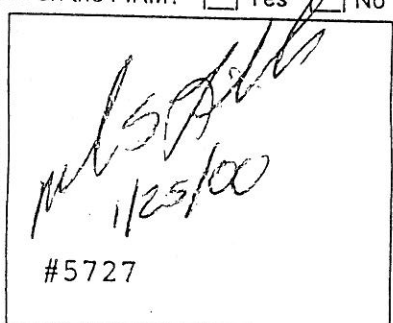
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 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 29 Conversion/Comments N/A
 Elevation reference mark used "HALL C" Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>10.7</u> ft. (m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u> ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>7.7</u> ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>N/A</u> ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>6.4</u> ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>7.5</u> ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>N/A</u> sq. in. (sq. ft.)

License Number, Embossed Seal, Signature, and Date

 #5727

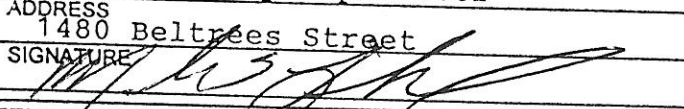
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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: Mark S. Lischalk LICENSE NUMBER: #5727

TITLE: Survey Supervisor COMPANY NAME: Zarra Boyd, Inc.

ADDRESS: 1480 Beltrées Street CITY: Dunedin STATE: FL ZIP CODE: 34698

SIGNATURE:  DATE: January 25, 2000 TELEPHONE: (727) 738-9010