

601 GULF

# ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No 3067-007  
Expires May 31, 1999

**ATTENTION:** Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR).  
**Instructions for completing this form can be found on the following pages.**

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME	Ed and Jan Barr	POLICY NUMBER
STREET ADDRESS (Including Apt. Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER	101 <del>62</del> Street 601 GULF	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.)		
Lots 1 & 2 Block 7 Belleair Beach Sub. Unit A		
CITY	Belleair Beach	STATE
		FLA
		ZIP CODE

## SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
125089	0001	B	3/2/83	A-11	10.0'

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE):  NGVD '29  Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE:  feet NGVD (or other FIRM datum—see Section B, Item 7).

## SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 8.
- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of  feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of  feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is  feet above  or below  (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is  feet above  or below  (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations:  NGVD '29  Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM:  Yes  No (See Instructions on Page 4)
5. The reference level elevation is based on:  actual construction  construction drawings  
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is:  feet NGVD (or other FIRM datum—see Section B, Item 7).

## SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is:  feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement \_\_\_\_\_



# City of Belleair Beach, Florida

444 Causeway Boulevard \* Belleair Beach, FL 33786

(727) 595-4646 \* Fax (727) 593-1409

cityofbelleairbeach.com

## MEMO OF REVIEW FOR CORRECTNESS & COMPLETION

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This completed form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

- The attached elevation certificate requires corrections by the surveyor of section(s) \_\_\_\_\_ prior to acceptance by the community.
- The attached elevation certificate is complete and correct.
- Minor corrections have been made in the below marked sections by the Community Official.

SECTION A - PROPERTY OWNER INFORMATION		
BUILDING OWNER'S NAME <i>Thomas &amp; David Seaton</i>	For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Policy Number	
CITY	STATE	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")	HORIZONTAL DATUM: <input 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: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>Belleair Beach</i>		B2. COUNTY NAME		B3. STATE	
B4. MAP AND PANEL NUMBER <i>1250890002</i>	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)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input 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"/> NAVD 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 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 \_\_\_\_\_ (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, ARIA, ARIAE, ARIA1-A30, ARIA/H, ARIA/O

o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) \_\_\_\_\_ ft(m)      Comments: \_\_\_\_\_

o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade \_\_\_\_\_

o i) Total area of all permanent openings (flood vents) in C3.h \_\_\_\_\_ sq. ft. (sq. cm)

Date of Review: 8/10/05      Community Official: *[Signature]*

All elevation certificates shall be maintained by the community and copies with the attached memo made available by request



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The attached elevation certificate requires corrections by the surveyor of section(s) \_\_\_\_\_ prior to acceptance by the community.

The attached elevation certificate is complete and correct.

Minor corrections have been made in the below marked sections by the Community Official.

SECTION A - PROPERTY OWNER INFORMATION		
BUILDING OWNER'S NAME <i>Robert Seves</i>	For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Policy Number	
CITY	STATE	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####)	HORIZONTAL DATUM: <input 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: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME		B3. STATE	
B4. MAP AND PANEL NUMBER <i>125089 0001</i>	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REMOVED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input 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 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 type="checkbox"/> No Designation Date _____					

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

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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

o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) \_\_\_\_\_ ft (m) Comments: \_\_\_\_\_

o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade \_\_\_\_\_

o i) Total area of all permanent openings (flood vents) in C3.h \_\_\_\_\_ sq. ft. (sq. cm)

Date of Review: 8/10/05

Community Official: [Signature]

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