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EC-20  
1-28-02

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING OWNER'S NAME <b>JO C. MILES</b>	For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2169 LOUISA DRIVE	Policy Number	
CITY BELLEAIR BEACH	STATE FL	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 14, BELLEVUE ESTATES ISLAND, PINELLAS COUNTY PUBLIC RECORDS		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
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 CITY OF BELLEAIR BEACH 125089		B2. COUNTY NAME PINELLAS		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 0002	B5. SUFFIX B	B6. FIRM INDEX DATE 03-02-83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 05-14-71	B8. FLOOD ZONE(S) "A-11"	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.0

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 \_\_\_\_\_

**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 8. (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

▶ a) Top of bottom floor (including basement or enclosure)	08.5 ft.
▶ b) Top of next higher floor	11.2 ft.
▶ c) Bottom of lowest horizontal structural member (V zones only)	N/A ft.
▶ d) Attached garage (top of slab)	N/A ft.
▶ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	11.2 ft.
▶ f) Lowest adjacent (finished) grade (LAG)	07.8 ft.
▶ g) Highest adjacent (finished) grade (HAG)	07.9 ft.
▶ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>1</u> and <u>8</u> inside the garage door.	
▶ i) Total area of all permanent openings (flood vents) in C3.h <u>60</u> sq. in. (sq. cm) and <u>1975</u> sq. in. inside garage door.	

License Number, Embossed Seal, Signature, and Date

*Mohammad B. Far*  
01/26/2002

PLS&M #5545

**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 **MOHAMMAD B. FAR** LICENSE NUMBER **#5545**

TITLE **PROFESSIONAL LAND SURVEYOR & MAPPER** COMPANY NAME **MOHAMMAD B. FAR**

ADDRESS **8131 MEADOWVIEW PLACE** CITY **NEW PORT RICHEY** STATE **FL** ZIP CODE **34655**

SIGNATURE \_\_\_\_\_ DATE **01/26/2002** TELEPHONE **727-375-1740** FAX **727-375-1741**