

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

Job # 03-0379

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME NANCY & TERRY MONTCALM & DONALD MINICHELLO		Policy Number
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 112 16TH ST.		Company NAIC Number
CITY BELLEAIR BEACH	STATE FL	ZIP CODE 33786
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTK, BLOCK 16, UNIT D, BELLEAIR BCH 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:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 125089		B2. COUNTY NAME PINELLAS	B3. STATE FL
B4. MAP AND PANEL NUMBER 0002	B5. SUFFIX B	B6. FIRM INDEX DATE 3-2-83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3-2-83
		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

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 C3.-a-j 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 1929 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) 5. 6 ft.(m)
 b) Top of next higher floor 14. 5 ft.(m)
 c) Bottom of lowest horizontal structural member (V zones only) N/A. ___ ft.(m)
 d) Attached garage (top of slab) 5. 4 ft.(m)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) NA. ___ ft.(m)
 f) Lowest adjacent (finished) grade (LAG) 4. 1 ft.(m)
 g) Highest adjacent (finished) grade (HAG) 4. 8 ft.(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
 i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

M. G. Mayer

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 M.G. MAYER LICENSE NUMBER PLS#4495
 TITLE CEO COMPANY NAME FLORIDA BENCHMARK
 ADDRESS 1298 LAKEVIEW ROAD CITY CLEARWATER STATE FL ZIP CODE 33756
 SIGNATURE M. G. Mayer DATE 02-28-02 TELEPHONE 727-298-0286