

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 <u>J.A.G.M., LLC</u>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>19130 GULF BOULEVARD</u>		Policy Number:	
CITY <u>INDIAN SHORES</u>	STATE <u>FLORIDA</u>	Company NAIC Number:	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOTS 13, 14, 15 AND 16 INDIAN BEACH MANOR</u>		ZIP CODE <u>33785</u>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL (CONDO)</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type); <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: <u>PLAT</u>	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>INDIAN SHORES / 12511B</u>		B2. COUNTY NAME <u>PINELLAS</u>	B3. STATE <u>FLORIDA</u>
B4. MAP AND PANEL NUMBER <u>12511B 0002</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>3/02/83</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>3/02/83</u>
		B8. FLOOD ZONE(S) <u>A11</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>11.0</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No Designation Date:			

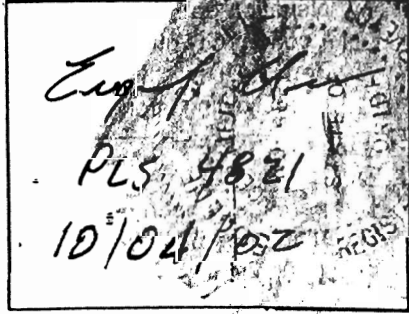
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 0 (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 N/A Conversion/Comments N/A
Elevation reference mark used LOCAL B.M. 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>(BATH)</u>	<u>11.0</u>	ft. (m)
<input type="checkbox"/> b) Top of next higher floor		<u>19.2</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>8.7</u>	ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building		<u>11.0</u>	ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)		<u>8.0</u>	ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)		<u>8.6</u>	ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade		<u>21</u>	:
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>3024</u>		sq. in. (sq. cm)



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 <u>EUGENE T. CAUDEL</u>	LICENSE NUMBER <u>PSM 4821</u>
TITLE <u>LAND SURVEYOR</u>	COMPANY NAME <u>E.T. CAUDEL & ASSOC. NC.</u>
ADDRESS <u>2321 PIN OAK LANE E.</u>	CITY <u>CLEARWATER</u> STATE <u>FL</u> ZIP CODE <u>33759</u>
SIGNATURE <u>Eugene T. Caudell</u>	DATE <u>10/04/02</u> TELEPHONE <u>(727) 798-9778</u>

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 19130 GULF BOULEVARD			Policy Number	
CITY INDIAN SHORES	STATE FL	ZIP CODE 33785	Company N. IC Number	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS: GROUND FLOOR BATHROOM FLOOR ELEVATION = 11.0
 BOTTOM OF ELECTRICAL PANELS ELEVATION = 11.0
 FLOOD DOOR AND WATERPROOFING ELEVATIONS ON ATTACHMENT A

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. 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.)

E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade.

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft.(m) _____ in.(cm) above the highest adjacent grade.

For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____

ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
SIGNATURE _____	DATE _____	TELEPHONE _____	

COMMENTS _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER _____	G5. DATE PERMIT ISSUED _____	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME _____	TITLE _____
COMMUNITY NAME _____	TELEPHONE _____
SIGNATURE _____	DATE _____

COMMENTS _____

Check here if attachments

E.T. CAUDELL ASSOCIATES, INC

2321 Pin Oak Lane East
Clearwater, Florida, 33759
(727) 799-9778

ATTACHMENT A (THE VERANDAS)

October 4, 2002

Voeller Construction
3607 Alternate 19, Suite A
Palm Harbor, FL 34683

RE: The Verandas

This letter has been prepared for the purpose of certifying to the elevations of flood control doors and waterproofing on the ground floor of the Verandas building.

GROUND FLOOR BATHROOM:

Garage Entrance: Top of Flood Door Elevation = 15.05
Top of Waterproofing = 15.65

Interior Entrance: Top of Flood Door Elevation = 14.05
Top of Waterproofing = 14.40

ELECTRICAL ROOM :

Garage Entrance: Top of Flood Door Elevation = 13.05
Top of Waterproofing = 14.00

PUMP ROOM:

Garage Entrance: Top of Flood Door Elevation = 13.05
Top of Waterproofing = 14.00

ELEVATOR EQUIPMENT ROOM:

North Elevator: Top of Flood Door Elevation = 13.13
Top of Waterproofing = 13.91

South Elevator: Top of Flood Door Elevation = 13.01
Top of Waterproofing = 13.44

This certification has been prepared under my supervision and to the best of my knowledge and belief is true and accurate as to the elevations as stated herein.



Eugene T. CaudeLL