

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAMO.M.B. No. 3087-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME

SEASCAPE TOWNHOMES OF INDIAN SHORES

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

19206 GULF BOULEVARD

CITY

INDIAN SHORES

STATE

FLORIDA

ZIP CODE

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

LOTS 6 & 7 INDIAN BEACH MANOR PB, 23, PG, 63 / SEASCAPE TOWNHOMES (NOT RECONED)

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)

RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)
($30^{\circ} - 49^{\circ} - 59.999999^{\circ}$ or 000.000000°)HORIZONTAL DATUM:
 NAD 1927 NAD 1983SOURCE: GPS (Type): _____ USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER
TOWN OF INDIAN SHORES 125118

B2. COUNTY NAME

PINELLAS

B3. STATE

FLORIDA

B4. MAP AND PANEL
NUMBER
0002B5. SUFFIX
CB6. FIRM INDEX
DATE
3-2-83B7. FIRM PANEL
EFFECTIVE/REVISED DATE
3-2-83B8. FLOOD
ZONE(S)
A-11B9. BASE FLOOD ELEVATION(S)
(Zone AO, use depth of flooding)
" 11 "

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)

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, ARA, 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 _____ Conversion/Comments _____Elevation reference mark used SEE COMMENTS Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 7 .53 ft.(m) 

b) Top of next higher floor 16 .91 ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) N/A .00 ft.(m)

d) Attached garage (top of slab) 7 .01 ft.(m)

e) Lowest elevation of machinery and/or equipment servicing the building ELEC. METER 11 .01 ft.(m)

f) Lowest adjacent grade (LAG) 7 .1 ft.(m)

g) Highest adjacent grade (HAG) 7 .3 ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade: 5

i) Total area of all permanent openings (flood vents) in C3h 2880 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 the information on this form.

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

LAUREN R. PENNY

LICENSE NUMBER

4931

TITLE

LAND SURVEYOR

COMPANY NAME

L. R. PENNY & ASSOC., INC.

ADDRESS

10730 - 102 ND. AVENUE NORTH

CITY

SEMINOLE,

STATE

FLORIDA

ZIP CODE

33778

SIGNATURE

Lauren R. Penny

DATE

4-30-02

TELEPHONE

(727) 398-4360