

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

| | | | | |
|--|--------------------|---|--|--|
| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use: | |
| BUILDING OWNER'S NAME McGuire Investments LLC | | | Policy Number | |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 19532 Gulf Blvd | | | Company NAIC Number | |
| CITY Indian Shores, Town of | STATE FL | ZIP CODE 33785 | | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Indian Rock South Shore, Blk 5, Lots 13 & 14 and adjacent vacant land | | | | |
| 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: _____ | |

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|--|------------------------|--------------------------------------|--|---------------------------------------|---|
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Indian Shores, Town of #125118 | | B2. COUNTY NAME Pinellas | | B3. STATE FL | |
| B4. MAP AND PANEL NUMBER 12103C0176 | B5. SUFFIX G | B6. FIRM INDEX DATE 9-3-03 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 9-3-03 | B8. FLOOD ZONE(S) AE&VE | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12.0' & 13.0' |
| 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 type="checkbox"/> NGVD 1929 <input checked="" 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 7 (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 See reverse comments (Section D)
Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 8.02 ft.(m)
- o b) Top of next higher floor 19.00 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) *17.14 ft.(m)
- o d) Attached garage (top of slab) 7.52 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 15.25 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 7.10 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 7.20 ft.(m)
- 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. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

RLS #3035 12/2/05
Philip C. Stock

| | | | |
|---|--|------------------------------------|--------------------------|
| 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 Philip C. Stock | | LICENSE NUMBER RLS #3035 | |
| TITLE President | COMPANY NAME Target Land Surveying, Inc. | | |
| ADDRESS P.O. Box 663 | CITY Dunedin | STATE FL | ZIP CODE 34697 |
| SIGNATURE <i>Philip C. Stock</i> | DATE 12/2/05 | TELEPHONE (727)784-0573 | |

| | | | |
|--|-------------|-------------------|----------------------------|
| 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. 19532 Gulf Blvd | | | Policy Number |
| CITY Indian Shores, Town of | STATE FL | ZIP CODE 33785 | Company NAIC 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

051024.01 Benchmark PCD "Narrow G", Map #191, Elev = 6.32' (NAVD)

*The Bottom of the Lowest Horizontal Structural Member Elev (for pool) = 15.10"

**The enclosed area below the C3.b elev is constructed of breakaway walls

C3.e = Bottom of electric box.

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. (Use natural grade, if available).

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. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

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 |
|-------------------|------------------------|---|

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