

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name ORION COMMUNITIES		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19640 GULF BOULEVARD		Company NAIC Number

City **INDIAN SHORES** State **FL** ZIP Code **33785**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOTS 10,11,13,14,16, AND 17, BLOCK 4, INDIAN ROCK SOUTH SHORE

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **27° 51' 20" N** Long. **82° 50' 46" W**

Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **6**

A8. For a building with a crawl space or enclosure(s), provide

- a) Square footage of crawl space or enclosure(s) **9,971** sq ft
- b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade **49**
- c) Total net area of flood openings in A8.b **10,601** sq in

A9. For a building with an attached garage, provide:

- a) Square footage of attached garage **N/A** sq ft
- b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade **N/A**
- c) Total net area of flood openings in A9.b **N/A** sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number TOWN OF INDIAN SHORES - 125118		B2. County Name PINELLAS COUNTY		B3. State FLORIDA	
B4. Map/Panel Number 12103C0176	B5. Suffix G	B6. FIRM Index Date 09/03/2003	B7. FIRM Panel Effective/Revised Date 09/03/2003	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 13 FT

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 **N/A** CBRS OPA

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. 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 C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized **NARROW F** Vertical Datum **NAVD 1988**

Conversion/Comments **N/A**

Check the measurement used.

- a) Top of bottom floor (including basement, crawl space, or enclosure floor) **7.55** feet meters (Puerto Rico only)
- b) Top of the next higher floor **18.93** feet meters (Puerto Rico only)
- c) Bottom of the lowest horizontal structural member (V Zones only) **16.23** feet meters (Puerto Rico only)
- d) Attached garage (top of slab) **7.55** feet meters (Puerto Rico only)
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) **18.93** feet meters (Puerto Rico only)
- f) Lowest adjacent (finished) grade (LAG) **6.9** feet meters (Puerto Rico only)
- g) Highest adjacent (finished) grade (HAG) **7.3** feet meters (Puerto Rico only)

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 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.

Check here if comments are provided on back of form.

Certifier's Name DAVID W. STINSON		License Number 4122/FLORIDA	
Title PROFESSIONAL SURVEYOR		Company Name GROUP 3 SURVEYING & MAPPING, INC.	
Address 4963 VAN DYKE ROAD		City LUTZ	State FL ZIP Code 33558
Signature	<i>David W. Stinson</i>		Date 10/23/2007
		Telephone 813-962-2736	

*VS4122
PLAT
SAL
10/23/2007
David W. Stinson*

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.
19640 GULF BOULEVARD

Policy Number

City TOWN OF INDIAN SHORES State FL ZIP Code 33785

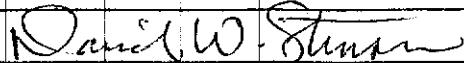
Company NAIC Number

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 FLOOD VENTS: 28 1.15' x 1.67' in garage doors = 7,743.46 sq. in.
10 0.70' x 1.35' in garage area = 1,360.80 sq. in.
11 0.70' x 1.35' in outside walls = 1,496.88 sq. in.
Total = 10,601.14 sq. in.

Signature



Date

10/23/2007

 Check here if attachments**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.

E5. 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) CERTIFICATIONThe 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. *The statements in Sections A, B, 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. Check the measurement used in Items G8. and G9.

G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters (PR) Datum		
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters (PR) Datum		
Local Official's Name _____ Title _____		
Community Name _____ Telephone _____		
Signature _____ Date _____		
Comments _____		
<input type="checkbox"/> Check here if attachments		