

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 <i>MARINER'S POINTE OF INDIAN SHORES JOINT VENTURE</i>		Policy Number
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>19829 GULF BOULEVARD BUILDING NO. 3</i>		Company NAIC Number
CITY <i>INDIAN SHORES</i>	STATE <i>FLORIDA</i>	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>MARINER'S POINTE A CONDOMINIUM PROPOSED</i>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <i>RESIDENTIAL</i>		
LATITUDE/LONGITUDE (OPTIONAL) ( <i>##-##-##</i> or <i>##.###</i> )	HORIZONTAL DATUM: <input 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 <i>TOWN OF INDIAN SHORES 125118</i>	B2. COUNTY NAME <i>PINELLAS</i>	B3. STATE <i>FLORIDA</i>
B4. MAP AND PANEL NUMBER <i>0001</i>	B5. SUFFIX <i>C</i>	B6. FIRM INDEX DATE <i>3-2-83</i>
B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>3-2-93</i>	B8. FLOOD ZONE(S) <i>A-11</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>10'</i>

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 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 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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>7</u> . <u>12</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>17</u> . <u>36</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>7</u> . <u>12</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building <u>ELEC. METER</u>	<u>11</u> . <u>20</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>5</u> . <u>7</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>7</u> . <u>1</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade: <u>46</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h: <u>2800</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

*Lauren R. Penny*  
#4931  
11-09-01

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 LAUREN R. PENNY LICENSE NUMBER #4931

TITLE LAND SURVEYOR COMPANY NAME L. R. PENNY & ASSOCIATES, INC.

ADDRESS 10730 102ND AVENUE NORTH CITY SEMINOLE STATE FL ZIP CODE 33778

SIGNATURE *Lauren R. Penny* DATE 11-09-01 TELEPHONE 727-398-4360

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 19829 GULF BOULEVARD BUILDING NO. 3			Policy Number
CITY TOWN OF INDIAN SHORES	STATE FLORIDA	ZIP CODE	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

BENCHMARK: NARROW A PINELLAS COUNTY DISK  
MAP NO. 189 SE CORNER OF THE PROPERTY @  
19934 GULF BOULEVARD ELEV. = 6.626

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 E3. 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 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
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 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