

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name KATHY HELMUS		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 19904 GULF BOULEVARD (REAR BUILDING)		Company NAIC Number
City INDIAN SHORES	State FL ZIP Code 33785	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) INDIAN ROCK SOUTH SHORE, LOTS 58 & 59, BLOCK 1, P.B. 4, PG. 20		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. N-27-51-48.0 Long. W-82-50-55.9		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 9		
A8. For a building with a crawspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawspace or enclosure(s) 218 sq ft		a) Square footage of attached garage N/A sq ft
b) Number of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade 0		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A8.b 0 sq in		c) Total net area of flood openings in A9.b N/A sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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/Panel Number 12103C0176	B5. Suffix G	B6. FIRM Index Date 8/18/2009	B7. FIRM Panel Effective/Revised Date 9/3/2003	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 13'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> 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-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: **PIN CO DISK REDINGTON C** Vertical Datum: **ELEV=3.63 NAVD1988**
 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
 Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.
a) Top of bottom floor (including basement, crawspace, or enclosure floor)	7.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	20.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	18.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	11.3	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	6.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	6.7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	7.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

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. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name LAUREN PENNY, P.S.M.		License Number #4931	
Title LAND SURVEYOR	Company Name L. R. PENNY AND ASSOCIATES, INC.		
Address 10730 102ND AVENUE NORTH	City SEMINOLE	State FL	ZIP Code 33778
Signature <i>Lauren Penny</i>	Date 12/02/2015	Telephone 727-398-4360	

Lauren Penny
#4931
 PLACE
 SEAL
 HERE
12-2-2015

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
19904 GULD BOULEVARD (FRONT BUILDING)

City INDIAN SHORES

State FL

ZIP Code 33785

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

SEE ATTACHED SHEET OF PHOTOGRAPHS

Note: The V Zone design certificate is not a substitute for the NFIP Elevation Certificate (see Fact Sheet No. 1.4, Lowest Floor Elevation), which is required to certify as-built elevations needed for flood insurance rating.

Parcel ID # 24-30-14-42912-001-0580

V ZONE DESIGN CERTIFICATE

Name WINDENGG ON THE BEACH LLC MICHAEL AND KATHRYN HELMUS Policy Number (Insurance Co. Use) _____
Building Address of Other Description 19904 GULF BLVD. Rear Buildings
Permit No. BP2014-082 City INDIAN SHORES State FL Zip Code 33785

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. 12518 Panel No. 176 Suffix 6 FIRM Date 01/03/03 FIRM Zone(s) VE-3, VE-12, AE-12

SECTION II: Elevation Information Used for Design

[NOTE: This section documents the elevations/depths used or specified in the design - it does not document surveyed elevations and is not equivalent to the as-built elevations required to be submitted during or after construction.]

- 1. FIRM Base Flood Elevation (BFE) 13 feet*
- 2. Community's Design Flood Elevation (DFE) 17 feet*
- 3. Elevation of the Bottom of Lowest Horizontal Structure Member 17.3 feet*
- 4. Elevation of Lowest Adjacent Grade 6.7 feet*
- 5. Depth of Anticipated Scour/Erosion used for Foundation Design 1 feet
- 6. Embedment Depth of Piling of Foundation Below Lowest Adjacent Grade 20 feet

* Indicate elevation datum used in 1-4: NGVD29 NAVD88 Other _____

SECTION III: V Zone Design Certification Statement

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE.
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood***. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Design Certification Statement

[NOTE: This section must be certified by a registered engineer or architect when breakaway walls are designed to have a resistance of more than 20 psf (0.96 kN/m2) determined using allowable stress design]

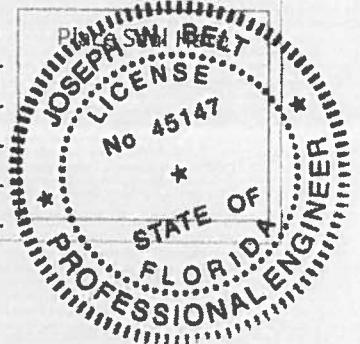
I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of breakaway walls to be constructed under the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood***.
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (see Section III).

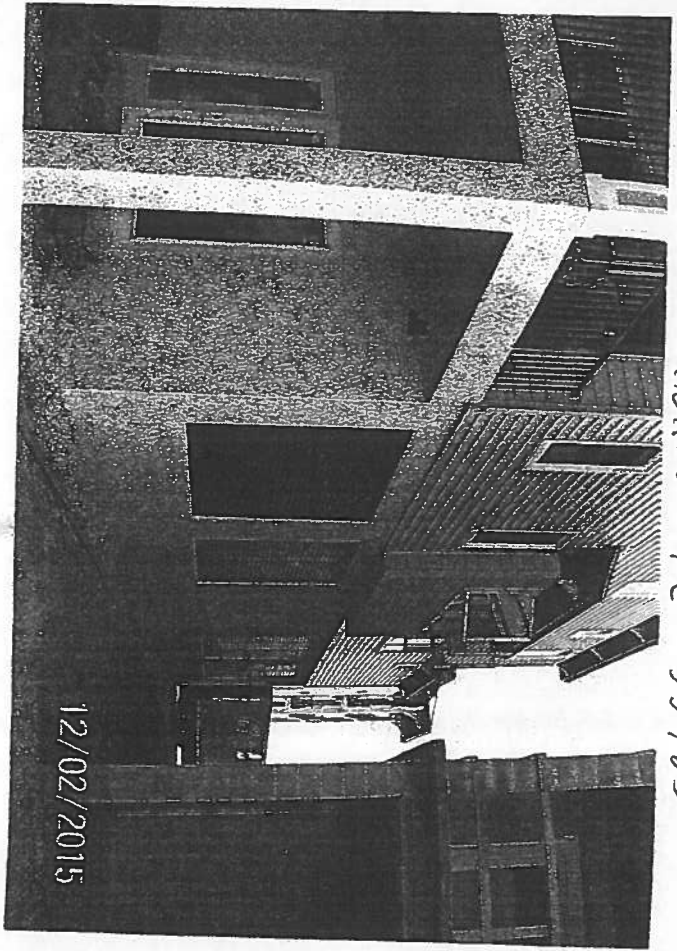
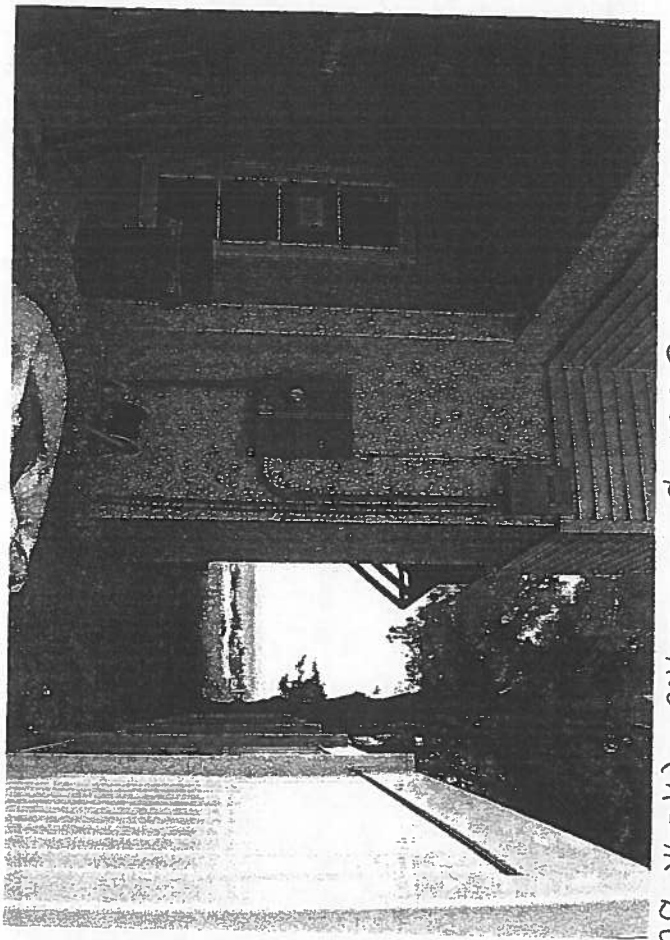
SECTION V: Certification and Seal

This certification is to be signed and sealed by a registered professional engineer or architect authorized by law to certify structural designs. I certify the V Zone Design Certification Statement (Section III) and _____ the Breakaway Wall Design Certification Statement (Section IV, check if applicable).

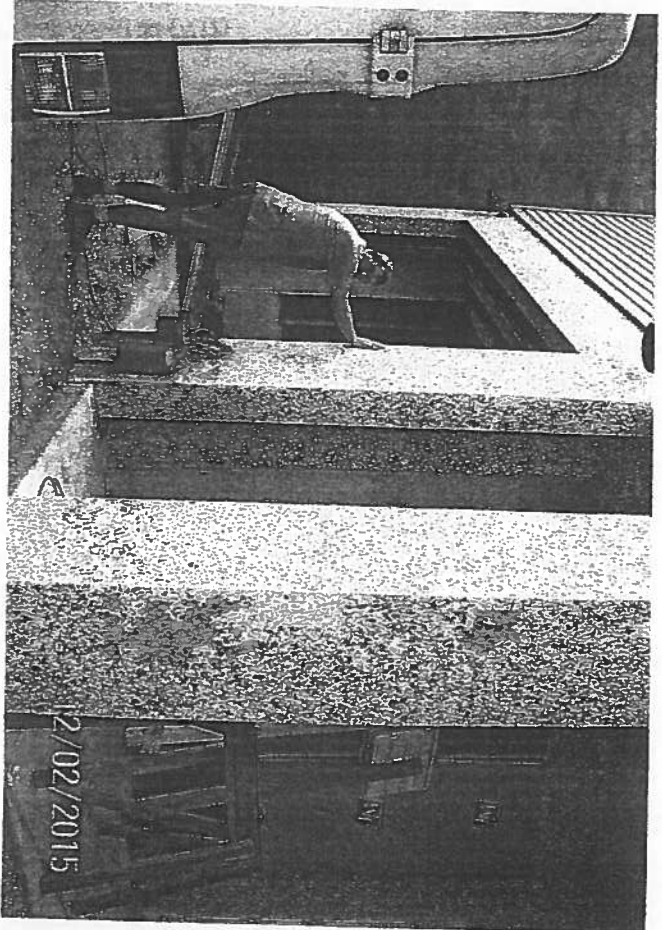
Certifier's Name JOSEPH W. BELT License Number 45147
Title PRESIDENT Company Name BELT ENGINEERING
Address 1503 W BUSH BLVD. SUITE A
City TAMPA State FL Zip Code 33612
Signature _____ Date 04/03/16 Telephone 813-961-3075



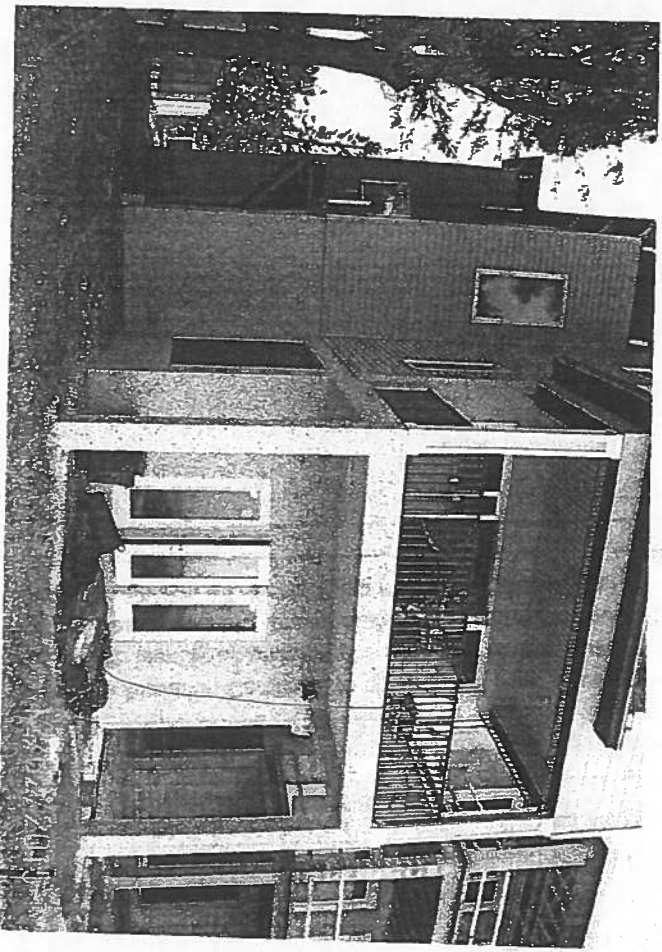
19904 GULF BOULEVARD (REAR BUILDING) INDIAN SHORES FL 33785



12/02/2015



12/02/2015



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