

PH BP 2014-175

Issued 10-29-14

U.S. DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1680-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name: Sea Glass Coastal Properties, Inc.		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or RD. Route and Box No. 20256 Gulf Boulevard		Policy Description:
City: Indian Shores	State: FL	ZIP Code: 33785
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1, Block 13 - Indian Rocks Subdivision - Plat Book 2, Page 97		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential		
A5. Latitude/Longitude: Lat. 27.8723°N Long. 82.8500°W 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: A		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s): 1480 sq ft		a) Square footage of attached garage: N/A sq ft
b) Number of permanent flood openings in the crawlspace/enclosure(s) within 1.0 foot above adjacent grade: 18		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: 1622 sq ft		c) Total net area of flood openings in A9.b: N/A sq ft
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. FIRM Community Name & Community Number Indian Shores - 125118		B2. County Name Pinellas		B3. State Florida	
B4. Map/Panel Number 12103C017B	B5. Suffix G	B6. FIRM Index Date 08/18/09	B7. FIRM Panel Effective/Revised Date 09/03/2009	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone A0, use base flood depth) 12'
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: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction <small>*A new Elevation Certificate will be required when construction of the building is complete.</small>	
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/AC. Complete items C2.a-h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters. Benchmark Utilized: County Map #183 (Narrow 1973) Vertical Datum: NAVD-1988 Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	8.02 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	17.99 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	16.50 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	N.A. <input checked="" 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)	11.42 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	7.49 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	7.68 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N.A. <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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Check here if attachments.			
Certifier's Name John C. Brondia		License Number 1289	
Title Surveyor		Company Name John C. Brondia and Associates, Inc.	
Address 4015 62nd Avenue North		City Pinellas Park	State FL
Signature		ZIP Code 33781	Telephone (727)-876-7546
Date 03/11/2018			

03-11-18

1269

PLACE SEAL HERE

ELEVATION CERTIFICATE, page 2

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

Building Street Address (including Apt., Unit, Suite, end/or Bldg. No.) or RQ, Route and Box No.
20256 Gulf Boulevard

City **Indian Shores** State **FL** ZIP Code **33785**

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: **2) e Power Meter Box** ← *x **flood ordinance exemption for Utility Company's services. Sect. 86-80 (a)**

C2) a. Parking and Storage Area C2) b. Lowest Living Floor
 Benchmark County Map #183 (Narrow 1973) Elev. 5.89' NGVD adjusted to Elev. 5.17' NAVD - MSL = 0.00

Signature: *[Signature]* Date: **03/11/2018**

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, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A items 8 and/or 9 (see pages 8-9 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) 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. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner 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-G10. In Puerto Rico only, enter meters.

- 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-G10) 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 this building: _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	Datum _____
G9. BFE or (in Zone AO) depth of flooding at the building site: _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	Datum _____
G10. Community design flood elevation: _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	Datum _____
Local Official's Name <i>[Signature]</i>	Title _____	
Community Name _____	Telephone _____	
Signature _____	Date _____	
Comments _____		

Check here if attachments

BUILDING PHOTOGRAPHS
See Instructions for Item A6.

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. 20256 Gulf Boulevard			Policy Number	
City Indian Shores	State FL	ZIP Code 33785	Conveyance 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.



FRONT



BACK

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.

V ZONE DESIGN CERTIFICATE

Name SEA Glass Coastal Prop. INC. Policy Number (Insurance Co. Use) _____
 Building Address or Other Description 20256 GULF BLVD. INDIAN SHORES
 Permit No. BP2014-175 City INDIAN SHORES State FL Zip Code 33785

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. 125118 Panel No. 1210310176 Suffix G FIRM Date 8/18/09 FIRM Zone(s) _____

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)..... | <u>12'</u> | _____ | feet |
| 2. Community's Design Flood Elevation (DFE) .. | <u>16'</u> | _____ | feet |
| 3. Elevation of the Bottom of Lowest Horizontal Structural Member | | <u>16.5'</u> | feet |
| 4. Elevation of Lowest Adjacent Grade | | <u>7.49</u> | feet |
| 5. Depth of Anticipated Scour/Erosion used for Foundation Design..... | <u>5'</u> | | feet |
| 6. Embedment Depth of Piling or Foundation Below Lowest Adjacent Grade..... | | <u>30'</u> | 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)

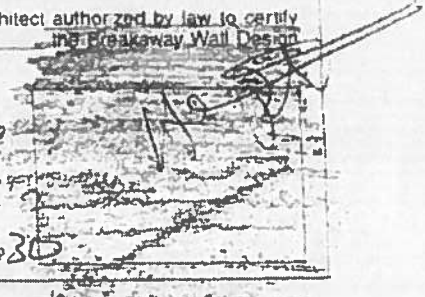
I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of breakaway walls to be constructed under the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards 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 HANI F. MATTA License Number 8695
 Title PRESIDENT Company Name MATTA A/B, INC.
 Address 151, 104TH AV. SUITE 14
 City TREASURE ISLAND State FL Zip Code 33706
 Signature [Signature] Date 4/5/16 Telephone 727-867-0630



GENERAL