# U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0

OMB No. 1660-0008 Expiration Date: November 30, 2022

# **ELEVATION CERTIFICATE**

**Important:** Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A – PROPERTY INFORMATION   | FOR INSUR  | RANCE COMPANY USE   |  |
|--|--|---|--|
| A1. Building Owner's Name DANIEL BROWN AND YVETTE DITMYER-BROWN  | Policy Numb  | per:  |  |
| <ul><li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P Box No.</li><li>433 22nd STREET</li></ul>                                   | O. Route and Company N                             | AIC Number:   |  |
| City State BELLEAIR BEACH Florida  | ZIP Code<br>33786                                  |   |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal LOT 38, BELLEVUE ESTATES ISLAND 1ST ADD., PLAT BOOK 46, PAGE 72                            | Description, etc.)<br>2, PINELLAS COUNTY, FLORIDA. |   |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.  | ) RESIDENTIAL                                      |   |  |
| A5. Latitude/Longitude: Lat. 27°55'33.70"N Long. 82°50'11.85"W   | Horizontal Datum: NAD 1                            | 927 × 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 1A   |  |   |  |
| A8. For a building with a crawlspace or enclosure(s):  |  |   |  |
| a) Square footage of crawlspace or enclosure(s)  | N/A sq ft  |   |  |
| b) Number of permanent flood openings in the crawlspace or enclosure(s)  | <br>within 1.0 foot above adjacent gra             | de N/A  |  |
| c) Total net area of flood openings in A8.b N/A sq in  |  |   |  |
| d) Engineered flood openings?  |  |   |  |
| A9. For a building with an attached garage:  |  |   |  |
| a) Square footage of attached garage 462.00 sq ft  |  |   |  |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0  |  |   |  |
| c) Total net area of flood openings in A9.b 0.00 sq in   |  |   |  |
| d) Engineered flood openings?  |  |   |  |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION  |  |   |  |
| B1. NFIP Community Name & Community Number B2. County Name B3. State   |  |   |  |
| CITY OF BELLEAIR BEACH/125089 PINELLAS COU   |  | Florida   |  |
| Number   Date   Effective/ Zo  |  | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) |  |
| 1010000110   | Revised Date 09-03-2003 AE 10                      |   |  |
| 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/Source: |  |   |  |
| B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:   |  |   |  |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes X No  |  |   |  |
| Designation Date: CBRS  OPA  |  |   |  |
|  |  |   |  |

#### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2022

| 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. 433 22nd STREET   |                               | Policy Nu                   |              |  |
| City Stat<br>BELLEAIR BEACH Flor  |                               | Code<br>86                  | Company      | / NAIC Number  |
| SECTION C – BUILDING ELI  | EVATION INFORMA               | TION (SURVEY RE             | EQUIRED)     | )  |
| C1. Building elevations are based on: Construction  | n Drawings* 🔲 Buil            | ding Under Constru          | iction*      | Finished Construction  |
| *A new Elevation Certificate will be required when co   | onstruction of the buildi     | ng 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: HALL "C" PID AG0554  Vertical Datum: ELEV. 4.08' NAVD 1988   |                               |                             |              | -A30, AR/AH, AR/AO.<br>,, enter meters.  |
| Indicate elevation datum used for the elevations in it  | ems a) through h) belo        | w.                          |              | -  |
| ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S   |                               |                             |              |  |
| Datum used for building elevations must be the same   | e as that used for the E      | IFE.                        | Check        | the measurement used.  |
| <ul> <li>a) Top of bottom floor (including basement, crawlsp</li> </ul>   | ace, or enclosure floor       |                             |              | feet meters  |
| b) Top of the next higher floor   |                               |                             | _N/A _       | feet meters  |
| c) Bottom of the lowest horizontal structural membe   | r (V Zones only)              |                             | N/A          | feet meters  |
| d) Attached garage (top of slab)  |                               |                             | 4.7 ×        | feet meters  |
| <ul> <li>e) Lowest elevation of machinery or equipment serv<br/>(Describe type of equipment and location in Com</li> </ul>  | ricing the building<br>ments) |                             | 4.9 ×        | feet meters  |
| f) Lowest adjacent (finished) grade next to building  | (LAG)                         |                             | 3.9 ×        | feet meters  |
| g) Highest adjacent (finished) grade next to building   | (HAG)                         |                             | <u>4.5</u> × | feet meters  |
| h) Lowest adjacent grade at lowest elevation of dec<br>structural support   | k or stairs, including        |                             | N/A          | feet 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. |                               |                             |              |  |
| Were latitude and longitude in Section A provided by a lic  | ensed land surveyor?          | ⊠ Yes ☐ No                  | Che          | eck here if attachments.   |
| Certifier's Name<br>GUY HALE  | License Number<br>P.L.S. 4626 |                             | .,,'         | MINIMINIAN PARTIES AND THE PAR |
| Title PROFESSIONAL LAND SURVEYOR  | -                             |                             |              | CHTIFICAX:   |
| Company Name<br>GUY HALE, LAND SURVEYING  |                               |                             | - Tilling    | No. 4626   |
| Address<br>406 SOUTH ARCTURAS AVE SUITE ONE   |                               |                             | REG          | No. 4626  STATE OF  CORIDA  CO |
| City<br>CLEARWATER  | State<br>Florida              | ZIP Code<br>33765           |              | LAND SHITTING  |
| Signature Guy D. Hale Date: 2020.05.01 09:37:01   | 04-27-2020                    | Telephone<br>(727) 734-4266 | Ext.         |  |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.   |                               |                             |              |  |
| Comments (including type of equipment and location, per THE LOWEST MACHINERY IS THE AIR CONDITIONER   | C2(e), if applicable)         |                             |              |  |
|   |                               |                             |              |  |

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2022

| 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. 433 22nd STREET  |   | Policy Number:                                 |                                    |  |
|  | tate ZIP                                      | Code   | Company NAIC Number                |  |
| BELLEAIR BEACH F   | lorida 337                                    | 86   |                                    |  |
| SECTION E – BUILDING ELE<br>FOR ZONE   | VATION INFORMATION AO AND ZONE A (WIT         | ON (SURVEY NOT THOUT BFE)                      | REQUIRED)                          |  |
| 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).  |   |  |                                    |  |
| <ul> <li>a) Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> </ul>   | N/A   | feet meters                                    | s 🔲 above or 🔲 below the HAG.      |  |
| <ul> <li>Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> </ul>  | N/A   | feet meters                                    |                                    |  |
| E2. For Building Diagrams 6–9 with permanent flood op the next higher floor (elevation C2.b in   |   | on A Items 8 and/or                            | 9 (see pages 1–2 of Instructions), |  |
| the diagrams) of the building is   | N/A   | feet meters                                    | s above or below the HAG.          |  |
| E3. Attached garage (top of slab) is   | N/A   | feet meters                                    | s 🔲 above or 🗌 below the HAG.      |  |
| E4. Top of platform of machinery and/or equipment servicing the building is  | N/A   | feet meters                                    | s above or below the HAG.          |  |
| E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes   | , is the top of the bottom<br>No Unknown. The | floor elevated in acc<br>local official must c |                                    |  |
| SECTION F - PROPERTY OWN   | ER (OR OWNER'S REPI                           | RESENTATIVE) CE                                | RTIFICATION                        |  |
| The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The   | who completes Sections                        | s Δ B and E for Zor                            | no A (without a EEAAA incural an   |  |
| Property Owner or Owner's Authorized Representative's  |   |  | and the best of my knowledge.      |  |
| Address  | City  | Sta  | ate ZIP Code                       |  |
| Signature  | Date  | Tel  | ephone                             |  |
| Comments   |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  |                                    |  |
|  |   |  | Check here if attachments.         |  |

### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2022

| 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. 433 22nd STREET  |  | Policy Number:            |  |  |
| City<br>BELLEAIR BEACH   |  | ZIP Code<br>33786         | Company NAIC Number                                |  |
| SECTION  | ON G - COMMUNITY INFORM  | MATION (OPTIONAL)         |  |  |
| Sections A, B, C (or E), and G of this Elevatior   | 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 Sect or Zone AO.  | ion E for a building located in 2  | Zone A (without a FEM/    | A-issued or community-issued BFE)                  |  |
| G3. The following information (Items G4-   | -G10) is provided for communi  | ty floodplain managem     | ent purposes.                                      |  |
| G4. Permit Number  | G5. Date Permit Issued   |                           | Date Certificate of<br>compliance/Occupancy Issued |  |
| G7. This permit has been issued for:   | New Construction Substa  | antial Improvement        |  |  |
| G8. Elevation of as-built lowest floor (including of the building:   | g basement)  | feet                      | meters Datum                                       |  |
| G9. BFE or (in Zone AO) depth of flooding at   | the building site:   | feet                      | meters Datum                                       |  |
| G10. Community's design flood elevation:   |  | feet                      | meters Datum                                       |  |
| Local Official's Name Title  |  |                           |  |  |
| Community Name   | Telep  | hone                      |  |  |
| Signature Date   |  |                           |  |  |
| Comments (including type of equipment and loc  | cation, per C2(e), if applicable)  |                           |  |  |
|  |  |                           | Check here if attachments.                         |  |

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

| 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. 433 22nd STREET |                  | Policy Number:    |                           |  |
| City<br>BELLEAIR BEACH  | State<br>Florida | ZIP Code<br>33786 | 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.



Photo One Caption FRONT (SOUTH SIDE) TAKEN 04/27/2020

**ELEVATION CERTIFICATE** 

Clear Photo One



Photo Two Caption REAR ( NORTH SIDE ) TAKEN 04/27/2020

Clear Photo Two