

# ELEVATION CERTIFICATE

O.M. B NO. 3067-0077  
EXPIRES DEC. 31, 2005

Important: Read the instructions on pages 1 - 7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use:
BUILDING OWNER'S NAME <b>STEPHEN &amp; ROBIN PERO</b>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>4512 HARBORPOINTE DRIVE</b>		Company NAIC Number
CITY <b>PORT RICHEY</b>	STATE <b>FLORIDA</b>	ZIP CODE <b>34668</b>
PROPERTY DESCRIPTION (Lot AND Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 55, HARBORPOINT</b>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <b>RESIDENTIAL</b>		

LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.##' or ##.##) \_\_\_\_\_ HORIZONTAL DATUM:  NAD 1927  NAD 1983 SOURCE:  GPS (Type): \_\_\_\_\_  
 USGS Quad Map \_\_\_\_\_  Other NGVD 1929

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>CITY OF PORT RICHEY 120234</b>		B2. COUNTY NAME <b>PASCO</b>		B3. STATE <b>FLORIDA</b>	
B4. MAP AND PANEL NUMBER <b>120234-0003</b>	B5. SUFFIX <b>B</b>	B6. FIRM INDEX DATE <b>7-5-83</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>7-5-83</b>	B8. FLOOD ZONE(S) <b>A-13</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>14.0</b>

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 AI-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, ARIAE, AR/AI-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 **NGVD 1929** Conversion/Comments **NGVD 1929**

Elevation reference mark used **N/A** Does the elevation reference mark used appear on the FIRM?  Yes  No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>7.50</u>	LICENSE NUMBER, EMBOSSED SEAL SIGNATURE, AND DATE
<input checked="" type="checkbox"/> b) Top of next higher floor	<u>N/A</u>	
<input checked="" type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u>	
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	<u>7.50</u>	
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>20.84</u>	
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>6.5</u>	
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>6.7</u>	
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>9</u>	
<input checked="" type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>2304</u> sq. in.	

## 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. / certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
/ understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME **DAVID K. PREVOT** LICENSE NUMBER **PSM# 4934**

TITLE **PROFESSIONAL SURVEYOR AND MAPPER** COMPANY NAME **BAY LAND SURVEYING**

ADDRESS **6802 COMMERCE BLVD.** CITY **PORT RICHEY** STATE **FLORIDA** ZIP CODE **34668**

SIGNATURE *David K. Prevot* DATE **3-9-06** TELEPHONE **(727) 845-1738**

<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. <b>4512 HARBORPOINTE DRIVE</b>	<b>Policy Number</b>
CITY <b>PORT RICHEY, FL 34668</b>	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: **SECTION C-3-E - ELEVATION OF AIR CONDITIONER**

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 E4. 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 Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_ ft.(m) \_\_\_\_ in.(cm) above the highest adjacent grade.
- E4. 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
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- G7. This permit has been issued for:  New Construction  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