

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME ALENE M. BURKE		Policy Number
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 4736 LIMESTONE DRIVE		Company NAIC Number
CITY PORT RICHEY	STATE FLORIDA	ZIP CODE 34668
PROPERTY DESCRIPTION (Lot AND BLock Numbers, Tax Parcel Number, Legal Description, etc.)		

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

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 UNINCORPORATED COUNTY		B2. COUNTY NAME PASCO		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120234-0003	B5. SUFFIX B	B6. FIRM INDEX DATE 7-5-83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-5-83	B8. FLOOD ZONE(S) A-13	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 13.0

- 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 5 (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 **NONE**

Elevation reference mark used N/A	Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	N/A
<input checked="" type="checkbox"/> b) Top of next higher floor	N/A
<input checked="" type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	NONE
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	15.08
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	4.2
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	3.5
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	0
<input checked="" type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	0 sq. in.

LICENSE NUMBER, EMBOSSED SEAL, SIGNATURE, AND DATE

David K. Prevot
LIC.# 4934
3-31-04

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 **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 **3-31-04** TELEPHONE **(727) 845-1738**