

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>			For Insurance Company Use:
BUILDING OWNER'S NAME JOSH LOCKLEAR			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7641 PIER ROAD			Company NAIC Number
CITY PORT RICHEY	STATE FL	ZIP CODE 34668	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A Part of Lot 3 & Lot 4, Block 2, BEHMS Sub. P.B. 3, PG. 139			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

<b>SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF PORT RICHEY 120234		B2. COUNTY NAME PASCO		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0003	B5. SUFFIX B	B6. FIRM INDEX DATE 7/05/83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7/05/83	B8. FLOOD ZONE(S) A13	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
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: NA					

<b>SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number 1 (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 A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIAH, ARIA0 Complete items C3.-a-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 <u>NGVD 1929</u> Conversion/Comments <u>NA</u> Elevation reference mark used <u>Local</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
o a) Top of bottom floor (including basement or enclosure)	5.9 ft(m)
o b) Top of next higher floor	NA ft(m)
o c) Bottom of lowest horizontal structural member (V zones only)	NA ft(m)
o d) Attached garage (top of slab)	NA ft(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	5.5 ft(m)
o f) Lowest adjacent (finished) grade (LAG)	5.2 ft(m)
o g) Highest adjacent (finished) grade (HAG)	5.2 ft(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	NA
o i) Total area of all permanent openings (flood vents) in C3.h	NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

#5265  
David L. Smith  
4/19/04

<b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>	
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 L. Smith	LICENSE NUMBER 5265

TITLE Professional Surveyor and Mapper	COMPANY NAME David L. Smith Surveying and Mapping		
ADDRESS 1408 W. Linebaugh Ave.	CITY Tampa	STATE FL	ZIP CODE 33612
SIGNATURE <i>David L. Smith</i>	DATE 4/19/04	TELEPHONE 813-935-1960	