

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.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME REES 6, LLC			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 220 108 TH AVENUE # 302			Company NAIC Number	
CITY TREASURE ISLAND	STATE FL	ZIP CODE 33706		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LABELLA VITA CONDOMINIUM				
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: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER TREASURE ISLAND - 125153		B2. COUNTY NAME PINELLAS		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 125153-0004	B5. SUFFIX C	B6. FIRM INDEX DATE 3/2/83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/2/83	B8. FLOOD ZONE(S) A12	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11'

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 8 (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, ARIA/E, ARIA/A-30, ARIA/H, ARIA/O

Complete items C3-a-l 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 Conversion/Comments _____

Elevation reference mark used See Sec. D Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 18. 16 ft.(m)
- b) Top of next higher floor 28. 83 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A. ___ft.(m)
- d) Attached garage (top of slab) 7. 30 ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 3. 60 ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 5. 56 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 6. 81 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 92
- i) Total area of all permanent openings (flood vents) in C3.h 2385 sq. in. (sq. cm)

Licensed Number, Embossed Seal, Signature and Date.

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 JOHN C. BRENDLA

LICENSE NUMBER 1269

TITLE REGISTERED LAND SURVEYOR

COMPANY NAME JOHN C. BRENDLA & ASSOCIATES, INC.

ADDRESS
4015 82ND AVENUE NORTH

CITY
PINELLAS PARK

STATE
FL

ZIP CODE
33781

SIGNATURE

DATE
3/18/05

TELEPHONE
727-576-7546

LOCAL OFFICIAL'S NAME _____

TITLE _____

TELEPHONE _____

DATE _____

SIGNATURE _____

COMMENTS _____

G4. PERMIT NUMBER _____

G5. DATE PERMIT ISSUED _____

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____

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)

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m)

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.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

SIGNATURE _____

DATE _____

TELEPHONE _____

COMMENTS _____

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3h and C3l only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTATIVES NAME _____

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

BENCHMARK: 3138 PBE 147 (USCE 1989), EL = 5.273 N.G.V.D., M.S.L = 0.00

ELECTRICAL OUTLETS IN GARAGE, EL = 12.78', EL = 12.74', EL = 12.75

C3. e) ELEVATOR PIT; BOTTOM OF METER PANEL, EL = 13.05'; BOTTOM OF BREAKER BOX, EL = 13.38';

SECTION 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 natural grade. (Use natural grade, if available.)

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. Complete items C3h and C3l on front of form.

E4: The top of the platform of machinery and/or equipment servicing the building is _____ ft.(m) _____ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)

E5: 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 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.

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.

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.

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

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 220 108TH AVENUE

CITY TREASURE ISLAND

STATE FL

ZIP CODE 33706

Company NAIC Number _____

For Insurance Company Use: Policy Number _____