

#404

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 #404		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): _____
 NAVD 1988 Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929

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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 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 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. 63 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)

License 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 82 ND AVENUE NORTH	CITY PINELLAS PARK STATE FL ZIP CODE 33781
SIGNATURE <i>John C. Brendla</i>	DATE 3/18/05 TELEPHONE 727-576-7546

LOCAL OFFICIAL'S NAME _____ TITLE _____ TELEPHONE _____

COMMUNITY NAME _____ SIGNATURE _____ DATE _____

COMMENTS _____

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: _____ Datum: _____

G4. PERMIT NUMBER _____

G5. DATE PERMIT ISSUED _____

G8. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____

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)

The local official who is authorized by law or ordinance to administer the community's floodplain management can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

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 C3,h and C3,i 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.

Yes No Unknown. The local official must certify this information in Section G.

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? natural grade, if available.)

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 grade. Complete items C3,h and C3,i on front of form.

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 natural grade, if available.)

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. (Use natural grade, if available.)

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.)

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.

BENCHMARK: 3136 PBE 147 (USCE 1968), EL = 5.273 N.G.V.D., M.S.L. = 0.00

Check here if attachments

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 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.

TREASURE ISLAND CITY

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

STATE FL ZIP CODE 33706

Company NAIC Number _____

Policy Number _____

For Insurance Company Use: _____

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