FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: LDING OWNER'S NAME Policy Number TER J. & VALERIE QUINN BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 324 - 173RD AVENUE EAST CITY STATE ZIP CODE NORTH REDINGTON BEACH FL PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc LOT 35, BLOCK B, SUNRAY BEACH HOMES, PINELLAS COUNTY. BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL SOURCE: GPS (Type): LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: (##° - ##' - ##.##" or ##.####") ☐ NAD 1927 ☐ NAD 1983 USGS Quad Map Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NEIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE FLORIDA 125133 **PINELLAS** CITY OF NORTH REDINGTON BEACH B6 FIRM INDEX DATE B7. FIRM PANEL B9. BASE FLOOD ELEVATION(S) R5 SLIFFIX B4 MAP AND PANEL (Zone AO, use depth of flooding) B8. FLOOD ZONE(S) EFFECTIVE/REVISED DATE NUMBER 05-14-71 03-02-83 "A-12" 10.0 0001 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 No. B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 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 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 presents the building, provide a sketch or photograph.) bor clevations - 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 1929 Conversion/Comments none Elevation reference mark used Does the elevation reference mark used appear on the FIRM? Yes No Johanna B. Far 09.24.2002 a) Top of bottom floor (including basement or enclosure) 05.8 ft. Embossed Seal, b) Top of next higher floor N/A ft. c) Bottom of lowest horizontal structural member (V zones only) N/A.ft. and Date d) Attached garage (top of slab) 05.4 ft. e) Lowest elevation of machinery and/or equipment License Number, servicing the building (Describe in a Comments area) 06.6 ft. f) Lowest adjacent (finished) grade (LAG) 05.3 ft. g) Highest adjacent (finished) grade (HAG) 05.5 ft. h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade —. PLS&M #5545 i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm). 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 MOHAMMAD B. FAR LICENSE NUMBER #5545 TITLE PROFESSIONAL LAND SURVEYOR & MAPPER COMPANY NAME MOHAMMAD B. FAR ADDRESS CITY STATE ZIP CODE 9421 MEADOWVIEW PLACE NEW PORT RICHEY 34655 FL ATURE DATE TELEPHONE FAX lohamad b. Fas 09-24-2002 727-375-1741 727-375-1740

BLILDING STREET ADDRESS (Including A	the corresponding information from Section A.		For Insurance Company Use:
224 17380 AVENUE FACT	pt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Policy Number
324 – 173FD AVENUE EAST CITY	STATE	ZIP CODE	Company NAIC Number
NORTH REDINGTON BEACH	FL SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT	CEPTIEICATION (CONTINUED)	
Convenient Sides of this Elevation Confile			7.12.11
COMMENTS COMMENTS	ate for (1) community official, (2) insurance agent/company, and	1(3) building owner.	The Country of the Co
COMMENTS	4.00		
			7
OFFICE DATE			Check here if attachments
	LDING ELEVATION INFORMATION (SURVEY NOT REQUI		
-or Zone AO and Zone A (without BHE), o Section C must be completed.	complete Items E1 through E4. If the Elevation Certificate is inte	nded for use as supporting information	on for a LOMA or LOMR-F,
	the building diagram most similar to the building for which this o	ortificato is being completed – see na	noe 6 and 7. If no disarram
accurately represents the building, pre		situiteate is being completed – see pa	ges o and 7. If no diagram
E2. The top of the bottom floor (including b		above or below (check on	e) the highest adjacent grade. (Use
natural grade, if available).			
	ngs (see page 7), the next higher floor or elevated floor (elevation	b) of the building isft.(m)in.	cm) above the highest adjacent
grade. Complete items C3.h and C3.			
	umber is available, is the top of the bottom floor elevated in acco ne local official must certify this information in Section G.	irdance with the community's floodpl	ain management ordinance?
LITES LINO LI ORNIOWII. II	SECTION F - PROPERTY OWNER (OR OWNER'S REPR	ECENTATIVE) CEDTIFICATION	
The property owner or owner's authorize	d representative who completes Sections A, B, C (Items C3.h a		and a FFMA issued as a second by
issued BFF) or Zone AO must sinn here	or representative who completes sections A, B, C (tierns C3.n a b. The statements in Sections A, B, C, and E are correct to the b	na C3.1 aniy), ana E 1or Zone A (with est of my knowledge	out a FEMA-Issued or community-
PROPERTY OWNER'S OR OWNER'S AUT		est of thy knowledge.	
ADDRESS	CITY	STA	TE ZIP CODE
SIGNATURE	DATE	TEL	EPHONE
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		A SUPERIOR OF THE SECOND	
COMMENTS			Established a list
			Check here if attachments
	SECTION G - COMMUNITY INFORMATION	DN (OPTIONAL)	Check here if attachments
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