U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATEImportant: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION					FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name SUNFISH BAY CONDOMINIUM ASSOCIATION					Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1111 N BAYSHORE BOULEVARD, BUILDING D, ALL UNITS					Company N	IAIC Number:	
City					ZIP Code 33759		
' '	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL 10.29.19.86446.004.0000						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longi	tude: Lat. 2	7.976780	Long8	32.695707	Horizonta	al Datum: NAD	1927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagra	am Number	1A					
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)			N/A sq ft		
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent gra	ade N/A
c) Total net ar	ea of flood o	penings in A8.b		N/A sq ir	1		
d) Engineered	l flood openir	ngs?	No				
A9. For a building v	vith an attach	ned garage:					
a) Square footage of attached garageN/A sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A							
c) Total net area of flood openings in A9.b N/A sq in							
d) Engineered flood openings?							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number CITY OF CLEARWATER 125096			B2. County Name PINELLAS COUNTY		B3. State Florida		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) e Base Flood Depth)
12103C0127	G	08-18-2009	09-03-2		AE	9.0 FEET	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation Date: CBRS OPA							

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Building Street Address (including Apt., Unit, Suite, and/or I 1111 N BAYSHORE BOULEVARD, BUILDING D, ALL UNI	Policy Number:				
City State CLEARWATER Florid			Company NAIC Number		
SECTION C – BUILDING ELE	VATION INFORMAT	ION (SURVEY RE	EQUIRED)		
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co	•	ding Under Constru	ıction*		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the building	ng diagram specified in	n Item A7. In Puert			
Benchmark Utilized: GPS	Vertical Datum:				
Indicate elevation datum used for the elevations in ite	, ,	٧.			
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the same		 FF			
Batam assa for ballaring disvations must be the same	as that ascallor the B	· L.	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspa	ace, or enclosure floor)		9.65 \times feet \square meters		
b) Top of the next higher floor			18.65 × feet meters		
c) Bottom of the lowest horizontal structural member	(V Zones only)		N/A X feet meters		
d) Attached garage (top of slab)			N/A X feet meters		
e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comr			9.42 × feet meters		
f) Lowest adjacent (finished) grade next to building	(LAG)		9.05 × feet meters		
g) Highest adjacent (finished) grade next to building	(HAG)		9.55 × feet meters		
h) Lowest adjacent grade at lowest elevation of deck structural support	or stairs, including		9.05 × feet meters		
SECTION D – SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIF	ICATION		
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 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.					
Were latitude and longitude in Section A provided by a lice					
Certifier's Name BILL HYATT FLORIDASURVEYOR@AOL.COM	License Number LS 4636		BULL H. HYATT		
Title PRESIDENT			4636 4636		
Company Name KNOW IT NOW INC			(3)00,50		
Address 1497 MAIN ST #321			STATE OF FLORIDA		
City DUNDEIN	State Florida	ZIP Code 34698	STONAL SURVEYOR &		
Signature	Date 02-11-2019	Telephone (727) 415-8305	Ext.		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) C2E ELEVATION IS TOP OF BASE OF AIR CONDITIONING UNIT					
THIS IS NOT TO BE USED FOR CONSTRUCTION, IS FOR HOME INSURANCE USE ONLY					

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/1111 N BAYSHORE BOULEVARD, BUILDING D, ALL U	Policy Number:			
,	tate ZIP orida 337	Code '59	Company NAIC Number	
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATION AO AND ZONE A (WI		REQUIRED)	
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below				
the highest adjacent grade (HAG) and the lowest aca. a) Top of bottom floor (including basement,				
crawlspace, or enclosure) isb) Top of bottom floor (including basement, crawlspace, or enclosure) is		☐ feet ☐ meter		
E2. For Building Diagrams 6–9 with permanent flood op the next higher floor (elevation C2.b in	enings provided in Secti			
the diagrams) of the building is		feet meter		
E3. Attached garage (top of slab) isE4. Top of platform of machinery and/or equipment servicing the building is		feet meter		
E5. Zone AO only: If no flood depth number is available	, is the top of the bottom No Unknown. Th	feet meter floor elevated in ac e local official must		
SECTION F – PROPERTY OWN	ER (OR OWNER'S REP	RESENTATIVE) CE	ERTIFICATION	
The property owner or owner's authorized representative who completes Sections A, B, 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, and E are correct to the best of my knowledge.				
Property Owner or Owner's Authorized Representative's	Name			
Address	City	Sta	ate ZIP Code	
Signature	Date	Te	lephone	
Comments				

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1111 N BAYSHORE BOULEVARD, BUILDING D, ALL UNITS				Policy Number:	
City CLEARWATER	State Florida	ZIP Code 33759		Company NAIC Number	
SECTIO	N G – COMMUNI	TY INFORMATION (OPTION	ONAL)		
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.					
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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 or Zone AO.	on E for a building	located in Zone A (without	a FEMA	-issued or community-issued BFE)	
G3. The following information (Items G4–	G10) is provided fo	or community floodplain ma	anageme	nt purposes.	
G4. Permit Number G5. Date Permit Issued				ate Certificate of ompliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction	n Substantial Improven	nent		
G8. Elevation of as-built lowest floor (including of the building:	feet	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at t	the building site: _		feet	meters Datum	
G10. Community's design flood elevation:	-		feet	meters Datum	
Local Official's Name Title					
Community Name Telephone					
Signature Date					
Comments (including type of equipment and location, per C2(e), if applicable)					
				Check here if attachments.	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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City CLEARWATER	State Florida	ZIP Code 33759	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW 02.08.19

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW 2-08-19

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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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. 1111 N BAYSHORE BOULEVARD, BUILDING D, ALL UNITS			
State Florida	ZIP Code 33759	Company NAIC Number	
	nit, Suite, and/or Bldg. No.) DING D, ALL UNITS State	nit, Suite, and/or Bldg. No.) or P.O. Route and Box No. DING D, ALL UNITS State ZIP Code	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption 02-08-19 EQUIPMENT VIEW

Clear Photo Three

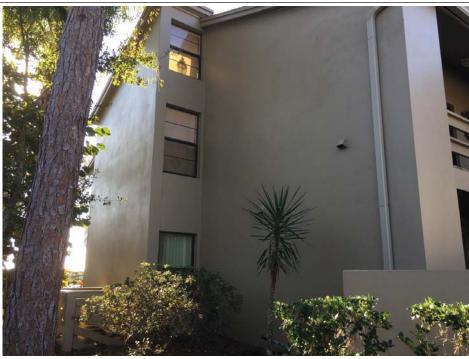


Photo Four

Photo Four Caption SIDE VIEW 02-08-19

Clear Photo Four
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