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 E, ALL UNITS						Company N	IAIC Number:
City						ZIP Code	
1	CLEARWATER Florida				33759		
A3. Property Desc PARCEL 10.29.19		nd Block Numbers, Ta 1000	ax Parcel	Number, Leg	gal Description, et	c.)	
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longi	tude: Lat. 2	7.976780	Long8	32.695707	Horizonta	ıl Datum: NAD '	1927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	 used 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	١		
d) Engineered	I flood openir	ngs? 🗌 Yes 🗵 N	No				
A9. For a building v	vith an attach						
a) Square foot	age of attach	ned garage		200.00 sq ft			
b) Number of	permanent flo					acent grade N/A	
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? Yes No							
a) Engineered nood openings: res No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number B2. County Name				B3. State			
CITY OF CLEARWATER 125096 PINELLAS COUNTY 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	levation(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							

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Se	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Ro 1111 N BAYSHORE BOULEVARD, BUILDING E, ALL UNITS	Policy Number:				
City State ZIF	Company NAIC Number				
CLEARWATER Florida 33	759				
SECTION C – BUILDING ELEVATION INFORMA	TION (SURVEY R	EQUIRED)			
	ilding Under Constru	uction* X Finished Construction			
*A new Elevation Certificate will be required when construction of the build	0 1				
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with Complete Items C2.a–h below according to the building diagram specified	in Item A7. In Puert				
Benchmark Utilized: GPS Vertical Datum					
Indicate elevation datum used for the elevations in items a) through h) bel	OW.				
□ NGVD 1929 ⊠ NAVD 1988 □ Other/Source:	DEE				
Datum used for building elevations must be the same as that used for the	BFE.	Check the measurement used.			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	r)	15.15 ⋉ feet ☐ meters			
b) Top of the next higher floor	,	15.80 × feet meters			
		N/A X feet meters			
c) Bottom of the lowest horizontal structural member (V Zones only)		14.33 × feet meters			
d) Attached garage (top of slab)		Motore			
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 		14.60 × feet meters			
f) Lowest adjacent (finished) grade next to building (LAG)		14.06 X feet meters			
g) Highest adjacent (finished) grade next to building (HAG)		17.98 × feet meters			
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 		14.06 × feet meters			
SECTION D – SURVEYOR, ENGINEER, OR AF	CHITECT CERTIF	ICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or an I certify that the information on this Certificate represents my best efforts to into statement may be punishable by fine or imprisonment under 18 U.S. Code, Se	erpret the data availa	y law to certify elevation information. able. I understand that any false			
Were latitude and longitude in Section A provided by a licensed land surveyor		$oxed{ imes}$ Check here if attachments.			
Certifier's Name License Number BILL HYATT FLORIDASURVEYOR@AOL.COM LS 4636		IL H. HYATT			
Title		ICENSE NUMBER			
PRESIDENT		4636			
Company Name KNOW IT NOW INC		1300			
Address					
1497 MAIN ST #321		STATE OF FLORIDA			
City State DUNDEIN Florida	ZIP Code 34698	TONAL SURVEYOR S.			
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 information from Section A.				FOR INSURANCE COMPANY USE		
	ding Street Address (including Apt., Unit, Suite, and N BAYSHORE BOULEVARD, BUILDING E, ALL	Policy Number:				
City		State Florida	ZIP Code 33759	Company NAIC Number		
	SECTION E – BUILDING EL FOR ZON	EVATION INFORMA E AO AND ZONE A		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.	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 adjacent grade (LAG).					
	a) Top of bottom floor (including basement, crawlspace, or enclosure) isb) Top of bottom floor (including basement,		feet _ meter	s 🗌 above or 🗌 below the HAG.		
5 0	crawlspace, or enclosure) is		feet meter			
E2.	For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in the diagrams) of the building is	ppenings provided in S	☐ feet ☐ meter			
E3.	Attached garage (top of slab) is		feet _ meter	s above or below the HAG.		
E4.	Top of platform of machinery and/or equipment servicing the building is		feet _ meter	s ☐ above or ☐ below the HAG.		
E5.	Zone AO only: If no flood depth number is available floodplain management ordinance? Yes			cordance with the community's certify this information in Section G.		
	SECTION F - PROPERTY OW	NER (OR OWNER'S I	REPRESENTATIVE) CE	RTIFICATION		
The	property owner or owner's authorized representatinunity-issued BFE) or Zone AO must sign here. T	ve who completes Sec he statements in Sect	ctions A, B, and E for Zo ions A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.		
Pro	perty Owner or Owner's Authorized Representative	s's Name				
Add	Iress	City	Sta	ate ZIP Code		
Sig	nature	Date	Te	lephone		
Cor	nments					
				Check here if attachments.		

ELEVATION CERTIFICATE

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

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 E, ALL UNITS				Policy Number:	
City CLEARWATER	State Florida	ZIP Code 33759		Company NAIC Number	
SECTIO	N G – COMMUNIT	Y INFORMATION (OPTIC	NAL)		
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 I	ocated in Zone A (without	a FEMA	a-issued or community-issued BFE)	
G3. The following information (Items G4–	G10) is provided for	r community floodplain ma	ınageme	ent purposes.	
G4. Permit Number	G5. Date Permit I	ssued		ate Certificate of ompliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction	☐ Substantial Improvem	nent		
G8. Elevation of as-built lowest floor (including of the building:	basement) —		feet	meters Datum	
G9. BFE or (in Zone AO) depth of flooding at t	he building site:		feet	meters Datum	
G10. Community's design flood elevation:	_		feet	meters Datum	
Local Official's Name		Title			
Community Name		Telephone			
Signature	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.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy	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 E, ALL UNITS			Policy Number:
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





Photo Two

Photo Two Caption REAR VIEW 2-08-19

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

			-
IMPORTANT: In these spaces, copy the	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 E, ALL UNITS			Policy Number:
City CLEARWATER	State Florida	ZIP Code 33759	Company NAIC Number

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 FRONT ENTRANCE VIEW

Clear Photo Three



Photo Four

Photo Four Caption FRONT ENTRANCE VIEW 02-08-19

Clear Photo Four
Form Page 6 of 6