



City of Treasure Island

120 108th Avenue
Treasure Island, FL 33706-4702
Phone (727) 547-4575
Fax (727) 547-4584

ELEVATION WORKSHEET

**For construction that raises the elevation of the seawall, cap,
or raises the grade of the site, or that which brings in fill to the site.**

Owners Name: _____ Address: _____

Next Door Existing Seawall Elevation _____	Project Existing Seawall Elevation _____ + increased elevation: _____ = proposed new elevation: _____	Next Door Existing Seawall Elevation _____
Seawall _____		Seawall _____
<p>Existing grade @ midpoint: _____</p> <p>↑ ↓</p> <p>POOL</p> <p>↑ ↓</p> <p>Next Door House/ Structure Floor Elevation</p> <p>X _____ X</p> <p>_____ Back of Curb Elevation _____ Centerline Elevation of Street _____</p>	<p>Existing grade @ midpoint: _____</p> <p>↑ ↓</p> <p>POOL</p> <p>↑ ↓</p> <p>Project House/ Structure Floor Elevation</p> <p>X _____ X</p> <p>_____ Back of Curb Elevation _____ Centerline Elevation of Street _____</p>	<p>Existing grade @ midpoint: _____</p> <p>↑ ↓</p> <p>POOL</p> <p>↑ ↓</p> <p>Next Door House/ Structure Floor Elevation</p> <p>X _____ X</p> <p>_____ Back of Curb Elevation _____ Centerline Elevation of Street _____</p>

*****IDENTIFY ANY RETAINING WALLS AND THEIR HEIGHT*****

Contractor Name: _____ License # _____

Contractor Address: _____

Contractor Phone #: _____ Contractor's Email: _____

Contractor Signature: _____ Date: _____

State of Florida
County of Pinellas

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

Notary Public _____
Personally known _____ Produced ID _____
Type of ID Produced _____

_____ Date