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

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

# **ELEVATION CERTIFICATE**

**Important:** 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 INSU             | RANCE COMPANY USE |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------|---------------------------------------|----------------------|-------------------|-------------------------------------------------------|
| A1. Building Owner's Name<br>Richard B. Holmes                                                                                                                                               |                                                   |                |                                       | Policy Num           | ber:              |                                                       |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1120 Abbeville Court                                                                   |                                                   |                |                                       | Company N            | IAIC Number:      |                                                       |
| City<br>Marco Island                                                                                                                                                                         | •                                                 |                |                                       |                      | ZIP Code<br>34145 |                                                       |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3, Block 219, Marco Beach Unit 7, as recorded in PB 6, Pg(s) 55-62, Collier County, Florida |                                                   |                |                                       |                      |                   |                                                       |
| A4. Building Use (e.g., Reside                                                                                                                                                               | ntial, Non-Residential, A                         | Addition       | , Accessory, etc.)                    | Residential          |                   |                                                       |
| A5. Latitude/Longitude: Lat.                                                                                                                                                                 | N25°55'24.21"                                     | Long. <u>V</u> | /81°43'16.65"                         | Horizontal Datui     | m: NAD            | 1927 🗵 NAD 1983                                       |
| A6. Attach at least 2 photogra                                                                                                                                                               | phs of the building if the                        | Certific       | ate is being used to                  | o obtain flood insur | ance.             |                                                       |
| A7. Building Diagram Number                                                                                                                                                                  | 1B                                                |                |                                       |                      |                   |                                                       |
| A8. For a building with a crawl                                                                                                                                                              | space or enclosure(s):                            |                |                                       |                      |                   |                                                       |
| a) Square footage of crav                                                                                                                                                                    | vlspace or enclosure(s)                           |                | 0 sq ft                               |                      |                   |                                                       |
| b) Number of permanent                                                                                                                                                                       | flood openings in the cra                         | awlspac        | e or enclosure(s) w                   | ithin 1.0 foot abov  | e adjacent gr     | rade0                                                 |
| c) Total net area of flood                                                                                                                                                                   | openings in A8.b                                  | ) s            | sq in                                 |                      |                   |                                                       |
| d) Engineered flood open                                                                                                                                                                     | ings? □ Yes ⊠ N                                   | 0              |                                       |                      |                   |                                                       |
| A9. For a building with an atta                                                                                                                                                              | A9. For a building with an attached garage:       |                |                                       |                      |                   |                                                       |
| a) Square footage of attached garage 550 sq ft                                                                                                                                               |                                                   |                |                                       |                      |                   |                                                       |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 2                                                                                          |                                                   |                |                                       |                      |                   |                                                       |
| ·                                                                                                                                                                                            |                                                   | _              | _                                     | or ano ro a ajacom   |                   |                                                       |
|                                                                                                                                                                                              | c) Total net area of flood openings in A9.b sq in |                |                                       |                      |                   |                                                       |
| a) Engineered libba open                                                                                                                                                                     | d) Engineered flood openings?                     |                |                                       |                      |                   |                                                       |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION                                                                                                                                      |                                                   |                |                                       |                      |                   |                                                       |
| B1. NFIP Community Name & Community Number CITY OF MARCO ISLAND 120426                                                                                                                       |                                                   |                | B2. County Name<br>COLLIER            |                      |                   | B3. State<br>Florida                                  |
| B4. Map/Panel B5. Suffix Number                                                                                                                                                              | B6. FIRM Index<br>Date                            | E              | IRM Panel<br>ffective/<br>evised Date | B8. Flood Zone(s     | (Zo               | se Flood Elevation(s)<br>ne AO, use Base<br>od Depth) |
| 12021C0836 H                                                                                                                                                                                 | 05/16/2012                                        |                | 6/2012                                | AE                   | 8                 | ou Depuity                                            |
| 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:  ☐ PART                 |                                                   |                |                                       |                      |                   |                                                       |
| 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 DPA                                                                                                                                                                   |                                                   |                |                                       |                      |                   |                                                       |
|                                                                                                                                                                                              |                                                   |                |                                       |                      |                   |                                                       |

# **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/or 1120 Abbeville Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Policy Number:             |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| City State ZIP Code Marco Island Florida 34145                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                             | Company NAIC Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <ul> <li>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.</li> <li>C2. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.</li> </ul>                                                                                                            |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Benchmark Utilized: AC3264                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Vertical Datum             |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Indicate elevation datum used for the elevations in ite ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Source:                    |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Datum used for building elevations must be the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e as that used for the     | BFE.                        | Check the measurement used.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| a) Top of bottom floor (including basement, crawlsp:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ace, or enclosure floo     | r)10. 0                     | × feet    meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| b) Top of the next higher floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            | N/A                         | x feet _ meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| c) Bottom of the lowest horizontal structural membe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r (V Zones only)           | N/A                         | <b>x</b> feet  meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| d) Attached garage (top of slab)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            | <u> </u>                    | x feet  meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| e) Lowest elevation of machinery or equipment serv<br>(Describe type of equipment and location in Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ricing the building ments) | 10. 0                       | x feet meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| f) Lowest adjacent (finished) grade next to building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (LAG)                      | <u> </u>                    | x feet  meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| g) Highest adjacent (finished) grade next to building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (HAG)                      | <u> </u>                    | x feet  meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| h) Lowest adjacent grade at lowest elevation of dec<br>structural support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | k or stairs, including     | N/A                         | X feet meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| 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 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 licensed land surveyor? ⊠Yes □No □ Check here if attachments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Certifier's Name<br>John Pacetti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | License Number<br>6916     |                             | P PAO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Title<br>Professional Surveyor and Mapper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                             | SOLERT IFICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| Company Name<br>Marco Surveying & Mapping, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                             | No. 6916  Plu acetti STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| Address<br>3825 Beck Boulevard, Suite 725                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                             | STATE OF STA |  |  |
| City<br>Naples                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State<br>Florida           | ZIP Code<br>34114           | 1,70/ Survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| Signature Digitally signed by John Pacetti<br>Date: 2017.12.08 13:24:41 -05'00'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date<br>12/05/2017         | Telephone<br>(239) 389-0026 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 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) A9a Square footage was derived from the Collier County Property Appraiser's website. C2a is the front door threshold as there was no access to the structure. C2e is the A/C pad (W. side). Property is subject to a City of Marco Island Mandated 9.0 minimum floor elevation. According to the Collier County Property Appraiser structure was built in 2004. The stem-wall at the NE corner of structure has a 2.4' x 1.8' wooden cover on the outside face of it. This does not appear to be a crawlspace opening. |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| WO# 17-614 tq/t8, FB158, PG47, 12/05/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |

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| MPORTANT: In these spaces, copy the corresponding                                                                                                                                                                                                                     | <u> </u>                                                     |                                              | FOR INSURANCE COMPANY USE                                        |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------|--|--|
| Building Street Address (including Apt., Unit, Suite, and/<br>1120 Abbeville Court                                                                                                                                                                                    | or Bldg. No.) or P.O. Ro                                     | ute and Box No.                              | Policy Number:                                                   |  |  |
|                                                                                                                                                                                                                                                                       | tate ZIP<br>Iorida 341                                       | Code<br>45                                   | Company NAIC Number                                              |  |  |
| SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)                                                                                                                                                                 |                                                              |                                              |                                                                  |  |  |
| For Zones AO and A (without BFE), complete Items E1-complete Sections A, B,and C. For Items E1–E4, use na enter meters.                                                                                                                                               | -E5. If the Certificate is in<br>atural grade, if available. | ntended to support a<br>Check the measure    | LOMA or LOMR-F request,<br>ment 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 adjacent grade (LAG).  a) Top of bottom floor (including basement, |                                                              |                                              |                                                                  |  |  |
| crawlspace, or enclosure) is b) Top of bottom floor (including basement,                                                                                                                                                                                              | . ————                                                       | ☐ feet ☐ meter                               | s above or below the HAG.                                        |  |  |
| crawlspace, or enclosure) is  E2. For Building Diagrams 6–9 with permanent flood op                                                                                                                                                                                   | enings provided in Secti                                     | feet  meter                                  |                                                                  |  |  |
| the next higher floor (elevation C2.b in the diagrams) of the building is                                                                                                                                                                                             | . ————                                                       | feet meter                                   |                                                                  |  |  |
| E3. Attached garage (top of slab) is                                                                                                                                                                                                                                  | ·                                                            | ☐ feet ☐ meter                               | rs above or below the HAG.                                       |  |  |
| E4. Top of platform of machinery and/or equipment servicing the building is                                                                                                                                                                                           |                                                              | ☐ feet ☐ meter                               | rs above or below the HAG.                                       |  |  |
| E5. Zone AO only: If no flood depth number is available floodplain management ordinance?   Yes                                                                                                                                                                        |                                                              |                                              |                                                                  |  |  |
| SECTION F – PROPERTY OWN                                                                                                                                                                                                                                              | ER (OR OWNER'S REP                                           | RESENTATIVE) CE                              | ERTIFICATION                                                     |  |  |
| The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. Th                                                                                                                                                           | e who completes Sectior<br>e statements in Sections          | ns A, B, and E for Zo<br>A, B, and E are cor | ne A (without a FEMA-issued or rect to the best of my knowledge. |  |  |
| Property Owner or Owner's Authorized Representative's                                                                                                                                                                                                                 | s Name                                                       |                                              |                                                                  |  |  |
| Address                                                                                                                                                                                                                                                               | City                                                         | St                                           | ate ZIP Code                                                     |  |  |
| Signature                                                                                                                                                                                                                                                             | Date                                                         | Te                                           | lephone                                                          |  |  |
| Comments                                                                                                                                                                                                                                                              |                                                              |                                              |                                                                  |  |  |
|                                                                                                                                                                                                                                                                       |                                                              |                                              |                                                                  |  |  |
|                                                                                                                                                                                                                                                                       |                                                              |                                              |                                                                  |  |  |
|                                                                                                                                                                                                                                                                       |                                                              |                                              |                                                                  |  |  |
|                                                                                                                                                                                                                                                                       |                                                              |                                              |                                                                  |  |  |
|                                                                                                                                                                                                                                                                       |                                                              |                                              |                                                                  |  |  |
|                                                                                                                                                                                                                                                                       |                                                              |                                              |                                                                  |  |  |
|                                                                                                                                                                                                                                                                       |                                                              |                                              |                                                                  |  |  |
|                                                                                                                                                                                                                                                                       |                                                              |                                              |                                                                  |  |  |
|                                                                                                                                                                                                                                                                       |                                                              |                                              | ☐ Check here if attachments.                                     |  |  |

# **ELEVATION CERTIFICATE**

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| IMPORTANT: In these spaces, copy the corre                                                                                                                                                                                                                                                                                       | FOR INSURANCE COMPANY USE    |                            |                                                    |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------|----------------------------------------------------|--|--|
| Building Street Address (including Apt., Unit, State 1120 Abbeville Court                                                                                                                                                                                                                                                        | Policy Number:               |                            |                                                    |  |  |
| City<br>Marco Island                                                                                                                                                                                                                                                                                                             | State<br>Florida             | ZIP Code<br><b>34145</b>   | Company NAIC Number                                |  |  |
| SECTION G - COMMUNITY INFORMATION (OPTIONAL)                                                                                                                                                                                                                                                                                     |                              |                            |                                                    |  |  |
| 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 Zone AO.                                                                                                                                                                                                                                                                              | ion E for a building locate  | d in Zone A (without a FEM | A-issued or community-issued BFE)                  |  |  |
| G3. The following information (Items G4-                                                                                                                                                                                                                                                                                         | -G10) is provided for com    | munity floodplain managem  | ent purposes.                                      |  |  |
| G4. Permit Number                                                                                                                                                                                                                                                                                                                | G5. Date Permit Issued       |                            | Date Certificate of<br>Compliance/Occupancy Issued |  |  |
| G7. This permit has been issued for:                                                                                                                                                                                                                                                                                             | ]New Construction ☐ S        | Substantial Improvement    |                                                    |  |  |
| G8. Elevation of as-built lowest floor (including of the building:                                                                                                                                                                                                                                                               | g basement)                  |                            | meters Datum                                       |  |  |
| G9. BFE or (in Zone AO) depth of flooding at                                                                                                                                                                                                                                                                                     | the building site:           |                            | meters Datum                                       |  |  |
| G10. Community's design flood elevation:                                                                                                                                                                                                                                                                                         |                              |                            | meters Datum                                       |  |  |
| Local Official's Name                                                                                                                                                                                                                                                                                                            | :                            | Title                      |                                                    |  |  |
| Community Name                                                                                                                                                                                                                                                                                                                   |                              | Telephone                  |                                                    |  |  |
| Signature                                                                                                                                                                                                                                                                                                                        |                              | Date                       |                                                    |  |  |
| Comments (including type of equipment and loa                                                                                                                                                                                                                                                                                    | cation, per C2(e), if applic | cable)                     |                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                  |                              |                            |                                                    |  |  |
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|                                                                                                                                                                                                                                                                                                                                  |                              |                            |                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                  |                              |                            | 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, co                                                                                         | FOR INSURANCE COMPANY USE |          |                     |
|------------------------------------------------------------------------------------------------------------------------|---------------------------|----------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1120 Abbeville Court |                           |          | Policy Number:      |
| City                                                                                                                   | State                     | ZIP Code | Company NAIC Number |
| Marco Island                                                                                                           | Florida                   | 34145    |                     |

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, 12/05/2017



Photo Two

Photo Two Caption Vent View, 12/05/2017

### **BUILDING PHOTOGRAPHS**

Continuation Page

State

Florida

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

Company NAIC Number

**ELEVATION CERTIFICATE** 

City

Marco Island

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 1120 Abbeville Court

ZIP Code

34145

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 Side (W.) View, 12/05/2017



Photo Four

Photo Four Caption A/C View, 12/05/2017

#### **BUILDING PHOTOGRAPHS**

OMB No. 1660-0008

Continuation Page Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, co                          | FOR INSURANCE COMPANY USE |          |                     |
|---------------------------------------------------------|---------------------------|----------|---------------------|
| Building Street Address (including 1120 Abbeville Court | Policy Number:            |          |                     |
| City                                                    | State                     | ZIP Code | Company NAIC Number |
| Marco Island                                            | Florida                   | 34145    | 202                 |

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 Five

Photo Five Caption Side (E.) View, 12/05/2017

**ELEVATION CERTIFICATE** 



Photo Six

Photo Six Caption Rear View, 12/05/2017