

994674

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

Policy Number

Company NAIC Number

BUILDING OWNER'S NAME
Jesus Guerrero and Silvia T. Garcia

BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. No.) OR P.O. ROUTE AND BOX NO
1170 Abbeyville Court

CITY STATE ZIP CODE
Marco Island, FL 34145

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 8, Block 219, Marco Beach Unit 7

BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary)
Residential

LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS Type: USGS Quad Map Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER
City of Marco 120426

B2. COUNTY NAME
Collier

B3. STATE
FL

B4. MAP AND PANEL NUMBER
0812

B5. SUFFIX
E

B6. FIRM INDEX DATE
7/20/98

B7. FIRM PANEL EFFECTIVE/REVISED DATE
7/20/98

B8. FLOOD ZONE(S)
AE

B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
+11.0'

310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

311. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

312. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

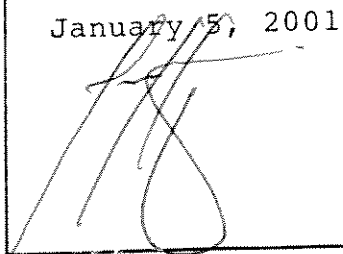
C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum	Conversion/Comments
Elevation reference mark used <u>site BM</u>	Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>11.08</u> ft. (m)
<input type="checkbox"/> b) Top of next higher floor	ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>8.38</u> ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>11.02</u> ft. (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>8.20</u> ft. (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>8.80</u> ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>40</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>253</u> sq. in. (sq. m)

License Number, Embossed Seal, Signature, and Date

PSM LS NO 2982
January 5, 2001



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME
Antonio Trigo

LICENSE NUMBER
2982

TITLE
Professional Surveyor and Mapper

COMPANY NAME
A. Trigo & Associates, Inc.

ADDRESS
2223 Trade Center Way

CITY STATE ZIP CODE
Naples FL 34109

SIGNATURE
DATE TELEPHONE

1-4-00

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	
1170 Abbeyville Court				
CITY	STATE	ZIP CODE	Company NAIC Number	
Marco Island	FL	34145		

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS _____

_____ | Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft.(m) _____ in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____

ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
SIGNATURE _____	DATE _____	TELEPHONE _____	

COMMENTS _____

_____ | Check here if attachments

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.

1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER _____	G5. DATE PERMIT ISSUED _____	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____
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7. This permit has been issued for: New Construction Substantial Improvement
8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME _____	TITLE _____
COMMUNITY NAME _____	TELEPHONE _____
SIGNATURE _____	DATE _____

COMMENTS *WMS 1/25* _____

_____ | Check here if attachments