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FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

	Important: Rea		INCOME .		For Insurance Company	VIEW
	SECTION A - PR	OPERTY OWNER	INPURCIA		Policy Number	
Andrew & Kathleen Davis					AN EXCLUSION	
UILDING STREET ADDRESS (Including A	Apt., Unit, Suile, and/or	Bidg. No.) OR P.O. R	OUTE AND B	OX NO.	Company NAIC Number	New Sector Cher
660 Amber Dr.			And the second second		ZIP CODE	ar de une of year
Marco ISland			STATE	FL .	34	4145
ROPERTY DESCRIPTION (Lot and Block Lot 2, Block 346,	Numbers, Tax Parcel Marco Isl	Number, Legel Descr	iption, etc.)			
UILDING USE (e.g., Residential, Non-resi	dential, Addition, Acces	sory, etc. Use a Con	nments area, i	necessary.)		
residential			OURCE:			
TITUDELONGITUDE (OPTIONAL)	HORIZONTAL			USGS Quad Ma	D Other:	
##"-##"-##.##" or ##.#####")			4			
SEC	TION B - FLOOD IN	SURANCE RATE	MAP (FIRM)	INFORMATIO	1	
1. NEIP COMMUNITY NAME & COMMUN	NITY NUMBER B	2. COUNTY NAME		I	B3. STATE	
ity of Marco 1204	26	. Col 1	lier		Florida	
B4. MAP AND PANEL B5. SUFFIX	B6. FIRM INDEX	B7. FIRM PA	NEL	B8. FLOOD	B9. BASE FLOOD EL (Zone AO, use depth	EVATION(S
NUMBER	DATE 7/20/98	EFFECTIVE/REVI		ZONE(S) A'E	+11.0'	
					1	
0. Indicate the source of the Base Flo	od Elevation (BFE)	Determined	l Other (Dee	vihe).		
FIS Profile			INAVO 198	a i j Other (D	escribe):	
I. Indicate the elevation datum used 2. Is the building located in a Coastal	For the DFE III Da. 12		a or Otherwit	e Protected An	ea (OPA)?	X No
	Bamer Resources 3					
Designation Date:						
SECTIC	ON C - BUILDING EL	EVATION INFORM	NATION (SU	RVEY REQUIR	ED)	
*A new Elevation Certificate will be Building Diagram Number (S pages 6 and 7. If no diagram accur Elevations – Zones A1-A30, AE, AH	required when const telect the building dia rately represents the t, A (with BFE), VE, V	ruction of the build gram most similar i building, provide a V1-V30, V (with BFI leagram specified in	ing is complet to the buildin sketch or ph E), AR, AR/A I tem C2. Sta	te. g for which this otograph.) , AR/AE, AR/A ate the datum u	1-A30, AR/AH, AR/AO sed. If the datum is diffe	ipleted - s erent from
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IMPORTANT: In these spaces, o	For Insurance Company Use:		
BUILDING STREET ADDRESS (Inclus	Policy Number		
660 Amber Dr.	STATE		P CODE Company NAIC Number
Marco Island		L 34145	
	I D - SURVEYOR, ENGINEER, OR AR		
Copy both sides of this Elevation C	Certificate for (1) community official, (2)) insurance agent/compa	ny, and (3) building owner.
COMMENTS			
			Check here if attachments
	VATION INFORMATION (SUBVEY N		NE AO AND ZONE A (WITHOUT BFE)
	BFE), complete Items E1. through E4.		
information for a LOMA or LOMR-F	, Section C must be completed.		
E1. Building Diagram Number	(Select the building diagram most si	milar to the building for w	hich this certificate is being completed -
see pages 6 and 7. If no diagra	am accurately represents the building,	provide a sketch or photo	ygraph.)
E2. The top of the bottom floor (incl	luding basement or enclosure) of the b int grade. (Use natural grade, if availal) in.(cm) above or below
(cneck one) the highest adjace	openings (see page 7), the next highe	r floor or elevated floor (e	levation b) of the building is
ft.(m) lin.(cm) abo	ove the highest adjacent grade. Comp	lete Items C3.h and C3.i	on front of form.
E4. For Zone AO only: If no flood d	lepth number is available, is the top of	the bottom floor elevated	in accordance with the community's
floodplain management ordina		n. The local official must	CERTIFICATION
The property owner or owner's aut	thorized representative who completes	in here. The statements i	in Sections A, B, C, and E are correct to
the best of my knowledge.			
PROPERTY OWNER'S OR OWNER'S	S AUTHORIZED REPRESENTATIVE'S NAI	WE	
ADDRESS	cri	Ŷ	STATE ZIP CODE
SIGNATURE	DA	ſĔ	TELEPHONE
COMMENTS			
			Check here if attachments
	SECTION G - COMMUNITY IN		
The local official who is authorized I	by law or ordinance to administer the c	ommunity's floodplain ma	nagement ordinance can complete
Sections A, B, C (or E), and G of the	is Elevation Certificate. Complete the a C was taken from other documentation	that has been signed an	d embossed by a licensed surveyor,
engineer, or architect who	is authorized by state or local law to ce	artify elevation information	. (Indicate the source and date of the
elevation data in the Com	ments area below.)		
	eted Section E for a building located in	Zone A (without a FEMA	-issued or community-issued BFE) or
Zone AO.	Items G4-G9) is provided for communit	v floodolain managemen	DUTDOSES.
	G5. DATE PERMIT ISSUED		CATE OF COMPLIANCE/OCCUPANCY
G4. PERMIT NUMBER	GO. DATE PERMIT ISSUED	ISSUED	
G7. This permit has been issued for	r: New Construction Subs	stantial Improvement	
G8. Elevation of as-built lowest floo	r (including basement) of the building is	s:	ft.(m) Datum:
G9. BFE or (in Zone AO) depth of fi	ooding at the building site is:		ft.(m)Datum:
LOCAL OFFICIAL'S NAME		TITLE	
COMMUNITY NAME		TELEPHONE	
SIGNATURE	Λ	DATE 2/20/02	
COMMENTS KMAMIL	<u> </u>	<u>eraure</u>	
7			[] Check here if attachments