### 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.

					FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name Stephen J. Short Revocable Trust Policy Number:					ber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 840 Amber Drive				Company N	IAIC Number:		
City Marco Island	State Florida			ZIP Code 34145			
1 ' ' ' ' '	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 22, Block 343, Marco Beach Unit 10, as recorded in PB 6, Pg(s) 74, Collier County, Florida						
A4. Building Use (e.g., Reside	ential, Non-Residential, A	Addition	, Accessory, etc.)	Residential			
A5. Latitude/Longitude: Lat.	N25°55'00.2"	Long. <u>V</u>	/81°43'30.2"	Horizontal Datur	n: NAD ′	1927 🗵 NAD 1983	
A6. Attach at least 2 photogra	phs of the building if the	Certific	ate is being used to	obtain flood insur	ance.		
A7. Building Diagram Number	1B						
A8. For a building with a craw	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 above	adjacent gr	ade0	
c) Total net area of flood	openings in A8.b	) s	sq in				
d) Engineered flood oper	ings? □ Yes ⊠ N	0					
A9. For a building with an attached garage:							
a) Square footage of attached garage520 sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade3							
c) Total net area of flood openings in A9.b 384* sq in							
d) Engineered flood openings? 🕱 Yes 🗌 No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & CITY OF MARCO ISLAND			B2. County Name COLLIER			B3. State Florida	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s	´   (Zo	se Flood Elevation(s) ne AO, use Base od Depth)	
12021C0836 H	05/16/2012		6/2012	AE	9	od Deptil)	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9:   NGVD 1929   NAVD 1988  Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No							
Designation Date: CBRS OPA							

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Building Street Address (including Apt., Unit, Suite, and/or 840 Amber Drive	Policy Number:					
City	e ZIP	Code	Company NAIC Number			
Marco Island Flor	da 3414	15	333			
SECTION C – BUILDING ELI	EVATION INFORMAT	ION (SURVEY RI	EQUIRED)			
C1. Building elevations are based on: Construction  *A new Elevation Certificate will be required when concern the construction of the build complete Items C2.a—h below according to the build Benchmark Utilized: AC 3264  Indicate elevation datum used for the elevations in it    NGVD 1929   NAVD 1988   Other/S	onstruction of the building VE, V1–V30, V (with Billing diagram specified in the vertical Datum: ems a) through h) belowers.	FE), AR, AR/A, AR/ n Item A7. In Puert NAVD 88	 /AE, AR/A1–A30, AR/AH, AR/AO.			
Datum used for building elevations must be the same	e as that used for the B	FE.				
a) Top of bottom floor (including becoment, erousen	and or analogue floor	11.9	Check the measurement used.			
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor,	21 9	X feet  meters			
b) Top of the next higher floor			x feet meters			
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	N/A.	x feet meters			
d) Attached garage (top of slab)		<u>8</u> . 6	X feet  meters			
<ul> <li>e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com</li> </ul>	ricing the building ments)	11.7	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>9</u> . <u>2</u>	x feet  meters			
<ul> <li>h) Lowest adjacent grade at lowest elevation of dec structural support</li> </ul>	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	License Number		211102			
John Pacetti	6916		P PACA			
Title Professional Surveyor and Mapper			SOF RT IF ICAN			
Company Name			No. 6916			
Marco Surveying & Mapping, LLC			STATE OF			
Address 3825 Beck Boulevard, Suite 725			0 // 07,75 05			
			FLORIDA &			
City Naples	State Florida	ZIP Code 34114	FLORION &			
City			FLORION &			
City Naples Signature Digitally signed by John Pacetti	Florida  Date 06/21/2019	34114 Telephone (239) 389-0026	PLORION &			
City Naples Signature Digitally signed by John Pacetti Date: 2019.07.03 14:46:39 -04'00'	Date 06/21/2019  Ints for (1) community of C2(e), if applicable) Property Appraiser's went door threshold as the ents more restrictive th	Telephone (239) 389-0026 ficial, (2) insurance ebsite. A9b is (3) flere was no access an the base flood e	agent/company, and (3) building owner.  ood openings, Smart Vent, Model to the structure. C2e is the A/C pad elevation shown hereon, consult			

## **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the correspond	ing information from Sec	tion A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and 840 Amber Drive	d/or Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:
3	State ZIP ( Florida 3414	Code 15	Company NAIC Number
SECTION E – BUILDING EL FOR ZONI	EVATION INFORMATIO E AO AND ZONE A (WIT	N (SURVEY NOT HOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1 complete Sections A, B,and C. For Items E1–E4, use r enter meters.	I–E5. If the Certificate is int natural grade, if available. C	ended to support a Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a a) Top of bottom floor (including basement,		es to show whethe	r the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		☐ feet ☐ meter	s 🔲 above or 🗌 below the HAG.
crawlspace, or enclosure) is		☐ feet ☐ meter	
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in the diagrams) of the building is	ppenings provided in Sectio	n A Items 8 and/or ☐ feet ☐ meter	
E3. Attached garage (top of slab) is	·	☐ feet ☐ meter	s □ above or □ below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ meter	s □ above or □ below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	le, is the top of the bottom ] No Unknown. The	floor elevated in ac local official must o	cordance with the community's certify this information in Section G.
SECTION F – PROPERTY OW	NER (OR OWNER'S REP	RESENTATIVE) CE	ERTIFICATION
The property owner or owner's authorized representation community-issued BFE) or Zone AO must sign here. T	ve who completes Sections he statements in Sections	s A, B, and E for Zo 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 Name		
Address	City	Sta	ate ZIP Code
Signature	Date	Te	lephone
Comments			
			☐ Check here if attachments.

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IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 840 Amber Drive	uite, and/or Bldg. N	No.) or P.O. Route and Box	No.	Policy Number:	
City Marco Island	State Florida	ZIP Code <b>34145</b>		Company NAIC Number	
SECTION	ON G – COMMUNI	ITY INFORMATION (OPTIO	ONAL)		
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	n Certificate. Comp				
G1. The information in Section C was taken engineer, or architect who is authorized that in the Comments area below.)					
G2. A community official completed Sector Zone AO.	ion E for a building	g located in Zone A (without	a FEMA	-issued or community-issued BFE)	
G3. The following information (Items G4-	-G10) is provided f	or community floodplain ma	anageme	nt purposes.	
G4. Permit Number	G5. Date Permi	t Issued		ate Certificate of ompliance/Occupancy Issued	
G7. This permit has been issued for:	☐ New Constructio	on	nent		
G8. Elevation of as-built lowest floor (includin of the building:	g basement)		feet	meters Datum	
G9. BFE or (in Zone AO) depth of flooding at	the building site:		feet	meters Datum	
G10. Community's design flood elevation:		·	feet	meters Datum	
Local Official's Name Title floodplain Coordinator					
Community Name Telephone City of Marco island					
Signature		Date			
Comments (including type of equipment and lo	cation, per C2(e),	if applicable)			
( 3)	, , , , , , , , , , , , , , , , , , , ,	,			
REVIEW	WED				
		2:04 pm, Jul 22, 2019			
				☐ Check here if attachments.	

#### **BUILDING PHOTOGRAPHS**

OMB No. 1660-0008

See Instructions for Item A6. Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 840 Amber Drive	Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No	. Policy Number:
City Marco Island	State Florida	ZIP Code 34145	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption: Front View (S) on 06/21/2019

**ELEVATION CERTIFICATE** 



Photo Two

Photo Two Caption: Left Side View (W) on 06/21/2019

### **BUILDING PHOTOGRAPHS**

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

**ELEVATION CERTIFICATE** Continuation Page

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: 840 Amber Drive City State ZIP Code Company NAIC Number Marco Island Florida 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: Rear View #1 (N) on 06/21/2019



Photo Four

Photo Four Caption: Rear View #2 (N) on 06/21/2019

### **BUILDING PHOTOGRAPHS**

OMB No. 1660-0008

Continuation Page Expiration Date: November 30, 2018

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Building Street Address (including 840 Amber Drive	Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City Marco Island	State Florida	ZIP Code 34145	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Five Caption: Right Side View (E) with A/C Pad on 06/21/2019

**ELEVATION CERTIFICATE** 



Photo Six Caption : Right Side View (E) with (2) Flood Openings on 06/21/2019