

PERM 11 # 005257

**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 page 1 - 7.

<b>SECTION A - PROPERTY INFORMATION</b>			For Insurance Company Use:
BUILDING OWNER'S NAME Slocum and Christian, Inc.		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NO. 178 Angler Court		Company NAIC Number	
CITY City of Marco Island	STATE FL	ZIP CODE 34145	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 9 Block 61 Marco Beach Unit Two Plat Book 6, Pages 25 - 31			
BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.##°)	HORIZONTAL DATUM <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120426		B2. COUNTY NAME Collier		B3. STATE Florida	
B4. MAP AND PANEL NUMBER 0804	B5. SUFFIX D	B6. FIRM INDEX DATE July 20, 1998	B7. FIRM PANEL EFFECTIVE/REVISED DATE June 3, 1986	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (In AO Zones, use depth of flooding) 10
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____					

**SECTION C - BUILDING ELEVATION INFORMATION**

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 C3a-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 NGVD 1929    Conversion/Comments \_\_\_\_\_

Elevation reference mark used 5.04'    Does the elevation reference mark used appear on the FIRM?  Yes     No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	10	5	ft. (m)	License Number, Embossed Seal, Signature, and Date	
<input type="checkbox"/> b) Top of next higher floor			ft. (m)		
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)			ft. (m)		
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	8	3	ft. (m)		
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building			ft. (m)		
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	7	4	ft. (m)		
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	9	0	ft. (m)		
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	4				
<input checked="" type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	1296	sq. in. (sq. cm)			

**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 Section 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 T. ALAN NEAL		LICENSE NUMBER P.S.M. #4656	
TITLE VICE PRESIDENT		COMPANY NAME AMERICAN ENGINEERING CONSULTANTS, Inc.	
ADDRESS 790 HARBOUR DRIVE	CITY NAPLES	STATE FLORIDA	ZIP CODE 34103
SIGNATURE 	DATE 06/11/01	TELEPHONE (941) 649-1551	

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NO. 178 Angler Court			Policy Number
CITY City of Marco Island	STATE FL	ZIP CODE 34145	Company NAIC Number

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

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

COMMENTS

**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 E3. If the Elevation Certificate is intended for use as supporting information for a LOMA of LOMR-F, Section C must be completed.

- E1. 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.)
- E2. 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.
- E3. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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.

- G1.  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.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community issued BFE) or Zone AO.
- G3.  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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- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft. (m) Datum: \_\_\_\_\_
- G9. 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 <i>K. Smith</i>	DATE 7/31/01
COMMENTS: _____	

Check here if attachments