

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME J & L Properties Of SW Fl., L.L.C. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 1300 Aubumdale Avenue ZIP CODE STATE CITY Florida 34145 Marco Island PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2 Block 295, Marco Beach Unit 8 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential SOURCE: GPS (Type): HORIZONTAL DATUM: LATITUDE/LONGITUDE (OPTIONAL) ☐ Other: USGS Quad Map □ NAD 1927 □ NAD 1983 (##° - ##' - ## ##" or ## #####°) SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B2. COUNTY NAME B3. STATE** B1. NEP COMMUNITY NAME & COMMUNITY NUMBER Collie Marco Island 120426 B9. BASE FLOOD ELEVATION(S) **B7 FIRM PANEL** B4 MAP AND PANEL (Zone AO, use depth of flooding) B8. FLOOD ZONE(S) EFFECTIVE/REVISED DATE B5. SUFFIX **B6. FIRM INDEX DATE** NUMBER 08-03-92 10 07-20-98 E 120426-812 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Community Determined Other (Describe): X FIRM FIS Profile □ NAVD 1988 □ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date Yes X No SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) M Finished Construction C1. Building elevations are based on: Construction Drawings* ☐ Building Under 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. Conversion/Comments Does the elevation reference mark used appear on the FIRM? Yes No Elevation reference mark used_ 10. 1 ft.(m) a) Top of bottom floor (including basement or enclosure) NA . __ft.(m) □ b) Top of next higher floor Number, Embossed <u>N/A</u>.__ft.(m) a c) Bottom of lowest horizontal structural member (V zones only) 7. 7 ft.(m) (top of slab) e) Lowest elevation of machinery and/or equipment 10.1 ft(m) 6 servicing the building (Describe in a Comments area) 7.6fL(m) (LAG) I Lowest adjacent (finished) grade (LAG) 8.0 ft.(m) g) Highest adjacent (finished) grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 3 i) Total area of all permanent openings (flood vents) in C3.h 384 sq. in. (sq. cm) 4-20 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 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. LICENSE NUMBER 6473 CERTIFIER'S NAME Ronald W. Walling COMPANY NAME South Collier Surveying TITLE Land Surveyor STATE ZIP CODE CITY **ADDRESS** Florida 34146 Marco Island P.O. Box 1835 TELEPHONE DATE SIGNATURE

10-19-05

239-393-2241

IMPORTANT: In these spaces, copy the corresponding information from Section A.			Name of the second	For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt.,	Unit, Suite, and/or Bldg. No.) OR P.O. ROUTI	E AND BOX NO.	The state of the s	Policy Number	
CITY		STATE	ZIPCODE	Company NAIC Number	
SECT	ION D - SURVEYOR, ENGINEER,	OR ARCHITECT CEI	RTIFICATION (CONTINUE	ED)	
Copy both sides of this Elevation Certificate	e for (1) community official, (2) insurance	agent/company, and (3)	building owner.	en e on can distribution de la constant de	
COMMENTS C-3/E Air Conditioner Pad					
	15-00/00/00/00/00/00/00/00/00/00/00/00/00/				
			CONCURSOR CONTRACTOR ATTRACTOR CONTRACTOR CO	Check here if attachments	
	LEVATION INFORMATION (SUR)	en der kannen er kannen kommitten en bestelle betre en bestelle betrek en generale er en bestelle bestelle bes	AND AND AND ADDRESS OF THE PARTY OF THE PART		
or Zone AO and Zone A (without BFE), con ection C must be completed.	nplete Items E1 through E4. If the Eleval	tion Certificate is intended	d for use as supporting informa	ation for a LOMA or LOMR-F,	
ection C must be completed. 1. Building Diagram Number(Select the b	ouilding diagram most similar to the build	ing for which this certifica	ite is being completed – see pa	ages 6 and 7. If no diagram accurately	
represents the building, provide a sketch	or photograph.)	•			
The top of the bottom floor (including bas natural grade, if available)	ement or enclosure) of the building is	ft.(m)in.(cm) [] ab	pove 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 ele	evated floor (elevation h)	of the building is # fm)	in.(cm) above the highest adiacent	
grade. Complete items C3.h and C3.i or	n front of form.		-		
4. The top of the platform of machinery and	for equipment servicing the building is	ft.(m)in.(cm) [] ab	pove or 🔲 below (check one) the highest adjacent grade. (Use	
natural grade, if available). 5. For Zone AO only: If no flood depth num	her is qualishle is the top of the hollows	form plausted in constr-	yna with the recommended are	nlain management re-t	
	per is available, is the top or the bottom t ocal official must certify this information ii		AC VARIABLE CONTRIBUTED S 1000	pratitition rayetherit or an ance?	
CONTRACTOR OF THE PROPERTY FOR THE PROPERTY OF	ON F - PROPERTY OWNER (OR (ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	NTATIVE) CERTIFICATION	No.	
The property owner or owner's authorized nasued BFE) or Zone AO must sign here. 7				thout a FEMA-issued or community-	
PROPERTY OWNER'S OR OWNER'S AL	JTHORIZED REPRESENTATIVE'S NA	ME			
ADDRESS		CITY	STAT	E ZIP CODE	
SIGNATURE		DATE	TELE	PHONE	
COMMENTS					
				Check here if attachments	
	SECTION G - COMMUNI	TY INFORMATION (OPTIONAL)	Sound or several rooms is undought for the	
ne local official who is authorized by law or c	ordinance to administer the community's	estation with the control of the con	entre de la composition de la composit	ons A, B, C (or E), and G of this Elevati	
ertificate. Complete the applicable item(s) a	and sign below.		•	•	
 The information in Section C was take or local law to certify elevation inform 	en from other documentation that has be nation. (Indicate the source and date of the			neer, or architect who is authorized by	
A community official completed Section	on E for a building located in Zone A (with	hout a FEMA-issued or c	,	e AO.	
3. The following information (Items G4-0			*		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6	DATE CERTIFICATE OF COM	PLIANCE/OCCUPANCY ISSUED	
7. This permit has been issued for: New	 √Construction □ Substantial Improve	ment L			
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		A Comment of the Comm			
COMMUNITY NAME		TELEPH	-fone		
GIGNATURE		DATE	90099909899090000000000000000000000000		
COMMENTS		handragide der die der der der der der der der der der de			
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	1 13/11/ 11-4	1-2005		Check here if attachments	
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