

#024430

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

Expires July 31, 2002

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
FCI HOMES, INC.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
383 Bald Eagle Drive

CITY Marco Island STATE Florida ZIP CODE 34145

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 35, Block 19, Marco Beach U-1

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

LATITUDE/LONGITUDE (OPTIONAL) (##-##-##.## or ##.#####)
HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 NAD 1927 NAD 1983 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
Florida

B4. MAP AND PANEL NUMBER 120426 0803	B5. SUFFIX D	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) +10.0'
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____ *Kins 9/22/03*

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 site B.M. Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>10.1</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>n/a</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>n/a</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>8.1</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment a/c pad servicing the building (Describe in a Comments area.)	<u>10.0</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>7.9</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>8.1</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>4</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>635</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

PSM No. 2982
 9/9/03
[Signature]

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION *1-17-03*

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 No. 2982

TITLE Professional Surveyor & Mapper COMPANY NAME A. Trigo & Associates, Inc.

ADDRESS 2223 Trade Center Way CITY Naples STATE FL ZIP CODE 34109

SIGNATURE *[Signature]* DATE 9/9/03 TELEPHONE (239) 594-8448

#024430

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

U.M.B. NO. 0001-0011
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

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BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 383 Bald Eagle Drive Company NAIC Number: _____

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

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####"): _____ HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 NAD 1927 NAD 1983 USGS Quad Map Other: _____

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Datum _____	Conversion/Comments _____
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<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>4</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>635</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date: PSM No. 2982, 9/9/03

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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CERTIFIER'S NAME: Antonio Trigo LICENSE NUMBER: No. 2982

TITLE: Professional Surveyor & Mapper COMPANY NAME: A. Trigo & Associates, Inc.

ADDRESS: 2223 Trade Center Way CITY: Naples STATE: FL ZIP CODE: 34109

SIGNATURE: _____ DATE: 9/9/03 TELEPHONE: (239) 594-8448