S. DEPARTMENT OF HOME	LAND SECUP				CATE	OMB No. 1660-0008 Expires February 28, 2009
Federal Emergency Managemer National Flood Insurance Progra				Important: Rea	ad the instructio	ns on pages 1-8.
<u>v</u>		SEC	TION A - PRC	PERTY INFORM		For Insurance Company Use:
A1. Building Owner's NICHO	OLAS HEM	MES				Policy Number
A2. Building Street Address (inc 1627 BARBADOS CC		nit, Suite, and/or Bldg	g. No.) or P.O. Ro	ite and Box No.		Company NAIC Number
City MARCO ISLA			State FLOI		ZIP Co	de 34145
A3. Property Description (Lot an LOT 7 BLOCK		ers, Tax Parcel Num IARCO BEACH		tion. etc.)		
 A4. Building Use (e.g., Residenti A5. Latitude/Longitude: Lat A6. Attach at least 2 photographs A7. Building Diagram Number A8. For a building with a crawl s a) Square footage of crawl b) No. of permanent flood of enclosure(s) walls within 	25° 56' 38.6" s of the building <u>1</u> space or enclose space or enclose openings in the n 1.0 foot above	'N 1. g if the Certificate is ure(s), provide: sure(s) crawl space or e adjacent grade	ong. <u>81° 42</u> being used to obta <u>N/A</u> sq ft <u>N/A</u>	in flood insurance. A9. For a b a) Sq b) No wa	lls within 1.0 foot ab	hed garage, provide: hed garage <u>633</u> sq ft openings in the attached garage ove adjacent grade <u>4</u>
c) Total net area of flood op	penings in A8.t	5	<u>N/A</u> sq in	c) To	tal net area of flood o	ppenings in A9.b <u>800</u> sq in
	SECT	TION B - FLOOD	INSURANCE	RATE MAP (FIR	M) INFORMATIO	N
B1. NFIP Community Name & Co CITY OF MARCO IS			B2. County Nan COLLIER			B3. State FLORIDA
B4. Map/Panel Number 12021C 0804	B5. Suffix G	B6. FIRM Index Date 11/17/05	Effecti	FIRM Panel /e/Revised Date 1/17/05	B8. Flood Zone(s)) B9. Base Flood Elevation(s) (Zone A) use base flood depth) + 8.3 '
 312. Is the building located in a Constrained designation Date	SECTIOI	N C - BUILDING Construction Drawing	CBRS ELEVATION I gs* f the building is co	OPA NFORMATION (S Building Under Com omplete.	SURVEY REQUIN	Yes No RED) Finished Construction AR/AO. Complete Items C2.a-g below
according to the building diagr	ram specified ir	n Item A7.		<i>,</i>		
Benchmark Utilized Conversion/Comments				Vertical Datum	NC	GVD 1929
 a) Top of bottom floor (including basement, crawl space, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) 			only)	10.1 N/A N/A 8.1 10.1 7.0	Check the measurement used. feet meters (Puerto Rico only) feet meters (Puerto Rico only)	
g) Highest adjacent (finished	d) grade (HAG)		8.1	feet net	ters (Puerto Rico only)
This certification is to be signed an information. <i>I certify that the infor I understand that any false stateme</i>	nd sealed by a la rmation on this ent may be puni	and surveyor, engined Certificate represent ishable by fine or imp	er. or architect aut	norized by law to cert	vailable.	DN 5-16-08
szw i beck bere ti comr		ucu on back of form.		License Number 2	982	$\neg \sqrt{1}$
	20					
Certifier's Name Antonio Trig		r (ompany Name	A.Trigo & Assoc	iates, Inc.	4/1/2009
	r& Mappe	r (City Naples	Company Name	A.Trigo & Assoc State Florida	ziates, Inc. ZIP Code 34109	4/1/2009 A.)Trigo

FEMA	Form	91- 31,	February	2006

See reverse side for continuation.

IMPORTANT: In these space	s, copy the corresponding information	n from Sec	tion A.	For Insurance Company Use:
Building Street Address (including Apt 1627 BARBADOS COURT	t., 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
SECTI	ON D - SURVEYOR, ENGINEER, OR AI	RCHITECT	CERTIFICATION (CO	I NTINUED)
	ficate for (1) community official. (2) insurance age			
Comments $C2e = A/C PAD$		<u></u>		

-				
Signature	ANTONIO TRIGO PLS	Date 4/1/2	2009	
		OT DEOLU		
	LEVATION INFORMATION (SURVEY N		RED) FOR ZONE AU A	ND ZONE A (WITHOUT BFE)
	omplete Items E1-E5. If the Certificate is intendec rade, if available. Check the measurement used. In			complete Sections A. B,
E1. Provide elevation information fo	r the following and check the appropriate boxes to			low the highest adjacent grade (HAG) an
the lowest adjacent grade (LAG) a) Top of bottom floor (including	b g basement, crawl space, or enclosure) is	feet	meters above or	below the HAG.
b) Top of bottom floor (including	g basement, crawl space, or enclosure) is	feet	meters above or	below the LAG.
E2. For Building Diagrams 6-8 with the diagrams) of the building is	permanent flood openings provided in Section A F). the next higher floor (elevation C2.b in
E3. Attached garage (top of slab) is E4. Top of platform of machinery an	feet meters above or d/or equipment servicing the building is	below th		
	a number is available, is the top of the bottom floor			below the HAG. y's floodplain management ordinance?
Yes No Unknown. Th	ne local official must certify this information in Sec	ction G.		
SECTIO	ON F - PROPERTY OWNER (OR OWNE	R'S REPR	ESENTATIVE) CERTIF	
	red representative who completes Sections A, B, ar		, , , , , , , , , , , , , , , , , , ,	
	ons A. B. and E are correct to the best of my knowl	edge.		•
Property Owner's or Owner's Authorize	ed Representative's Name			
Address	City	/	State	ZIP Code
Signature	Date	e	Telephone	2
Comments				
				Check here if attachme
he local official who is authorized by lay	SECTION G - COMMUNITY INI w or ordinance to administer the community's floor		· · · · · · · · · · · · · · · · · · ·	e Sections A, B, C (or F) and G of this
evation Certificate. Complete the appli	cable item(s) and sign below. Check the measuren	nent used in 1	tems G8. and G9.	
	was taken from other documentation that has been a ation. (Indicate the source and date of the elevation)			ngineer, or architect who is authorized by
()	ed Section E for a building located in Zone A (with			BFE) or Zone AO.
3. The following information (Ite	ms G4G9.) is provided for community floodplain	managemen	t purposes.	
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate Of Compl	iance/Occupancy Issued
7. This permit has been issued for:	New Construction Substantial I	mprovemen	t	
8. Elevation of as-built lowest floor (incl	termine transmit	· · · · · · · · · · · · · · · · · · ·	feet meters (PR)	Datum
9. BFE or (in Zone AO) depth of floodin	g at the building site:		feet meters (PR)	Datum
local Official's Name		Title		······································
Community Name		Telephone		
ignature		Date		
(mmell)				
				Check here if attachemen

Building Photographs

See Instructions for Item A6.

			For Insurance Company Use:
Building Street Address (including Apt.,	Unit, Suite, and/or Bldg. N	No.) or P.O. Route and Box No.	Policy Number
1627 Barbados Court			
City	State	ZIP Code	Company NAIC Number
Marco Island	Florida	34145	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



Front View 4/1/2009



Rear View 4/1/2009