FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

#030983

Important: Read the instructions on page1 - 7.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME
Christina Gaston

BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NO.
1658 Barbados Court

CITY: Marco Island
STATE: FL
ZIP CODE: 34145

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 2 Block 80 Plat of "Marco Beach Unit Three" Plat Book 6; Pages 17-24.

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

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
12021C	Collier	Florida

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (In AO Zones, use depth of flooding)
0804	G	Sept. 25,2002	Sept. 25, 2002	AE	8 (NAVD 88) 9.3 (NGVD 29)

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:

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 5.15' Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☒ a) Top of bottom floor (including basement or enclosure)	8 . 7 ft. (m)	
☐ b) Top of next higher floor	N/A . ft. (m)	
☐ c) Bottom of lowest horizontal structural member (V zones only)	N/A . ft. (m)	
☐ d) Attached garage (top of slab)	N/A . 0 ft. (m)	
☐ e) Lowest elevation of machinery and/or equipment servicing the building	N/A . 0 ft. (m)	
☒ f) Lowest adjacent grade (LAG)	7 . 6 ft. (m)	
☒ g) Highest adjacent grade (HAG)	8 . 0 ft. (m)	
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	N/A	
☐ i) Total area of all permanent openings (flood vents) in C3h	N/A sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date
10/03/03
T. ALAN NEAL
P.S.M. #4656

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION 6-12-03

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 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: 10/03/03
TELEPHONE: (941) 649-1551

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. Number) OR P.O. ROUTE AND BOX NO. 1658 Barbados Court			Policy Number
CITY Marco Island	STATE Florida	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 This Certificate is for a 16' X 26.7' addition to the existing residence. The addition is located at the Northeast corner of the existing residence.

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 E4. *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. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is . ft.(m) in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is ft.(m) in.(cm) ☐ above ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. 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

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	[signature]	DATE	11-5-03

COMMENTS:

☐ Check here if attachments