

051103

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

| | | | |
|--|-------------|--|--|
| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use: |
| BUILDING OWNER'S NAME WAYNE A. ROACHE AND PATRICIA M. BARRY 05-10940 Not for construction; Not for design; Florida Statute Law 61g17-6.004: (two site benchmarks required for construction) | | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 174 BARFIELD DRIVE NORTH | | | Company NAIC Number |
| CITY MARCO ISLAND | STATE FL | ZIP CODE | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 15, BLOCK 75, MARCO BEACH, UNIT 3 | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, 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 COLLIER COUNTY 120067 | | B2. COUNTY NAME COLLIER | | B3. STATE FL | |
| B4. MAP AND PANEL NUMBER 120067-0804 | 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 |

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 (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 NGVD Conversion/Comments _____

Elevation reference mark used TBM. Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 10.4 ft.(m)
- o b) Top of next higher floor 41.1 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) 41.1 ft.(m)
- o d) Attached garage (top of slab) 7.2 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10.1 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 6.0 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 6.7 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4
- o i) Total area of all permanent openings (flood vents) in C3.h 622 sq. in. (~~sq. ft.~~)

License Number, Embossed Seal, Signature, and Date

Patricia M. Barry
#3859
6-15-5

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 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 LELAND DySARD LICENSE NUMBER PLS 3859

TITLE P.L.S COMPANY NAME F.L.A. SURVEY'S CORP.

ADDRESS 6561 TAYLOR ROAD, SUITE 1 CITY NAPLES STATE FL ZIP CODE 34109

SIGNATURE *[Signature]* DATE 6-15-5 TELEPHONE 239-598-5936

Check here if attachments
 COMMENTS
 SIGNATURE 
 DATE 6.29.5
 TELEPHONE
 COMMUNITY NAME
 LOCAL OFFICIAL'S NAME
 TITLE
 Datum: _____ ft.(m)
 Datum: _____ ft.(m)

G7. This permit has been issued for: New Construction Substantial Improvement
 G8. Elevation of as-built lowest floor (including basement) of the building is:
 G9. BFE or (in Zone A0) depth of flooding at the building site is:

G4. PERMIT NUMBER
 G5. DATE PERMIT ISSUED
 G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
 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 A0.
 G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments
 COMMENTS
 SIGNATURE
 DATE
 TELEPHONE
 ADDRESS
 CITY
 STATE
 ZIP CODE
 PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME
 The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone A0 must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

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 natural grade. (Use grade. Complete items C3.h and C3.i on front of form.)
 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 natural grade. (Use 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 or below (check one) the highest adjacent natural grade. (Use natural grade, if available.)
 E5. For Zone A0 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 E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE A0 AND ZONE A (WITHOUT BFE)

Check here if attachments
 COMMENTS
 NOT FOR CONSTRUCTION, NOT FOR DESIGN. FLORIDA STATE LAW 61G17-6.004 (TWO BENCHMARKS REQUIRED FOR CONSTRUCTION)
 NOT FOR FENCE CONSTRUCTION
 FLOOD ZONE DETERMINATION PROVIDED BY COUNTY
 Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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. No.), OR P.O. ROUTE AND BOX NO. 174 BARFIELD DRIVE NORTH
 CITY MARCO ISLAND
 STATE FL
 ZIP CODE
 Company NAIC Number
 Policy Number