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|---|--|--|---|--------------------------------|---|--|--|--|
| | | EDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM | | | O.M.B. No. 3067-0077 Expires July 31, 2002 | | | |
| # 011232 ELEVATION CERTIFICATE | | | | | | | | |
| Important: Read the instructions on pages 1 - 7. | | | | | | | | |
| | | | OWNER INFORM | | For Insurance Company Use: | | | |
| BUILDING OWNER'S NAME Joyce E. King | | | | | Policy Number | | | |
| BUILDING STREET ADDRESS 450 North Barfi | S (Including Apt., Unit, Suite Leld Drive | | OR P.O. ROUTE AND | | Company NAIC Number | | | |
| CITY Marco Island | | STATE Florid | a | ZIP CODE | | | | |
| PROPERTY DESCRIPTION (L. Lot 3, Block 84 | I, Marco Beach | , Unit 3 | | | | | | |
| BUILDING USE (e.g., Resident Residential | tial, Non-residential, Additio | n, Accessory, etc. | Use Comments sectio | n if necessary.) | | | | |
| Residential LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ##' - ##.###" or ##.#####") INAD 1927 NAD 1983 USGS Quad Map Other: | | | | | | | | |
| | SECTION B - FLO | DOD INSURANC | E RATE MAP (FIRM | A) INFORMATION | | | | |
| B1. NFIP COMMUNITY NAME | & COMMUNITY NUMBER | B2. COUNT | Y NAME | | B3. STATE | | | |
| Marco Island 12 | | Coll | ier | | Florida | | | |
| NUMBER | 35. SUFFIX B6. FIRM I DATE | EFFECT | . FIRM PANEL IVE/REVISED DATE | B8. FLOOD ZONE(S) | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) | | | |
| 0804 B10. Indicate the source of th | D 07/20/ | | 03/86 | AE | 10.0' | | | |
| | | unity Determined | | | | | | |
| B11. Indicate the elevation da | atum used for the BFE ir | B9: X NGVD 1 | 929 🗌 NAVD 198 | 8 Other (Des | scribe): | | | |
| B12. Is the building located in | n a Coastal Barrier Reso | urces System (C | BRS) area or Othen | wise Protected Are | ea (OPA)? 🗌 Yes 🗌 No | | | |
| Designation Date | | | | | | | | |
| | SECTION C - BUILD | | | | | | | |
| C1. Building elevations are ba | | · · · | Building Under Co | | Finished Construction | | | |
| *A new Elevation Certific C2. Building Diagram Numbe | ate will be required whe | n construction of | the building is comp iller to the building f | lete. Sr which this cartifi | cate is being completed - see | | | |
| pages 6 and 7. If no diag | aram accurately represe | nts the building | provide a sketch or i | photograph.) | cate is being completed see | | | |
| C3. Elevations – Zones A1-A | 30, AE, AH, A (with BFE |), VE, V1-V30, V | (with BFE), AR, AR | IA, ARIAE, ARIA1 | -A30, AR/AH, AR/AO | | | |
| Complete Items C3a-i be | elow according to the bui | lding diagram sp | ecified in Item C2. S | itate the datum us | ed. If the datum is different from | | | |
| the datum used for the B | FE in Section B, conver | t the datum to tha | it used for the BFE. | Show field measu | rements and datum conversion | | | |
| | | nents area of Se | ction D or Section G | , as appropriate, t | o document the datum conversion. | | | |
| Datum <u>N/A</u> Conversion Elevation reference mark | | evation reference | mark used annear | on the FIRM? | Yes 🖾 No | | | |
| □ a) Top of bottom floor | | | 8_30_ft.(m) (e | | | | | |
| □ b) Top of next higher t | | , | <u>8 60</u> ft.(m) | entry) | P.S.M. #4085 | | | |
| c) Bottom of lowest ho | | per (V zones only | | osse Date | | | | |
| b) Fop of next higher floor c) Bottom of lowest horizontal structural member (V zones only) N/A _ft.(m) d) Attached garage (top of slab) B _ 0 ft.(m) | | | | | | | | |
| e) Lowest elevation of machinery and/or equipment servicing the building 7 20_ft.(m) | | | | | | | | |
| ☐ f) Lowest adjacent gra | | | 7 0.0 ft.(m) | s Number, Signature, | | | | |
| g) Highest adjacent gr | | | 8 00 ft.(m) | USE | | | | |
| □ h) No. of permanent o | openings (flood vents) wi | thin 1 ft. above a | , , | L6"x8" 🚊 | DATE: 01/29/02 | | | |
| i) Total area of all perr | manent openings (flood | vents) in C3h <u>64</u> | 0sq. in. (sq. cm) | | | | | |
| | SECTION D - SURV | EYOR, ENGINE | ER, OR ARCHITEC | T CERTIFICATIO | N 6-20-01 | | | |
| This certification is to be sign | ned and sealed by a lan | d surveyor, engir | eer, or architect aut | horized by law to o | certify elevation information. | | | |
| I certify that the information i | | | | | | | | |
| I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME JOHN GENEVRINO LICENSE NUMBER P.S.M. #4085 | | | | | | | | |
| TITIE | | (| OMPANY NAME | | S AND PLANNERS, INC. | | | |
| ADDRESS | IDENT | OTTE 10 (| | STATE | ZIP CODE | | | |
| SIGNATURE | COMMERCIAL BLVD., | | NAPLES | TELEPHO | FL. <u>34104</u> | | | |
| | Conner | | 01/29/02 | 2 | 941-643-7510 | | | |

| FE | MA | Form | 81-3 | 31, | AU(| G 99 |
|----|----|------|------|-----|-----|------|

SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS

| IMPORTANI: In these spaces, copy the corresponding informatio | For Insurance Company Use: | | |
|--|------------------------------------|---|--|
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) Of | Policy Number | | |
| CITY STATE | ZIP CODE | Company NAIC Number | |
| SECTION D - SURVEYOR, ENGINEER, OR A | RCHITECT CERTIFICATION | | |
| Copy both sides of this Elevation Certificate for (1) community official, (| | | |
| COMMENTS | ,,,,, | | |
| | | | |
| | | | |
| | | | |
| SECTION E - BUILDING ELEVATION INFORMATION (SURVEY N | | Check here if attachmer | |
| For Zone AO and Zone A (without BFE), complete Items E1 through E4. | If the Elevation Cortificate is | : AU AND ZONE A (WITHOUT BFE) | |
| information for a LOMA or LOMR-F, Section C must be completed. | | | |
| E1. Building Diagram Number(Select the building diagram most simila | r to the building for which this | certificate is being completed - see | |
| pages 6 and 7. If no diagram accurately represents the building, pro | ovide a sketch or photograph. |) | |
| E2. The top of the bottom floor (including basement or enclosure) of the the highest adjacent grade. | uniung isπ.(m)in.(cn | n) [] above or [] below (check one) | |
| E3. For Building Diagrams 6-8 with openings (see page 7), the next high | er floor or elevated floor (elev | ation b) of the building is | |
| ft.(m)in.(cm) above the highest adjacent grade. | film to the contract of the second | | |
| E4. For Zone AO only: If no flood depth number is available, is the top o floodplain management ordinance? Yes No Unknown. | The local official must certify | accordance with the community's this information in Section G | |
| SECTION F - PROPERTY OWNER (OR OWNER | ER'S REPRESENTATIVE) C | ERTIFICATION | |
| The property owner or owner's authorized representative who completes community-issued BFE) or Zone AO must sign here. | s Sections A, B, and E for Zor | ne A (without a FEMA-issued or | |
| PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NA | ME | | |
| ADDRESS | TY ST | TATE ZIP CODE | |
| SIGNATURE DA | - | | |
| COMMENTS | • | | |
| | | | |
| | FORMATION (OPTIONIL) | Check here if attachment | |
| SECTION G - COMMUNITY IN The local official who is authorized by law or ordinance to administer the c | · / | | |
| Sections A, B, C (or E), and G of this Elevation Certificate. Complete the | applicable item(s) and sign be | elow. | |
| 31. The information in Section C was taken from other documentation | that has been signed and em | bossed by a licensed surveyor, | |
| engineer, or architect who is authorized by state or local law to cer elevation data in the Comments area below.) | rtify elevation information. (In | dicate the source and date of the | |
| 62. A community official completed Section E for a building located in 2 | Zone A (without a FEMA-issu | ed or community-issued BFE) or | |
| Zone AO. | | | |
| 33. The following information (Items G4-G9) is provided for community | | | |
| G4. PERMIT NUMBER G5. DATE PERMIT ISSUED | G6. DATE CERTIFICAT | TE OF COMPLIANCE/OCCUPANCY | |
| 7. This permit has been issued for: New Construction Substanti | al Improvement | | |
| 8. Elevation of as-built lowest floor (including basement) of the building is | Manager and the second | | |
| 9. BFE or (in Zone AO) depth of flooding at the building site is: | ft.(m | n) Datum: | |
| | TITLE | · · · · · · · · · · · · · · · · · · · | |
| | TELEPHONE | | |
| COMMENTS | DATE 2/14/02 | | |
| addition | | | |
| | | | |
| | | Check here if attachments | |
| | | | |

REPLACES ALL PREVIOUS EDITIONS