#035244

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7.

	For Insurance Company Use.							
BUILDING OWNER'S NAME	Palicy Number							
JUDITH & CHUCK MURI	Proportion A (1820) h h and a re-							
BUILDING STREET ADDRESS 1620 BEGONIA COURT	(Including Apt , Unit, S	uite, and/orBldg No.) OR P.O.			Company NAIC Number			
CITY			STATE	ZIP 00DI 34145	E-			
MARCO PROPERTY DESCRIPTION (LC	stand Block Numbers	Tax Pamel Number Lenal Neo	FL 34145					
LOT 3, BLOCK 282, MAR			supress to VIV J					
BUILDING USE (e.g., Residentia	il, Non-residential, Add	ition, Accessory, etc. Use Com	ments section if necessary )					
RESIDENTIAL				1000 T				
LATITUDE/LONGITUDE (OPTIO		HORIZONTAL DATUM NAD 1927 - NAD 1983	SOURCE: [	SOURCE: GPS (Type) USGS Quad Map Gther:				
; <del>mar = mr = mr titt</del> ∪t <del>titt tillititt</del>	(##P - ## - ## ######P)							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
BI NEP COMMUNITY NAME	& COMMUNITY NUM	1	COUNTYNAME	1	G STATE			
12021C		CC	LLIER	F				
B4 MAP AND PANEL	B5. SUFFIX	B6 FIRM INDEX DATE	67. FIRM PANEL	B8 FLOOD ZONE(S)	B9 BASE FLOOD ELEVATION(S)			
NUMBER		9-25-02	EFFECTIVE/REVISED DATE	AE	Zone AO, tise depth officoding)			
0812	G		9-25-02		9.3			
B10. Indicate the source of the					and the state of t			
FIS Profile FIRM Community Determined Other (Describe):								
B11. Indicate the elevation dat				Other (Describe):	Designation Date			
B12. Is the building located in a			ea or Otherwise Protected Area (OP LEVATION INFORMATION (SURV		Designation Date			
man man of P								
C1. Building elevations are bas		•	· · · · · · · · · · · · · · · · · · ·	Finished Construction				
		hen construction of the build		balance and the desired	and and a Handingson			
- +			e building for which this certificate is	peing completed - see pag	es o 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								
Corrupted Reins Coart Dell	um to that used for t	bullully ulaylarii specilled i he REE. Show field meacill	rements and datum conversion calcu	lation. Use the snace orou	ided or the Comments area of			
		ument the datum conversion						
Datum Conversion		SELECTION CONTROL OF THE SECTION OF	•••					
		ne elevation reference mark	used appear on the FIRM? Yes	s ⊠No ⊏				
o a) Top of bottom floor (i	140000000000000000000000000000000000000		(10.2ft(m))	i				
o b) Top of next higher flo	**	,	N/A It.(m)	a Se				
o c) Bottom of lowest hon		mber (V zones only)	<u>N/A</u> ft.(m)	Ssec				
o a) Top of bottom floor (including basement or enclosure)  o b) Top of next higher floor  o c) Bottom of lowest horizontal structural member (V zones only)  o d) Attached garage (top of slab)  10. 2ft (m)  N/Aft (m)  8. 2ft (m)								
o e) Lowest elevation of machinery and/or equipment								
servicing the building	g	License Number, Signature	1-22-04					
of) Lowest adjacent grad	le (LAG)		7. 7ft.(m)	Sign	7-22-04			
o g) Highest adjacent gra			<u>8</u> <u>Q</u> (t (m)	ensk	. FL. CERT NO. 4520			
		within 1 ft. above adjacent		Ë				
o i) Total area of all perm	anent openings (floo	od vents) in C3h $570  \text{sq. in.}$	(sq. cm)	house.				
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION /- 20 - 54								
This certification is to be si	gned and sealed l	oy a land surveyor, engin	eer, or architect authorized by law	to certify elevation info	rmation.			
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 David B. Bruns  LICENSE NUMBER 4520								
TALE Surveyor	D. Diulia		COMPANY NAME Bruns & Bruns, Inc.					
			CITY CITY	STATE	ZIP CODE			
ADDRESS 1072 6th. Avenue N.			Naples	FL	34102			
SIGNATURE /	11111		DATE	TELEFIK				
6/M/	1001		7-22-04	941-261				
	C							

IMPORTANT: In these spaces, copy the corresponding informatio	n from Section A.		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR	PO ROUTE AND BOX NO.	***************************************	Policy Number	
CITY	STATE	ZIP CODE	Company NAIC Number	
SECTION D - SURVEYOR, E	NGINEER, OR ARCHITECT CERTI	FICATION (CONTINUED)		
Copy both sides of this Elevation Certificate for (1) community official, (2)	) insurance agent/company, and (3) b	ouilding owner.		
COMMENTS				
			Check here if attachments	
SECTION E - BUILDING ELEVATION INFORMAT	TION (SURVEY NOT REQUIRED) F	OR ZONE AO AND ZONE A		
For Zone AO and Zone A (without BFE), complete Items E1 through E4. I Section C must be completed.  E1. Building Diagram Number(Select the building diagram most similar represents the building, provide a sketch or photograph.)  E2. The top of the bottom floor (including basement or enclosure) of the building Diagrams 6-8 with openings (see page 7), the next higher	to the building for which this certificate	e is being completed – see pa	ges 6 and 7. If no diagram accurately the highest adjacent grade.	
grade.  E4. For Zone AO only: If no flood depth number is available, is the top of t  Yes No Unknown. The local official must certify this in	he bottom floor elevated in accordance			
	VNER (OR OWNER'S REPRESENT	ATIVE) CERTIFICATION		
The property owner or owner's authorized representative who completes sign here.	Sections A, B, and E for Zone A (wit	hout a FEMA-issued or comm	nunity-issued BFE) or Zone AO must	
PROPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTATIVE'S N	AME			
MODRESS	CITY	STATE	ZIP CODE	
SIGNATURE	DATE	TEF	HONE	
COMMENTS				
			polescina.	
SECTION C	COMMUNITY INFORMATION (OP	TIONAL \	Check here if attachments	
The local official who is authorized by law or ordinance to administer the co			ns A. R. C. (or F.) and G. of this Flevation	
Certificate. Complete the applicable item(s) and sign below.  G1. The information in Section C was taken from other documentation state or local law to certify elevation information. (Indicate the sou G2. A community official completed Section E for a building located in 2 G3. The following information (Items G4-G9) is provided for community G4 PERMIT NUMBER	that has been signed and embossed irce and date of the elevation data in t Zone A (without a FEMA-issued or co r floodplain management purposes.	I by a licensed surveyor, engir the Comments area below.) ommunity-issued BFE) or Zon	neer, or architect who is authorized by	
G7. This permit has been issued for.	•	ft.(m) ft.(m)	D <b>atu</b> m: Datum:	
LOCAL OFFICIAL'S NAME	TITLE	and the second s		
COMMUNITY NAME	TELEPHO	ONE		
SIGNATURE La	DATE	DATE 7-28-04		
COMMENTS 7		, 3, 0		
			Check here if attachments	