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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: SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME Company NAIC Number BUILDING STREET ADDRESS (Including Apr., Unit, Suite, and/or Bidg, No.) OR P.O. ROUTE AND BOX NO. Hartman 371 Capistrano Ct. ZIP CODE 34145 Florida CITY Marco Island PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3. Block 250 Marco Beach Unit 6

BUILDING USE (e.g., Residential, Non-residential Addition, Accessory, etc. Use a Comments area, if necessary.)
residential SOURCE: HORIZONTAL DATUM: LATITUDE/LONGITUDE (OPTIONAL) __ Other._ USGS Quad Map NAD 1983 NAD 1927 (##° - ##' - ##.##" or ##.####") SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** Florida Collier 120426 City of Marco B9. BASE FLOOD ELEVATION(S) B8, FLOOD **B7. FIRM PANEL B6. FIRM INDEX** (Zone AO, use depth of flooding) B4. MAP AND PANEL **B5. SUFFIX** EFFECTIVE/REVISED DATE ZONE(S) DATE +10.0' NUMBER ΑE 7/20/98 7/20/98 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. 0803 __ Other (Describe): Community Determined B11. Indicate the elevation datum used for the BFE in B9: |X | NGVD 1929 | NAVD 1988 | Other (Describe): X FIRM B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? |_|Yes |x|No Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) X |Finished Construction |___ |Building Under Construction* C1. Building elevations are based on: |__|Construction Drawings* *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. Conversion/Comments __ Does the elevation reference mark used appear on the FIRM? Yes X No Elevation reference mark used site B.M. 10.0 ___ft.(m) a) Top of bottom floor (including basement or enclosure) PSM No. 2982 , ____ft.(m) n/a b) Top of next higher floor 5/26/01 11/8/01 c) Bottom of lowest horizontal structural member (V zones only) n/a d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment 10 0 ft.(xn) X munger (xn) 10 ft.(xn) X munger (xn) X mung servicing the building (Describe in a Comments area.) A / C Pad ☐ f) Lowest adjacent (finished) grade (LAG) 8 _ 2 ft.(xn) ☐ g) Highest adjacent (finished) grade (HAG) ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade ___ i) Total area of all permanent openings (flood vents) in C3.h 380 sq. in. (sq. sm) 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 2982 <u>Antonio Triao</u> COMPANY NAME Professional Surveyor & Mapper 4109 Trade Center Way 594-8448 SIGNATURE /8/01 REPLACES ALL PREVIOUS EDITIONS SEE REVERSE SIDE FOR CONTINUATION FEMA Form 81-31 .IIII

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOT ITISURENCE COMPANY USE.	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BUX NO.			Policy Number	
371 Capistrano Ct	STATE FI	ZIP COIDE 34145	Company NAIC Number	
Marco Island SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)				
Onne hash sides of this Placette A	ertificate for (1) community official (2) i	nsurance agent/company, and (3) building owner.	
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.				
			1 1 Ohaalahaa Wawaka	
		T DEGUIDED) FOR TOUE 4.0.4	Check here if attachments ND ZONE A (WITHOUT REE)	
SECTION E - BUILDING ELEV	ATION INFORMATION (SURVEY NO	I KEQUIKED) FOR ZONE AO A	dod for use as supporting	
For Zone AO and Zone A (without B	FE), complete Items E1. through E4. If	the Elevation Certificate is inten-	ned for use as supporting	
information for a LOMA or 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 —				
and a second found 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) above or below				
(About and) the highest adjacent grade (Use natural grade, if available.)				
For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is				
to the text of the tip to the highest adjacent grade. Complete items Co.n and Co.1 on front of form.				
E4. 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.				
floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section S. SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION				
The amount output or output's guith	porized representative who completes	Sections A, B, C (Items C3.h and	C3.i only), and E for Zone A	
(without a FEMA-issued or commit	norized representative who completes on hity-issued BFE) or Zone AO must sign	here. The statements in Section	s A, B, C, and E are correct to	
the heet of my knowledge				
PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME				
ADDRESS	CITY		ZIP CODE	
SIGNATURE	DAT	TELEPH	ONE	
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				
Continue A. D. C. (as E) and G. of this	Elevation Certificate Complete the a	policable item(s) and sign below.		
Od 1 The information in Continu	Turne taken from other documentation	mai nas been sidiled and emicos	sed by a noorisod carroyor,	
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 Comm	nents area below.) eted Section E for a building located in a	Zone A (without a FEMA-issued o	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	
G7. This permit has been issued for:	: New Construction Subs	tantial Improvement		
G8. Elevation of as-built lowest floor	On The print of a built lawest floor (including basement) of the building is:			
G9. BFE or (in Zone AO) depth of fix	poding at the building site is:	***************************************	ft.(m) Datum:	
LOCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME		TELEPHONE		
SIGNATURE		DATE		
COMMENTS II[13[0]				
			CHECK HEIS II ALLACHMENTS	