FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

| | | SECTION | A - PROPERTY O | WNER INFORM | NATION | | For Insurance Company Use: |
|--|--|--|--|---|--|--|---|
| BUILDING OWNER'S NAME | | | | | | | Policy Number |
| MR. and MRS. HAL EDGAR | | | | | | Company MAIC Nomber | |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. 1590 Caxambas Court | | | | | | Company NAIC Number | |
| CITY Marco Island | | | | STATE FL | | ZIP COD 34145 | E |
| PROPERTY DESCRIPTION (Lo | t and Block | Numbers, Tax Parc | | | | 04140 | |
| Lot 10, Block 415, Marco Beach I | Unit 13 | | | | | | |
| BUILDING USE (e.g., Residentia Residential | | | | Jomments area, | | | |
| LATITUDE/LONGITUDE (OPTIC (##° - ##' - ##.##" or ##.##### | | | ZONTAL DATUM: 927 ☐ NAD 1983 | 3 | SOURCE: G | SPS (Type) JSGS Qua | |
| | SI | ECTION B - FLOO | DINSURANCE RA | TE MAP (FIRM) |) INFORMATION | l | |
| B1. NFIP COMMUNITY NAME & COMN City of Marco Island 12042 | | BER | B2. COUNTY NAME Collier | | | B3. Flor | STATE ida |
| B4. MAP AND PANEL | | | | IRM PANEL | | | B9. BASE FLOOD ELEVATION(S |
| NUMBER B5. 120426 0812 | SUFFIX E | B6. FIRM INDEX DA' 7/20/98 | 1 | E/REVISED DATE 7/20/98 | B8. FLOOD Z | ONE(S) | (Zone AO, use depth of floodling) +11.0' |
| 10. Indicate the source of the Base F | | | | | | | |
| ☐ FIS Profile ☐ FIRI | | Community D | | Other (Des | | oeib - \ | |
| Indicate the elevation datum user Is the building located in a Coast | | | | | 38 ☐ Other (Des | | pecianation Data |
| 12. IS the building located in a Coast | | | S ELEVATION INF | | | | colyliation Date |
| Building elevations are based on: | | | Building Under C | | Finished Constr | | |
| . Duliulių elevations are baseu on. | | - | | | | UCUUT | |
| | | nen construction of th | a huildina ie camplata. | | | | |
| *A new Elevation Certificate will be | • | | - | | | | |
| *A new Elevation Certificate will be | • | | - | | is being completed | - see pages | 6 and 7. If no diagram |
| *A new Elevation Certificate will be | ct the building | g diagram most simila | ar to the building for wh | | is being completed | - see pages | s 6 and 7. If no diagram |
| *A new Elevation Certificate will be 2. Building Diagram Number 1 (Sele accurately represents the building | ct the building , provide a sl | g diagram most simila ketch or photograph.) | ar to the building for wh | nich this certificate i | | - see pages | s 6 and 7. If no diagram |
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| | by the corresponding information from | | | For Insurance Company Use: |
|--|--|-----------------------|---|---|
| BUILDING STREET ADDRESS (Including Apt., 1590 Caxambas Court | , Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND | BOX NO. | | Policy Number |
| CITY Marco Island | STAT FL | TE | ZIP CODE 34145 | Company NAIC Number |
| | TION D - SURVEYOR, ENGINEER, OR A | RCHITECT CE | | D) |
| | te for (1) community official, (2) insurance agent | | | |
| COMMENTS C 3 e) A/C PAD | | | | |
| | | | *************************************** | |
| | | | | Check here if attachment |
| SECTION E - BUILDING E | ELEVATION INFORMATION (SURVEY N | IOT REQUIRED |) FOR ZONE AO AND ZOI | |
| For Zone AO and Zone A (without BFE), con Section C must be completed. | mplete Items E1 through E4. If the Elevation Ce | ertificate is intende | d for use as supporting informat | tion for a LOMA or LOMR-F, |
| • | building diagram most similar to the building for h or photograph.) | which this certific | ate is being completed – see pa | ges 6 and 7. If no diagram accurately |
| 2. The top of the bottom floor (including bas | sement or enclosure) of the building is ft.(m | n)in.(cm) [al | pove or Delow (check one) | the highest adjacent grade. (Use |
| | s (see page 7), the next higher floor or elevated | floor (elevation b) | of the building isft.(m)ir | n.(cm) above the highest adjacent |
| grade. Complete items C3.h and C3.i o | |) in to 1 | novo en El Luin (1) | the high t t- |
| The top of the platform of machinery and natural grade, if available). | Yor equipment servicing the building isft.(m | ı)in.(cm) [] al | pove or below (check one) | tne nignest adjacent grade. (Use |
| , | nber is available, is the top of the bottom floor ele | evated in accorda | nce with the community's flood; | olain management ordinance? |
| Yes No Unknown. The | local official must certify this information in Secti | on G. | | - |
| | ION F - PROPERTY OWNER (OR OWNE | | | |
| | representative who completes Sections A, B, C The statements in Sections A, B, C, and E are c | | | hout a FEMA-issued or community- |
| PROPERTY OWNER'S OR OWNER'S AL | UTHORIZED REPRESENTATIVE'S NAME | | | |
| ADDRESS | | CITY | STATI | ZIP CODE |
| SIGNATURE | | DATE | TELEF | PHONE |
| COMMENTS | | | | |
| | | | | |
| | | | | Check here if attachments |
| | SECTION G - COMMUNITY IN | FORMATION (| OPTIONAL) | |
| | ordinance to administer the community's floodpl | ain management | ordinance can complete Section | ns A, B, C (or E), and G of this Elevat |
| ertificate. Complete the applicable item(s) a | _ | nod on d su-t | ad by a liganosad sum access and a | nor ar ambitost cha la sulla suina 11. |
| | en from other documentation that has been signation. (Indicate the source and date of the elev | | | eer, or architect who is authorized by |
| | ion E for a building located in Zone A (without a | | | e AO. |
| | G9) is provided for community floodplain manag | | , | |
| G4. PERMIT NUMBER | G5. DATE PERMIT ISSUED | G | 5. DATE CERTIFICATE OF COMP | LIANCE/OCCUPANCY ISSUED |
| | v Construction Substantial Improvement | | | |
| 8. Elevation of as-built lowest floor (including | | | ft.(m) | Datum: |
| 9. BFE or (in Zone AO) depth of flooding at | the building site is: | | fL(m) | Datum: |
| LOCAL OFFICIAL'S NAME | | TITLE | | |
| COMMUNITY NAME | | TELEP | HONE | |
| SIGNATURE | Wy 8 | DATE | 5-25-5 | |
| COMMENTS | | | · | |
| | | | | |
| | | | | Check here if attachments |
| | | | | |