# U do Revised	FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM		O.M.B. No. 3067-0077 Expires July 31, 2002	
Revised CAR- ELEVATION CERTIFICATE				
-	Important: Rea	d the instructions on pag	es 1 - 7.	
	SECTION A - PR	OPERTY OWNER INFORM	TION	For Insurance Company Use: Policy Number
BUILDING OWNER'S NAME Dennis & Susan Albau	uch			Policy Number
BUILDING STREET ADDRESS (Including	Apt., Unit, Suite, and/or I	Bidg. No.) OR P.O. ROUTE AND	BOX NO.	Company NAIC Number
CITY		STATE		ZIP CODE
Marco Island PROPERTY DESCRIPTION (Lot and Bloo	V Numbers Tay Parcel I	Flori	da s	4145
T 1 10 D1 - 1 /02 N	Jamaa Roach II	_13		
BUILDING USE (e.g., Residential, Non-res	sidential Addition, Acces	sory, etc. Use a Comments area	, if necessary.)	
residential LATITUDE/LONGITUDE (OPTIONAL)	HORIZONTAL	DATUM: SOURCE: L	GPS (Type):	
(##° - ##' - ##.##" or ##.#####°)	NAD 1927		USGS Quad Map	0 [] Other
·				
		SURANCE RATE MAP (FIRM		
B1. NFIP COMMUNITY NAME & COMMU	INITY NUMBER B: 120426	2.COUNTY NAME Collier		B3.STATE Florida
City of Marco B4. MAP AND PANEL B5. SUFFIX		B7, FIRM PANEL	B8. FLOOD	B9. BASE FLOOD ELEVATION
NUMBER 120426 0812 E	DATE 7/20/98	EFFECTIVE/REVISED DATE 7/20/98	ZONE(S) AE	(Zone AO, use depth of flooding $+11.0$
B10. Indicate the source of the Base F	lood Elevation (BFE)	data or base flood depth ente	red in B9.	
L LEIS Profile L X LEIRM	I Community	Determined 🛛 🔄 Other (De	escribe):	
B11. Indicate the elevation datum used	for the BFE in B9: [X		88 Other (De	
B12. Is the building located in a Coasta	al Barrier Resources S	ystem (CBRS) area or Othen	vise Protected Are	
Designation Date:				·
SECTI	ON C - BUILDING EL	EVATION INFORMATION (S	URVEY REQUIR	
C1. Building elevations are based on:	Construction Drav	vings*Building Unde	r Construction*	X Finished Construction
*A new Elevation Certificate will be	e required when const	ruction of the building is comp	lete.	oortificato is boing completed - s
C2. Building Diagram Number 1 (Select the building dia	gram most similar to the build	hotograph)	certificate is being completed - a
pages 6 and 7. If no diagram accu C3. Elevations – Zones A1-A30, AE, A		$/1 - \sqrt{30}$ V (with BEE). AR, AR	/A. AR/AE. AR/A1	-A30, AR/AH, AR/AO
Complete Items C3.a-i below acco	rding to the building d	jagram specified in Item C2.	State the datum us	sed. If the datum is different from
the datum used for the BEE in Sec	tion B convert the dat	tum to that used for the BFE.	Show field measu	rements and datum conversion
calculation. Use the space provid	ed or the Comments a	rea of Section D or Section G	, as appropriate,	to document the datum conversion
Datum Conversion	n/Comments			
Elevation reference mark used	Site B.M	Does the elevation reference	4	ar on the FIRM? Yes 🕅
a) Top of bottom floor (including	g basement or enclosu		. <u>1ft.(ns)</u>	PSM No. 2982
$ \begin{array}{c} \square \ b) \ \text{Top of next higher floor} \\ \square \ c) \ \text{Bottom of lowest horizontal structural member (V zones only)} \\ \hline n/a \\ \hline n/a \\ \hline t.(xn); \\ \end{array} $				4/8/04/
		8	n.(Nix sol) 4ft.(nx) e e	4/0/04
 d) Attached garage (top of slab e) Lowest elevation of machine 	ny and/or equipment			1-111
servicing the building (Desc	ribe in a Comments ar	rea.) 11_{-}	$\frac{0}{2} \text{ ft. (Nn)} \text{ft. (nn)} ft.$	
☐ f) Lowest adjacent (finished) gr			. <u>2.</u> ft.(nx) ž	
(finished) adjacent (finished) a	rade (HAG)	8	<u>7</u> ft.(n x)	
h) No of permanent openings	(flood vents) within 1 f	t. above adjacent grade <u>6</u>		'
 i) Total area of all permanent o 	penings (flood vents)	in C3.h <u>/60</u> sq. in. (sq)	cm) [
SEC	TION D - SURVEYOR	, ENGINEER, OR ARCHITE	CT CERTIFICATIO	ON 10-15-02-
This certification is to be signed and s	sealed by a land surve	yor, engineer, or architect au	thorized by law to	certify elevation information.
Loodify that the information in Section	ns A. B. and C on this	certificate represents my bes	t efforts to interpr	et the data avallable.
I understand that any false statement	t may be punishable b	y fine or imprisonment under	18 U.S. Code, Se ENSE NUMBER	
CERTIFIER'S NAME Antonio	Trigo			2982
TITLE Professional_Sur		COMPANY NAME	Trigo & As	sociates, Inc.
1000000		CITY	STATE	FL ZIP CODE 34109
2223 ITage set	nter Way	DATE (10 (0)	TELEPH	ONE
SIGNATURE MI		DA1. 4/8/04		(239) 594-8448
FFMA Form 81-31 111 00	SEE REVE	RSE SIDE FOR CONTINUAT		LACES ALL PREVIOUS EDITIO