FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002 00313

Important: Read the instructions on pages 1 - 7.

	For Insurance Company Use:						
BUILDING OWNER'S NAME				,	. Policy Number		
JOSE LUIS MATTOS	/hlll A	L. B. B. L.	DOLDT AUS DAVER		14(Q1)		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. 159 COLUMBUS WAY					Company NAIC Number		
CITY			STATE				
MARCO ISLAND PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Lega			FL				
LOT 4, BLOCK 279, MAF	RCO BEACH UNI	TEIGHT					
BUILDING USE (e.g., Residentia RESIDENTIAL					A Section of the sect		
LATITUDE/LONGITUDE (OPTIC (##P-##F-####FFFFFFFFFFFFFFFFFFFFFFFFFFF		HORIZONTAL DATUM: NAD 1927 NAD 198:		☐ GPS (Type): ☐ USGS Quad Map [Other:		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP COMMUNITY NAME	S COMMUNITY NUM	BER B2	COUNTY NAME	l Bi	B. STATE		
120067			OLLIER	F	,		
B4. MAP AND PANEL NUMBER 120426/812	B5. SUFFIX	B6. FIRM INDEX DATE 7-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8-3-92	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10		
B10. Indicate the source of the		on (RFF) data or base flow	I denth entered in RQ				
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile FIRM Community Determined Other (Describe):							
B11. Indicate the elevation date			☐ NAVD 1988				
			rea or Otherwise Protected Area (OF		Designation Date		
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are bas	ed on: Constru	ction Drawings*	Building Under Construction*	Finished Construction			
*A new Elevation Certifical	e will be required w	hen construction of the buil	ding is complete.				
=-			ne building for which this certificate is	being completed - see page	es 6 and 7. If no diagram		
accurately represents the building, provide a sketch or photograph.)							
			FE), AR, AR/A, AR/AE, AR/A1-A30,				
			n Item C2. State the datum used. If t				
			rements and datum conversion calc.	lation. Use the space provi	ded or the Comments area of		
Section D or Section G, as		ument the datum conversion	on.	49 -			
	n/Comments			5-7			
Elevation reference mark u	harm-market are		k used appear on the FIRM? Ye	i			
a) Top of bottom floor (-	or endosure)	<u>10</u> . <u>1</u> ft (m)	eal			
☐ b) Top of next higher flo			ft(m)	8 .			
c) Bottom of lowest hor		ember (V zones only)	ft.(m)	Dat	*		
d) Attached garage (top		u inmant	<u>8</u> . <u>2</u> ft.(m)	Embossed Seal			
 e) Lowest elevation of r servicing the building 	•	hrkueur	10 14(m)	ne.	a land		
servicing the building if Lowest adjacent grad	-		<u>10</u> , <u>1</u> ft.(m) <u>7</u> , <u>9</u> ft.(m)	License Number,	5-4-01		
g) Highest adjacent gra	, ,		7. git.(m) 8. Oft.(m)	a is			
☐ h) No. of permanent op	. ,	within 1 ft ahous adiacent		· See	FL. CERT NO. 4520		
i) Total area of all perm		•					
			R, ENGINEER, OR ARCHITECT CE	PTIFICATION	11-1-00		
This certification is to be eight			eer, or architect authorized by lav				
					rivitiVIII		
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		en hangan da ang ang ang ang ang ang ang ang ang an	LICENSE NUMBER 4520				
TITLE Surveyor		COMPANY NAME Bruns & Bruns, Inc.					
ADDRESS 1072 6th. Avenue N.			CITY Naples	STATE FL	ZIP CODE 34102		
SIGNATURE	A Bre	<i>.</i>	DATE	TELEPHO			
0/211/1	July 1	\sim	5.ፍ.ስተ	941-261.			

IMPORTANT: In these spaces, copy th		For Insurance Company Use:		
BUILDING STREET ADDRESS (Including Apt.	., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND	BOX NO.	· .	Policy Number
СПҮ	STA	TE	ZIP CODE	Company NAIC Number
	SECTION D - SURVEYOR, ENGINEER, OR A	RCHITECT CERT	TFICATION (CONTINUED)	
Copy both sides of this Elevation Certificat COMMENTS	te for (1) community official, (2) insurance agent	i/company, and (3)	building owner.	
				Check here if attachment
	ING ELEVATION INFORMATION (SURVEY N			
Section C must be completed. E1. Building Diagram Number _(Select the represents the building, provide a sketc E2. The top of the bottom floor (including ba	sement or enclosure) of the building is ft.(r	which this certificant	nte is being completed – see po	ages 6 and 7. If no diagram accurately
E3. For Building Diagrams 6-8 with opening- grade. E4. For Zone AO only: If no flood depth nur	s (see page 7), the next higher floor or elevated nber is available, is the top of the bottom floor el	floor (elevation b) of the floor (elevation b) o	of the building isft.(m)	in.(cm) above the highest adjacent
Yes No Unknown. The	local official must certify this information in Sect	ion G.		
	SECTION F - PROPERTY OWNER (OR OWN			
The property owner or owner's authorized sign here.	representative who completes Sections A, B, ar	nd E for Zone A (w	ithout a FEMA-issued or comr	nunity-issued BFE) or Zone AO must
PROPERTY OWNER'S OR OWNER'S AUTHO	DRIZED REPRESENTATIVE'S NAME	,		
ADDRESS	1	CITY	STAT	E ZIP CODE
SIGNATURE		DATE	TELE	PHONE
COMMENTS				
				Check here if attachments
	SECTION G - COMMUNITY IN			
Certificate. Complete the applicable item(s): 31. The information in Section C was tal state or local law to certify elevation 32. A community official completed Section	ordinance to administer the community's floodp and sign below. ken from other documentation that has been sig information. (Indicate the source and date of th tion E for a building located in Zone A (without a G9) is provided for community floodplain mana	ned and embosse e elevation data in FEMA-issued or c	d by a licensed surveyor, engi the Comments area below.)	neer, or architect who is authorized by
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6	DATE CERTIFICATE OF COM	PLIANCE/OCCUPANCY ISSUED
67. This permit has been issued for: Ner 58. Elevation of as-built lowest floor (includin 59. BFE or (in Zone AC) depth of flooding at	, ,		ft.(m)	Datum: Datum:
LOCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME		TELEPH	ONE	
SIGNATURE VINSHILL		DATE	5 9 0	
COMMENTS			31-1101	
				Check here if attachments