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 JAMES CHRISTOPHER Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 861 WEST COPELAND DRIVE ZIP CODE STATE 34145 FL LOT 3. BLOCK 419MARCO ISLAND PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3, BLOCK 419, MARCO BEACH UNIT THIRTEEEN BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL HORIZONTAL DATUM: SOURCE: GPS (Type): LATITUDE/LONGITUDE (OPTIONAL) NAD 1927 NAD 1983 USGS Quad Map Other: (##º - ##f - ##### or #######) SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B3. STATE B2 COUNTY NAME** B1. NEIP COMMUNITY NAME & COMMUNITY NUMBER FL COLLIER 120067 B8. FLOOD ZONE(S) B9. BASE FLOOD ELEVATION(S) **B7 FIRM PANEL** B4, MAP AND PANEL **B5. SUFFIX B6. FIRM INDEX DATE** (Zone AO, use depth of flooding) EFFECTIVE/REVISED DATE NUMBER ΑE 7-20-98 11 120426/812 8-3-92 Ε B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Community Determined Other (Describe): FIRM FIS Profile B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 NAVD 1988 Other (Describe): SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) ☐ 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 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 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. Datum Conversion/Comments Elevation reference mark used Does the elevation reference mark used appear on the FIRM? Yes No 11.3ft(m) a) Top of bottom floor (including basement or enclosure) Embossed Seal, and Date _. __ft.(m) ☐ b) Top of next higher floor _. __ft.(m) c) Bottom of lowest horizontal structural member (V zones only) d) Attached garage (top of slab) 8. 6ft.(m) (a) Lowest elevation of machinery and/or equipment License Number, Signature, 11.2ft(m) servicing the building 8.4ft.(m) f) Lowest adjacent grade (LAG) 8. 5ft.(m) a) Highest adjacent grade (HAG) **FL. CERT NO. 4520** h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 3 i) Total area of all permanent openings (flood vents) in C3h 780 sq. in. (sq. cm) -0 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. LICENSE NUMBER 4520 CERTIFIER'S NAME David B. Bruns COMPANY NAME Bruns & Bruns, Inc. TITLE Surveyor ZIP CODE STATE CITY ADDRESS 34102 FL Naples 1072 6th. Avenue N. TELEPHONE SIGNATURE DATE 941-261-5965 1-14-02

IMPORTANT: In these spaces servet	a a sum and the first first of the first				
IMPORTANT: In these spaces, copy the corresponding information from Section A. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.				For Insurance Company Use:	
DOLLD IN CONTROL I NEDER COO (INDICATING APE,	Offic, Suite, and/of Biog. No., OR P.O. ROUTE	= AND BOX NO.		Policy Number	
CITY		STATE	ZIP CODE	Company NAIC Number	
S	SECTION D - SURVEYOR, ENGINEER,	OR ARCHITECT CI	ERTIFICATION (CONTINUED)		
Copy both sides of this Elevation Certificate					
COMMENTS		- garage and	(o) saiding owner.		
				Chook have if all a l	
SECTION E - BUILDIN	NG ELEVATION INFORMATION (SUR)	/EY NOT REQUIRE	D) FOR ZONE AO AND ZONE A	Check here if attachments	
For Zone AO and Zone A (without BFE), com	plete Items E1 through E4. If the Elevati	ion Certificate is inter	oded for use as supporting informat	ion for a LOMA and OMD E	
secuori C must be completed.					
E1. Building Diagram Number_(Select the b	ouilding diagram most similar to the buildin	ng for which this certi	ificate is being completed – see pa	ges 6 and 7. If no diagram accurately	
represents the building, provide a sketch	or photograph.)				
E2. The top of the bottom floor (including base	ement or enclosure) of the building is	_ ft.(m)in.(cm) [_	above or below (check one)	the highest adjacent grade.	
E3. For Building Diagrams 6-8 with openings grade.	(see page 1), the next higher floor or elev	vated floor (elevation	b) of the building isft.(m)ir	ı.(cm) above the highest adjacent	
E4. For Zone AO only: If no flood depth numb	ber is available, is the top of the bottom flo	oor elevated in accor	dance with the community's floods	lain management artinanas?	
Yes No Unknown. The k	ocal official must certify this information in	Section G.	deline with the continuinty's noodp	idiri managemeni oldinance?	
	CTION F - PROPERTY OWNER (OR C		ENTATIVE) CERTIFICATION		
The property owner or owner's authorized re	epresentative who completes Sections A,	B, and E for Zone A	(without a FEMA-issued or commi	unity-issued BFE) or Zone AO must	
sign here.				, ,	
PROPERTY OWNER'S OR OWNER'S AUTHOR	DIZED DEDDECENTATIVE ON NAME				
	NZEU REFRESENTATIVE S NAIVE				
ADDRESS		CITY	STATE	ZIP CODE	
SIGNATURE		DATE	TELEPHONE		
COMMENTS					
				Check here if attachments	
	SECTION G - COMMUNIT	TY INFORMATION (OPTIONAL)	Crieck fiele ii allacififielis	
he local official who is authorized by law or or				e A B C (ar E) and C of this Elevation	
eruncate. Complete the applicable item(s) an	nd sign below.				
1. The information in Section C was take	n from other documentation that has bee	n signed and embos	sed by a licensed surveyor, engine	er, or architect who is authorized by	
state of local law to certify elevation in	formation. (Indicate the source and date	of the elevation data	in the Comments area below)		
i2. A community official completed Section 3. The following information (Items G4-G	n E for a building located in Zone A (without) is a muided for assessment to the control of the	out a FEMA-issued o	or community-issued BFE) or Zone	AO.	
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE OF COMPL	IANCE/OCCUPANCY ISSUED	
7. This permit has been issued for. New (Construction Substantial Improvem	ent			
8. Elevation of as-built lowest floor (including t	basement) of the building is:	GIIL	ft.(m)	Datum:	
9. BFE or (in Zone AO) depth of flooding at th	e building site is:		t.(m)	Datum:	
LOCAL OFFICIAL'S NAME		TITLE			
COMMUNITY NAME					
			PHONE		
SIGNATURE KMAMITL		DATE	1/22/02		
COMMENTS			164126		
				Check here if attachments	