## # 034075 PHO FEDERAL EMERGENCY MANAGEMENT AGENCY H 034049 PHOGRAM H 034049 PHOGRAM ELEVATION CERTIFICATE

|    | U.M.E   | . NO. | 300  | 1-1 | 1110 |
|----|---------|-------|------|-----|------|
|    | Expires | Docer | nedm | 31, | 2005 |
| L_ |         |       |      |     |      |

| 17 07 3027 Schoen/Important: Read the  | e instructions on page1 - 7.            |                            |  |
|--|---|----------------------------|--|
| SECTION A - PRO  | PERTY INFORMATION                       | -                          | For Insurance Company Use:             |
| BUILDING OWNER'S NAME  | i                                       | Policy Number              |  |
| Edward Ehlen   |   | OV NO                      | Company NAIC Number                    |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. )  | Number) OR P.O. ROOTE AND BO            | JA NO.                     | Company Was Hames                      |
| 616 Crescent Street  | STATE                                   |                            | ZIP CODE                               |
| CITY   | FL                                      |                            | 34145                                  |
| Marco Island PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Numbers)  |   |                            |  |
| The 17 Plock 282 Plot of "Marco Beach Unit Eleven"   | Plat Book 6; Pages 60-60                |                            |  |
| BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory,  | etc. Use Comments section if nece       | essary.)                   |  |
| Residential  |   |                            |  |
| LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM   |   | pe):                       | ↑ Other:                               |
| (##° – ## - ##.##" or ##.##") NAD 1927 NAD   | , |                            |  |
| SECTION B - FLOOD INSURAN  | ICE RATE MAP (FIRM) INFOF               | RMATION                    |  |
|  | OUNTY NAME                              |                            | B3. STATE                              |
| City of Marco Island 120426  | Collier                                 |                            | Florida                                |
| B4 MAD AND PANEL   B5   B6 FIRM INDEX   B7. FIR  | M PANEL - B8. FLOOD                     | B9. B/                     | ASE FLOOD ELEVATION(S)                 |
| NUMBER SUFFIX DATE EFFECTIVE   | VE/REVISED ZONE(S)                      |                            | Zones, use depth of flooding)          |
| 12021C0803G G (Not Printed) Sep. 2   | 25, 2002 AE                             |                            | AVD 88) EL 9.3 (NGVD 29)               |
| B10. Indicate the source of the Base Flood Elevation (BFE) data  | or base flood depth entered in          | B9.                        |  |
| The profit M EIDM I I Community Det  | ermined I I Other 106                   | SCHDE)                     | rihe).                                 |
| B11. Indicate the elevation datum used for the BFE in B9: NG B12. Is the building located in a Coastal Barrier Resources System  | w (CRPS) area or Otherwise F            | Protected A                | rea (OPA)? ☐ Yes ☒ No                  |
| B12. Is the building located in a Coastal Barrier Resources System   | m (CBRS) area of Otherwise i            | TOLOGOLOG 7                |  |
| Designation Date:  | G ELEVATION INFORMATION                 | N                          |  |
|  | gs* ☐ Building Under Cons               | truction*                  |  |
| Of Daniely Contracting the Con | on of the building is complete.         |                            |  |
| on Duilding Diagram Number 1 (Select the building diagram M  | ost similar to the building for wi      | nich this ce               | rtificate is being completed – see     |
|  |   |                            |  |
|  |   |                            | A1-A30, AR/AH, AR/AU                   |
|  |   |                            |  |
|  |   |                            |  |
| the datum used for the BFE in Section B, convert the datum calculation. Use the space provided or the Comments area of   | Section D or Section G, as app          | i opnace to                | docament and address of the            |
| Datum NGVD 1929 Conversion/Comments  | os the elevation reference mar          | k used app                 | ear on the FIRM? 🗌 Yes 🔯 No            |
| L107410011 101010101010101010101010101010101   |   |                            |  |
| ⊠ a) Top of bottom floor (including basement or enclosure)   |   | , φ                        |  |
| □ b) Top of next higher floor  | 24 . <u>2</u> ft. (r                    | 17. FET                    |  |
| c) Bottom of lowest horizontal structural member (V zones only   | y)ft. <del>(</del> f                    | m) SSS (#                  |  |
| ⊠ d) Attached garage (top of slab)   | 7 , 5 ft. <del>(r</del>                 | Embossed and Date          |  |
| e) Lowest elevation of machinery and/or equipment  |   |                            |  |
| servicing the building   | 9 , 9 ft. <del>(</del> 1                | . ∉<br>ımber,<br>nature,   |  |
|  | 7 . 6 ft. (r                            | & €<br>Number,<br>ghature, | 12/14/                                 |
| ∑ f) Lowest adjacent grade (LAG)   | 8 . O ft. (                             | <b>t</b> = 1               | X Luni                                 |
| ⊠ g) Highest adjacent grade (HAG)  |   | License                    | T. ALAN NEAL                           |
| h) No. of permanent openings (flood vents) within 1 ft. above a  | adjacent grade 40                       |                            |  |
| ☑ i) Total area of all permanent openings (flood vents) in C3h   | 968 sq. in. <del>(sq. cm)</del>         |                            | P.S.M. #4656                           |
| DESCRIPTION DE CURVEYOR ENG  | INEER, OR ARCHITECT CEF                 | RTIFICATIO                 | ON 11-18-03                            |
| i i ii landa ya ka   | anginger or architect authoriz          | ed by law i                | O Cellin elevation unoundre            |
| This certification is to be signed and sealed by a land surveyor, I certify that the information in Section A, B, and C on the base of the section A. B. and C on the base of  | icate represents my best effort         | s to interpr               | et the data avallable.<br>Section 1001 |
| I certify that the information in Section A, B, and C on this certification. I understand that any false statement may be punishable by fine   | e of imprisoriment under 100.           | SE NUMBE                   |  |
| CERTIFIER'S NAME   | LICEN                                   | OF MOMPE                   | P.S.M. #4656                           |
| T. ALAN NEAL   | COMPANY NAME                            |                            |  |
| TITLE VICE PRESIDENT   | AMERICAN ENG                            | SINEERIN                   | IG CONSULTANTS, Inc.                   |
| VICE PRESIDENT  ADDRESS CITY   | STATE                                   |                            | ZIP CODE                               |
| ADDRESS CITY 790 HARBOUR DRIVE NAPLES  | FLORIDA                                 |                            | 34103                                  |
|  | TELEPHONE 455                           | ٠,                         |  |
| SIGNATUREY 12/14/0   | (239) 649-155                           | 1                          |  |

| PORTANT          | TANT: In these spaces, copy the corresponding information from Section A. |   |   |                                  |                               | For Insurance Company Use: |                                   |  |
|------------------|---|---|---|----------------------------------|-------------------------------|----------------------------|-----------------------------------|--|
| ILDING STRE      | ET ADDRE  | T ADDRE. (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NO.  |   |                                  | Policy Number                 |                            |                                   |  |
| 16 Crescent      | Court   |   |   | STATE                            | ZIP C                         | ODE                        | Company NAIC Number               |  |
| Marco Island     |   |   |   | FL                               | 3414                          |                            | Company water standard            |  |
| Watco Island     |   | -   |   |                                  |                               |                            |                                   |  |
|                  | SEC   | ON D - SU   | RVEYOR. ENGINE                                | ER. OR ARCH                      | IITECT CERTIFICA              | ATION (CON                 | ITINUED)                          |  |
|                  | s of this E   | √ation Certifi  | icate (1) community                           | official, (2) ins                | urance agent/comp             | any, and (3                | ) building owner.                 |  |
| COMMENTS         |   |   |   |                                  |                               |                            |                                   |  |
|                  |   |   |   |                                  |                               |                            |                                   |  |
|                  |   |   |   |                                  |                               |                            | 5                                 |  |
|                  |   |   |   |                                  |                               |                            |                                   |  |
|                  | 5111 51116  | TI TIVATION   | UNICODMATION (C                               | LIDVEY NOT                       | DECLIIDENI ECR                | ZONE AO a                  | ind ZONE A (WITHOUT BFE)          |  |
| SECTION E-       | BUILDING  | ELEVATION   | TINFORWATION (S                               | through E4 If                    | the Elevation Certif          | ficate is inte             | nded for use as supporting        |  |
| For Zone AO an   | nd Zone A (1  | TITHOUT BEE),   | complete items E1<br>ction C must be comp     | unougn ⊑4. <i>n</i><br>pleted    | the Elevation Centil          | neate is line.             | naca for add at suppermig         |  |
| =1 Building D    | gram Numi   | er (Sele  | ct the building diagra                        | am most simila                   | ar to the building for        | which this                 | certificate is being completed -  |  |
| see names        | and 7 If no   | diagram acc   | curately represents t                         | he building, pr                  | ovide a sketch or p           | hotograph.)                |                                   |  |
| E2. The top o    | ne bottom f   | oor (including  | g basement or enclo                           | sure) of the bu                  | uilding is ft. <del>(m)</del> | in. <del>(cm</del>         | above or Delow (check             |  |
| ana) tha h       | nact adiace   | of grade (Us  | e natural grade, if av                        | /ailable).                       |                               |                            |                                   |  |
| E3. For Build:   | Diagrams  | ં-8 with oper   | ings (see page 7), t                          | he next higher                   | floor or elevated to          | oor (eievaud               | on b) of the building is . ft.(m) |  |
| in.(cm) ⊃        | ove the hig   | nest adjacen  | t grade. Complete it                          | ems C3.11 and<br>envicing the bi | uilding is ft (m)             | in (cm) □                  | above or                          |  |
| the highest      | adjacent are  | de /lise na   | and/or equipment s<br>tural grade, if availat | ole).                            |                               | •                          |                                   |  |
| E5 For Zone &    | Only If n   | o flood death   | number is available                           | , is the top of t                | he bottom floor ele           | vated in acc               | ordance with the community's      |  |
| floodplain n     | anagement   | ordinance?  | ☐ Yes ☐ No L                                  | Unknown.                         | The local official mu         | ust certify th             | is information in Section G.      |  |
| -                | SF  | CTION F - P   | ROPERTY OWNER                                 | (OR OWNER                        | 'S REPRESENTAT                | IVE) CERT                  | IFICATION                         |  |
| The property of  | vner or own   | er's authorize  | ed representative wh                          | o completes S                    | Sections A, B, and E          | E for Zone A               | (without a FEMA-issued or         |  |
| community-issu   | ed BFE) or  | Zone AO mu  | st sign here.                                 |                                  |                               |                            |                                   |  |
|                  |   | MAGERNIO ALIZ   | THOOIZED DEDDECC                              | ITATIVE'S NAA                    | 1C                            |                            |                                   |  |
| PROPERTY OF      | /NER'S OR   | WNER'S AU I   | THORIZED REPRESE                              | VIAIIVESIVAN                     |                               |                            |                                   |  |
| ADDRESS          |   |   | CITY  |                                  | STATE                         |                            | ZIP CODE                          |  |
| SIGNATURE        |   |   | DATI  |                                  | TELEPHONE                     |                            |                                   |  |
| COMMENTS         |   | · A   |   |                                  |                               |                            |                                   |  |
|                  |   |   |   |                                  |                               |                            |                                   |  |
|                  |   |   |   |                                  |                               |                            | ☐ Check here if attachments       |  |
|                  |   |   | SECTION G - COM                               |                                  |                               |                            |                                   |  |
| The local offic  | l who is au   | horized by la   | w or ordinance to ad                          | lminister the co                 | ommunity's floodpla           | ain manager                | ment ordinance can complete       |  |
| Sections A, B, G | C, (or E), ar   | d G of this E   | levation Certificate.                         | Complete the                     | applicable item(s) a          | and sign bel               | OW.                               |  |
| G1. 🔲 The info   | rmation in  | n Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, nicet who is authorized by state or local law to certify elevation information. (Indicate the source and date of the |   |                                  |                               |                            |                                   |  |
| engin ( 6        | er, or archic   | ect who is aut<br>e Comments  | nonzed by state of the                        | ocai iaw to cei                  | thy elevation inform          | iation. (mai               | cate the source and date of the   |  |
| G2 IT A com      | n data in ti<br>punity offici-  | d completed S   | Section E for a buildi                        | ng located in 2                  | Zone A (without a F           | EMA-issued                 | d or community issued BFE) or     |  |
| Zone             | Ο.  |   |   |                                  |                               |                            |                                   |  |
| G3. ☐ The fc. c  | owing infor   | nation (Items   | G4-G9) is provided                            | for community                    | floodplain manage             | ment purpo                 | ses.                              |  |
| G4. PERMIT       |   |   | 5. DATE PERMIT ISSU                           |                                  |                               |                            | F COMPLIANCE/OCCUPANCY            |  |
| GH. PERMITT      | NIAID F1/   |   |   |                                  | ISSUED                        |                            |                                   |  |
| G7 This porm     | has been  | ssued for   | ] New Construction                            | ☐ Substant                       |                               |                            |                                   |  |
| G8 Elevation of  | of as-built le  | west floor (ind   | cluding basement) of                          | f the building is                | s:                            |                            | ft. <del>(m)</del> Datum:         |  |
| G9. BFE or (i    | Zone AO)  | epth of floodi  | ng at the building sit                        | e is:                            |                               |                            | ft. <del>(m)</del> Datum:         |  |
|                  |   |   |   | TITL                             | E                             |                            |                                   |  |
| LOCAL OFFICIA    | AL'S NAME   |   |   |                                  |                               |                            |                                   |  |
| COMMUNITY        | IAME  | TELEPHONE   |   |                                  |                               |                            |                                   |  |
| SIGNATURE        | 15/   | OM/A DATE 12-17-4   |   |                                  |                               |                            |                                   |  |
| COMMENTS:        |   |   |   |                                  |                               |                            |                                   |  |
|                  |   |   |   |                                  | · Management                  |                            |                                   |  |
|                  |   |   |   |                                  |                               |                            |                                   |  |
|                  |   |   |   |                                  |                               |                            | ☐ Check here if attachment        |  |
|                  |   |   |   |                                  |                               |                            |                                   |  |