200-240

## EDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1-7. SECTION A-PROPERTY OWNER INFORMATION FOR INSURANCE COMPANY USE POLICY NUMBER BUILDING DWNER'S NAME Israel & Leticia Lora BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) DR P.D. ROUTE AND BOX NO. COMPANY NAIC NUMBER 138 Cyrus Street ZIP CODE CITY STATE MARCO ISLAND 34145 FLORIDA PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 7, BLOCK 788, MARCO BEACH UNIT 25 BUILDING USE (e.g., Residential, Nonresidential, Addition, etc. Use Comments section if necessary.) SDURCE: LATITUDE/LONGITUDE(OPTIONAL) HORIZONTAL DATUM: GPS (Type): NAD 1983 USGS Quad Map (##\*-##'-##,##" or ##.####") NAD 1927 SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION Provide the following from the proper FIRM (See Instructions): B3. STATE BI. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME 120426 COLLIER FLORIDA B5. SUFFIX B6. FIRM INDEX DATE B7. FIRM PANEL BB. FLOOD ZONE(S) B9. BASE FLOOD ELEVATION B4. MAP AND PANEL (in AD Zones, use depth of flooding) NUMBER EFFECTIVE/REVISED DATE 8/3/92 AΕ 0812 Ε 7/20/98 10.0 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Community Determined Other (Describe) FIS Profile FIRM B11. Indicate the elevation datum used for the BFE in B9: NAVD 1988 Other (Describe) MGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or otherwise Protected Area (OPA)? 🔲 Yes 🔣 No 🛮 Designation Date BUILDING ELEVATION INFORMATION(SURVEY REQUIRED) SECTION C C1. Building elevations are based on:  $\square$  Construction Drawings\* Building Under Construction\* Finished Construction \*A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number\_(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/AD Complete items C3a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from 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 a) Top of bottom floor (including basement or enclosure) <u>10,2</u> ft.(m) Enbossed \_\_.\_ ft.(m) □b) Top of next higher floor \_\_\_ ft.(m) DC) Bottom of lowest horizontal structural member (V zones only) 8.6 ft.(m) a d) Attached garage (top of slab) De) Lowest elevation of machinery and/or equipment servicing the building 10.1 ft.(m) of) Lowest adjacent grade (LAG) <u>8</u>.5\_ft.(m) License Sign a) Highest adjacent grade (HAG) <u>8.8</u> ft.(m) a h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade (sq. cm) Total area of all permanent openings (flood vents) in C3h \_\_\_\_ sq. in. (sq. cm) SECTION D-SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION 3-10-90 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 CERTIFIER'S NAME 5621 WILLIAM A. MACRIDES COMPANY NAME TITLE BILL MACRIDES, PLS PROFESSIONAL LAND SURVEYOR ZIP CODE CITY STATE **ADDRESS** 34117 NAPLES FI 3871 WHITE BOULEVARD TELEPHONE SIGNATURE DATE 8/25/00 (941) 352-7789

IMPORTANT: In these spaces, copy t	he corresponding information from Se	ction A.	FOR INSURANCE COMPANY U
BUILDING STREET ADDRESS (Including 138 Cyrus Street	g Apt., Unit, Suite and/or Bldg. Number) [	OR P.D. ROUTE AND BOX NO.	POLICY NUMBER
CITY MARCO ISLAND	STATE FLORIDA	ZIP CODE 3414	COMPANY NAIC NUMBER
SECTION E - BUILDING EI	LEVATION INFORMATION (SURVEY NOT	REQUIRED) FOR ZONE AD AND	ZONE A (WITHOUT BFE)
Copy both sides of this Elevation	n Certificate for (1) community of	fical, (2) insurance agent/	company, and (3) building owner.
COMMENTS THIS CERTIFICA	TE IS ONLY FOR THE OW	NERS SHOWN ON T	HE OTHER SIDE.
THIS CERTIFICATE I	S NOT VALID, UNLESS I	T IS SIGNED AND S	EALED WITH THE
SURVEYORS EMBOSSE	ED STATE SEAL.		
For Zone AD and Zone A (without BFE), comp Section C must be completed. E1. Building Diagram Number_(Select the	building diagram most similar to the buil	lding for which this certificate	•
E2. The top of the bottom floor (including bas	its the building, provide a sketch or propert or enclosure) of the building is ft(m)	• '	therk and the highest adjacent and
E3. For Building Diagrams 6-8 with openings (se			• • •
grade.		g .	z
E4. For Zone AD only: If no flood depth numb	er is available, is the top of the bottom floo	or elevated in accordance with the	community's flood plain management ordinanc
YES NO Other (Desc.	ribe)		
SECTION F	- PROPERTY OWNER (OR OWNE	ERS REPRESENTATIVE) (	CERTIFICATION
The property owner or owner's author community-issued BFE or Zone AD must	sign here		
COMMUNITY-ISSUED BFE or Zone AD must	sign here	STATE	ZIP CODE
COMMUNITY-ISSUED BFE OR ZONE AD MUST PROPERTY OWNER'S OR OWNERS' AUTO ADDRESS	sign here HDRIZED REPRESENTATIVE NAME		ZIP CODE LEPHONE
COMMUNITY-ISSUED BFE OR ZONE AD MUST PROPERTY OWNER'S OR OWNERS' AUTI ADDRESS SIGNATURE	sign here HDRIZED REPRESENTATIVE NAME		
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