

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.

| | | | |
|---|-------------|--|--|
| Pre-Permit 110767 SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use: |
| BUILDING OWNER'S NAME Robert & Ann LaPlant | | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 122 Cyrus Street | | | Company NAIC Number |
| CITY Marco Island | STATE FL | ZIP CODE 34145 | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 4, Block 788, Marco Beach Unit 25 | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (###-##-### or #####) | | HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|---|-----------------|---------------------------------|---|-------------------------|--|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER MARCO ISLAND (120426) | | B2. COUNTY NAME COLLIER | | B3. STATE FL | |
| B4. MAP AND PANEL NUMBER 120426-0812 | B5. SUFFIX G | B6. FIRM INDEX DATE 09-25-02 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 09-25-02 | B8. FLOOD ZONE(S) AE | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 9.3 |

- 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 datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: 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 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
- a) Top of bottom floor (including basement or enclosure) 10.3 ft (m)
 - b) Top of next higher floor N/A. ft (m)
 - c) Bottom of lowest horizontal structural member (V zones only) N/A. ft (m)
 - d) Attached garage (top of slab) 8.0 ft (m)
 - e) Lowest elevation of machinery and/or equipment servicing the building 10.3 ft (m)
 - f) Lowest adjacent grade (LAG) 7.9 ft (m)
 - g) Highest adjacent grade (HAG) 8.2 ft (m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4
 - i) Total area of all permanent openings (flood vents) in C3h 512 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

[Handwritten Signature]
6/29/04

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.

| | | | |
|--|----------------------|--------------------------------------|-----------------------------|
| CERTIFIER'S NAME Melvin Hatton | | LICENSE NUMBER 5109 | |
| TITLE LAND SURVEYOR | | COMPANY NAME South Collier Surveying | |
| ADDRESS PO BOX 1836 | CITY MARCO ISLAND | STATE FL | ZIP CODE 34146 |
| SIGNATURE <i>[Handwritten Signature]</i> | | DATE 01-28-04 | TELEPHONE (239) 363-7241 |

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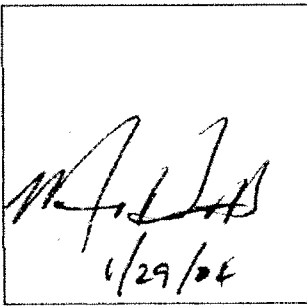
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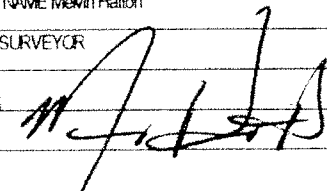
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| SIGNATURE  | STATE FL |
| | ZIP CODE 34146 |
| | DATE 01-28-04 |
| | TELEPHONE (239) 393-7211 |

BD- 3-29-11