1800 UAde Ct

# 011546 POOL #010452 HSC # 020160 SCEN FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM EL EVATION CERTIFICATE

## **ELEVATION CERTIFICATE**

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

		d the instructions on p		
	SECTION A - PI	ROPERTY OWNER INFO	RMATION	For Insurance Company Use:
BUILDING OWNER'S NAME Sciarappa				Policy Number
BUILDING STREET ADDRESS (Including A	Apt., Unit, Suite, and/or	Bldg. No.) OR P.O. ROUTE A	ND BOX NO.	Company NAIC Number
CITY Marco Island		ST	ATE F L	ZIP CODE 3 4 1 4 5
PROPERTY DESCRIPTION (Lot and Block	Numbers, Tax Parcel			
Lot 11 Block 303 BUILDING USE (e.g., Residential, Non-residential)	Marco Beacl	ı Unit 9		
BUILDING USE (e.g., Residential, Non-resi residential	dential, Addition, Acces	sory, etc. Use a Comments a	area, if necessary.)	
LATITUDE/LONGITUDE (OPTIONAL)	HORIZONTAL			
( ##° - ##' - ##.##" or ##.####")	NAD 1927	_ IMAD 1902	USGS Quad Map	o Otner
SEC	TION B - FLOOD IN	SURANCE RATE MAP (F	IRM) INFORMATION	1
B1. NFIP COMMUNITY NAME & COMMUN	JITY NUMBER   B	2. COUNTY NAME		B3. STATE
City of Marco	120426	Co11	ier	Florida
B4. MAP AND PANEL B5. SUFFIX	B6. FIRM INDEX	B7. FIRM PANEL	B8. FLOOD	B9. BASE FLOOD ELEVATION(S)
NUMBER 0812 E	DATE 7/20/98	EFFECTIVE/REVISED DATE 7 / 20 / 98	TE ZONE(S)	(Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flo	1	<u> </u>		
FIS Profile   X FIRM		Determined Other		
B11. Indicate the elevation datum used				escribe):
B12. Is the building located in a Coastal	Barrier Resources S	vstem (CBRS) area or Oth	erwise Protected Are	ea (OPA)?   IYes  XINo
Designation Date:	Darrier recoder coo	) oto (o b . to) a. o a o . o		1
-	N.C. BUILDING EL	EVATION INFORMATION	(CLID)/EV DEOLIID	ED)
C1. Building elevations are based on:	Construction Drav	vings*   Building Ur	nder Construction	X Finished Construction
*A new Elevation Certificate will be	required when const	ruction of the building is co	mpiete.	
C2. Building Diagram Number 1 (S				certificate is being completed - see
pages 6 and 7. If no diagram accura	ately represents the	ouliding, provide a sketch t	or priotograph.)	A20 ADIAH ADIAO
C3. Elevations – Zones A1-A30, AE, AH	, A (With BFE), VE, V	71-V30, V (With BFE), AR, A	ARVA, ARVAE, ARVAI	-A30, AR/AN, AR/AO
Complete Items C3.a-i below accord the datum used for the BFE in Section	aing to the building a	agram specified in item Ca	. State the datum us	roments and datum conversion
calculation. Use the space provided	on B, conventine dat	ron of Section D or Section	. C as appropriate t	o document the datum conversion
		rea or Section D or Section	i O, as appropriate, t	o docament the datam conversion
Datum Conversion/	-	Does the elevation referen	re mark used annea	ron the FIRM?   Yes   X   No
Elevation reference mark used S a) Top of bottom floor (including l			^	
□ b) Top of next higher floor	basement of endosc	n/a	ft (m) o	PSM NO. LS 2982
c) Bottom of lowest horizontal str	uctural member (V z		ft.(m) \$ #	June 20, 2001
☐ d) Attached garage (top of slab)	uctural member ( v 20	11/ a 11/ a	ft.(m) ft.(m) graph and Date and Date	1/15/02//
e) Lowest elevation of machinery	and/or equipment	***************************************	- • 1	Left,
servicing the building (Describ		ea.) <u>n/a</u>	. ft.(m) is a line	7 / 1/2
f) Lowest adjacent (finished) grad			18.5 ft.(m) 25	/// \
g) Highest adjacent (finished) gra			20.0 ft.(Xn) 2°	//(
☐ h) No. of permanent openings (flo			/a •	
i) Total area of all permanent ope	enings (flood vents) i	n C3.h sq. in. (s		
		ENGINEER, OR ARCHIT		N 4-6-01
This certification is to be signed and se				
I certify that the information in Sections	A. B. and C on this	ertificate represents my be	est efforts to interpre	t the data available.
I understand that any false statement n		fine or imprisonment unde	er 18 U.S. Code, Sed	
CERTIFIER'S NAME		L.	ICENSE NUMBER 2982	
Antonio Tr	1 9 0	COMPANY NAME	2 3 0 2	
Professional Survey	yor & Mapper	Α.		ociates, Inc.
ADDRESS 2223 Trade Conter 1	<i>l</i> ay	CITY Naples	STATE	ZIP CODE FL 34109
SIGNATURE		DATE 1/15/02	TELEPHO	NE 594-8448
			\ JT 1 1.	<b>シンテニロササロ</b>

			Leadanna Carran Hai
IMPORTANT: In these spaces,	, copy the corresponding information from	n Section A.	For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Inc.	duding Apt., Unit, Suite, and/or Bldg. No.) OR P.O.	KOUTE AND BOX NO.	
CITY Marco Island	STATE F L	ZIP CODE 3 4 1 4 5	Company NAIC Number
SECTIO	ON D - SURVEYOR, ENGINEER, OR ARCHI	TECT CERTIFICATION (CON	TINUED)
	n Certificate for (1) community official, (2) insu		
COMMENTS			
3	7:1		
			l Charlebase if all all and the
SECTION E PUIL DING EL	EVATION INFORMATION (SURVEY NOT R	FOURED) FOR ZONE AO A	Check here if attachments ND ZONE A (WITHOUT BEE)
	t BFE), complete Items E1. through E4. If the		
information for a LOMA or LOMR E1. Building Diagram Number see pages 6 and 7. If no diag E2. The top of the bottom floor (in         (check one) the highest adjac E3. For Building Diagrams 6-8 wit               ft.(m)       in.(cm) a E4. For Zone AO only. If no flood	t-F, Section C must be completed.  (Select the building diagram most similar gram accurately represents the building, provincluding basement or enclosure) of the building cent grade. (Use natural grade, if available.) It hopenings (see page 7), the next higher flow above the highest adjacent grade. Complete if depth number is available, is the top of the building service.	r to the building for which this or ide a sketch or photograph.)  ng is   ft.(m)   ir  or or elevated floor (elevation but the second content of the second content o	certificate is being completed –  n.(cm)    above or    below  o) of the building is f form.  ance with the community's
floodplain management ordin	ON F - PROPERTY OWNER (OR OWNER'S		
(without a FEMA-issued or community the best of my knowledge.	authorized representative who completes Secondary issued BFE) or Zone AO must sign he	re. The statements in Section	s A, B, C, and E are correct to
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPH	ONE
COMMENTS			
			I Chack hard if attachments
	SECTION G - COMMUNITY INFOR		Check here if attachments
Sections A, B, C (or E), and G of t G1.    The information in Section engineer, or architect whelevation data in the Com G2.    A community official company Zone AO.	d by law or ordinance to administer the commithis Elevation Certificate. Complete the applien C was taken from other documentation that no is authorized by state or local law to certify mments area below.) pleted Section E for a building located in Zon (Items G4-G9) is provided for community floor	cable item(s) and sign below. has been signed and emboss elevation information. (Indica e A (without a FEMA-issued or odplain management purpose	ed by a licensed surveyor, te the source and date of the r community-issued BFE) or s.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF	COMPLIANCE/OCCUPANCY
G9. BFE or (in Zone AO) depth of	oor (including basement) of the building is: flooding at the building site is:	ial Improvement ·	_ ft.(m) Datum: _ ft.(m) Datum:
LOCAL OFFICIAL'S NAME		TLE	
COMMUNITY NAME		LEPHONE	
SIGNATURE ( MALINITAL)	DA	ITE 1/3/102	
COMMENTS			
	-		
			Check here if attachments