U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

National Flood Insurance Program

Important: Read the instructions on pages 1-8.

	SECTION A - PROPERTY INFOR	RMATION For insurance Company Use				
A1. Building Owner's Name CHARLES ROBERT MEYER	Policy Number					
A2. Building Street Address (including Apt., Unit, Suite, and 146 DAN RIVER COURT	No. Company NAIC Number					
City MARCO ISLAND State FL ZIP Code 34145						
A3. Property Description (Lot and Block Numbers, Tax Par	cel Number, Legal Description, etc.)					
MARCO BCH UNIT 2 BLK 60 LOT 13 OR 752 PG 1208 OF	R 1681 PG 400					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Latitude/Longitude: Lat. 25°56'31N Long. 081°41'35W Horizontal Datum: NAD 1927 NAD 1983 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 1 A8. For a building with a crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s) N/A sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) N/A sq ft b) No. of permanent flood openings in the attached garage enclosure(s) walls within 1.0 foot above adjacent grade N/A N/A sq in N/A sq in C) Total net area of flood openings in A9.b N/A sq in						
	OD INSURANCE RATE MAP (FI					
B1. NFIP Community Name & Community Number CITY OF MARCO ISLAND 120426	B2. County Name COLLIER COUNTY	B3. State FLORIDA				
B4. Map/Panel Number B5. Suffix B6. FIRM In Date	Effective/Revised Date	B8. Flood B9. Base Flood Elevation(s) (Zone Zone(s) AO, use base flood depth)				
1204260804 G 11/17/200	5 11/17/2005	AE 8'				
B10. Indicate the source of the Base Flood Elevation (BFE) o ☐ FIS Profile ☐ FIRM ☐ Community						
	NGVD 1929 ☐ NAVD 1988	Other (Describe)				
B12. is the building located in a Coastal Barrier Resources S	System (CBRS) area or Otherwise Pro	otected Area (OPA)?				
Designation Date	☐ CBRS ☐ OPA					
SECTION C - BUILDIN	IG ELEVATION INFORMATION	(SURVEY REQUIRED)				
C1. Building elevations are based on: Construction Drawings* Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. C2. 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 C2.a-g below according to the building diagram specified in Item A7. Benchmark Utilized BM COL11 Vertical Datum 6.03 NGVD Conversion/Comments N/A						
_		Check the measurement used.				
a) Top of bottom floor (including basement, crawl space, or		feet				
 b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (\) 		feet meters (Puerto Rico only)				
d) Attached garage (top of slab)		feet meters (Puerto Rico only) feet meters (Puerto Rico only)				
e) Lowest elevation of machinery or equipment servicin		feet meters (Puerto Rico only)				
(Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG)	<u>6.85</u> ⊠1	feet meters (Puerto Rico only)				
g) Highest adjacent (finished) grade (HAG)	 	feet meters (Puerto Rico only)				
SECTION D - SURVE	YOR, ENGINEER, OR ARCHITE	CT CERTIFICATION				
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 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. Check here if comments are provided on back of form.						
No. 6453						
Certifier's Name GUILLERMO GUERRERO Title PSM Company	License Number Name FL. BUILDING & LAND SUR	#6453				
Address 12555 BISCAYNE BLVD # 934 City N.M.	HAME IL BUILDING & LAND SUN	(AE1114G				
City 14:100		Code 33181 STATE OF FLORIDA				
Signature Date 07/18/08	AMI State FL ZIP	Code 33181 STATE OF FLORIDA				

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 146 DAN RIVER COURT	Policy Number					
City MARCO ISLAND State FL ZIP Code 34145	Company NAIC Number					
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (COI	(TINUED)					
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building ow						
Comments NOTE: THIS ELEVATION IS NOT FOR CONSTRUCTION PURPOSES, THIS IS ONLY FOR INSURANCE PURPOSES						
CROWN: 5.81	1010 0020					
Signature Date 07/18/08	☐ Check here if attachments					
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO A	ND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter mete E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is a grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawl space, or enclosure) is feet meters; b) Top of bottom floor (including basement, crawl space, or enclosure) is feet meters; cross-Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of In (elevation C2.b) in the diagrams) of the building is feet meters above or below the HAG. E3. Attached garage (top of slab) is feet meters above or below the HAG. E4. Top of platform of machinery and/or equipment servicing the building is feet meters above Defect	ers. bove or below the highest adjacent above or below the HAG. above or below the LAG. structions), the next higher floor HAG.					
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIF	ICATION					
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEN or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.						
Property Owner's or Owner's Authorized Representative's Name						
Address City State	ZIP Code					
Signature Date Telephor	ne					
Comments						
	Check here if attachments					
SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance countries and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in item G1. The information in Section C was taken from other documentation that has been signed and sealed by a license is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Countries of the community official completed Section E for a building located in Zone A (without a FEMA-issued or community Gallowing information (Items G4G9.) is provided for community floodplain management purposes.	is G8. and G9. d surveyor, engineer, or architect who mments area below.)					
G4. Permit Number G5. Date Permit Issued G6. Date Certificate Of Comp	liance/Occupancy Issued					
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (including basement) of the building: G9. BFE or (in Zone AO) depth of flooding at the building site: Substantial Improvement Feet meters (PR) Datum Local Official's Name						
Community Name CHRIST-PHER SPARACINE, CFM Title PLANNER Telephone						
Signature Date 5/30/13						

Building Photographs See Instructions for Item A6.

For Insurance Company Use Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number 146 DAN RIVER COURT City MARCO ISLAND State FL ZIP Code 34145 Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.





Building Photographs Continuation Page

				For Insurance Company Use
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Policy Number		
City	State	ZIP Code		Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."				