

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.

SECTION A - PROPERTY (
BUILDING OWNER'S NAME	Policy Number					
Ross A. & Julianne Broxon						
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AN 150 Delbrook Way						
CITY MARCO ISLAND,	STATE ZIP CODE FL 34145					
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 10, Block 789, Marco Beach Unit 25 (Replat)						
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section RESIDENTIAL						
LATITUDELONGITUDE (OPTIONAL) HORIZONTAL DATUM: (### - ## - ## ##" or ## #####") NAD 1927 NAD 1983	SOURCE: GPS (Type): USGS Quad Map Gther:					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER MARCO ISLAND (120426) B2. COUNTY N. COLLIER	ME B3. STATE FL					
	7. FIRM PANEL B8. FLOOD ZONE(S) B9. BASE FLOOD ELEVATION(S) TIVE/REVISED DATE AE (Zone AQ use depth of gooding) 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 Other						
	NFORMATION (SURVEY REQUIRED)					
	er Construction* Finished Construction					
*A new Elevation Certificate will be required when construction of the building is com	ete.					
C2. Building Diagram Number 1 (Select the building diagram most similar to the building f	r which this certificate is being completed - see pages 6 and 7. If no diagram					
accurately represents the building, provide a sketch or photograph.)	IN ADMIT ADMA AND ADMAN ADMA					
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	antho EIDMO T Van Mila					
Elevation reference mark used Does the elevation reference mark used appear						
	4t(m) 1 18 / / / / / / / / / / / / / / / / /					
, ,						
,	Aft(m)					
, , ,	7ft(m) #6473					
e) Lowest elevation of machinery and/or equipment consisting the building	Aff (m)					
	4ft (m) Aft (m) Aft (m) Zft (m) 4ft (m) Sft (m) 9ft (m) 4ft (m) Sft (m) 9ft (m) 10 20 0 4					
, , , , ,	5ft (m) 25 5 D - 20 D V					
☐ g) Highest adjacent grade (HAG) ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 3	5 1 10004					
 ☐ i) Total area of all permanent openings (flood vents) within 1 ft. above adjacent grade 3 ☐ i) Total area of all permanent openings (flood vents) in C3h 1440 sq. in. (sq. cm) 	3					
This certification is to be signed and sealed by a land surveyor, engineer, or arc	mediadunorized by law to certify elevation information. my best afforts to interpret the data evallable.					
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 Royald W. Wal LING LICENSE NUMBER 6473						
CERTIFIER'S NAME Ronald W. WaLLING	Lywan wal of waterial of the					
TOTAL	CONDAIN MAKE Could College Command					
TITLESurveyor Anness	COMPANY NAME South Collier Surveying CITY STATE ZIP CODE					
ADDRESS PO BOX 18% SIGNATURE						

IMPORTANT: In these spaces	s, copy the corresponding information from Se	ction A		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	ZIPCODE	Company NAIC Number
	SECTION D. SUIDVEVOD ENGINEED	OD ADCUITECT CER	TIFICATION (CONTINUED)	
Conv. both cides of this Elevention	SECTION D - SURVEYOR, ENGINEER,			
COMMENTS	n Certificate for (1) community official, (2) insurance	ageni/company, and (3) building owner.	
00148415110				
und Wikele Baraken Winder (International Assessment Ass				
SECTION E	- BUILDING ELEVATION INFORMATION (SUR	VEV NOT BEOURDED	FOR ZONE AC AND ZONE A	Check here if attachments
	BFE), complete Items E1 through E4. If the Eleva			
Section C must be completed.	Di Ej, compose itans ET tirough E4. Il the Eleva	uon Ceruicate is intend	eu ior use as supporung iniorma	IUON TOT A LUMA OF LUMR-F,
•	Select the building diagram most similar to the build	ling for which this certific	ate is being completed – see pa	ages 6 and 7. If no diagram accurately
represents the building, provid	le a sketch or photograph.)			•
E2. The top of the bottom floor (incl	luding basement or enclosure) of the building is	ft.(m)in.(om) [] a	above or 🔲 below (check one) the highest adjacent grade.
E3. For Building Diagrams 6-8 with grade.	openings (see page 7), the next higher floor or ele	evated floor (elevation b)	of the building isft.(m)	n.(cm) above the highest adjacent
•	depth number is available, is the top of the bottom f	floor elevated in accord-	ance with the community's floori	niain managament ardinassa
☐ Yes ☐ No ☐ Unkno	own. The local official must certify this information in	n Section G.	arce with the continuinty's 1000	plain management ordinance?
	SECTION F - PROPERTY OWNER (OR		NTATIVE) CERTIFICATION	
The property owner or owner's au	uthorized representative who completes Sections A			nunity-issued BFE) or Zone AO must
sign here.				, , , , , , , , , , , , , , , , , , , ,
PROPERTY OMINIER'S OR OMINIER	R'S AUTHORIZED REPRESENTATIVE'S NAME			
	TO AUTHORIZED REPRESENTATIVE STVAME			
ADDRESS		CITY	STATI	ZIPCODE
SIGNATURE		DATE	TELEF	PHONE
COMMENTS				
				☐ Check here if attachments
	SECTION G - COMMUNI	ITY INFORMATION (O	PTIONAL)	***************************************
he local official who is authorized b	by law or ordinance to administer the community's	floodplain management	ordinance can complete Section	ns A, B, C (or E), and G of this Elevatio
Certificate. Complete the applicable	e item(s) and sign below.			
61. The information in Section (C was taken from other documentation that has be	en signed and emboss	ed by a licensed surveyor, engir	ieer, or architect who is authorized by
State of local law to certify to	elevation information. (Indicate the source and dat eted Section E for a building located in Zone A (with	ie of the elevation data i	n the Comments area below.)	- 40
33. The following information (It	tems G4-G9) is provided for community floodplain i	management numoses	cummunity-issued briej dr 2011	EAU.
G4. PERMIT NUMBER	Q5. DATE PERMIT ISSUED		6. DATE CERTIFICATE OF COMI	HANCE IOON IDANOVIOOUED
	35. 57.70. 12.400, 400020	1-10000000	O. DATE OF WHILE OF WHY!	THANOELOCOLUMNO LISSUED
	: New Construction Substantial Improver	ment		
	(including basement) of the building is:		ft.(m)	Datum:
BFE or (in Zone AO) depth of flo	coding at the building site is:		ft.(m)	Datum:
LOCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME		TELEPA	-OVE	
SIGNATURE 📿	5 0	DATE		
COMMENTS	The Con-	Notes a v fac-	10-27-0	-/
OUIVRYEL VIO	′ 🔾			•
obtainin kanada kada kada kada kada kada kada k				
				Check here if attachments