

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.

		For Insurance Company Use:						
BUILDING OWNER'S NAME		Policy Number						
Charles And Edith Rizzo								
BUILDING STREET ADDRESS (Including Apt., 1 236 Edgewater Court	Unit, Suite, and/or Bldg. No.) OR P.0				Company NAIC Number			
CITY MARCO ISLAND,		STATE FL		ZIP CODE 34145				
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 42, Block 254, Marco Beach Unit 6								
BUILDING USE (e.g., Residential, Non-residential ResidentialbL	I, Addition, Accessory, etc. Use Co	mments section if necessary.)						
LATITUDE/LONGITUDE (OPTIONAL) (##P - ##F - ## #### or ## #####P)	HORIZONTAL DATUM: NAD 1927 NAD 198		OURCE: GPS (Type): USGS Quad Ma	p 🔲 C	ther:			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
THE REPORT AS A SHEET	MANAGEMENT CONTRACTOR (CONTRACTOR CONTRACTOR			150.00	8 de la companya del companya de la companya del companya de la co			
B1. NFIP COMMUNITY NAME & COMMUNITY MARCO ISLAND (120426)		2. COUNTY NAME OLLIER		B3, ST. FL	AIE			
B4, MAP AND PANEL B5, SUFFIX NUMBER 120426-0803 G	B6. FIRM INDEX DATE 09-25-02	B7. FIRM PANEL EFFECTIVE/REVISED I 09-25-02	DATE B8. FLOOD ZO		9. BASE FLOOD ELEVATION(S) (Zone AO, use depth-offlooding) 10			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.								
☐ FIS Profile ☐ FIRM	☐ Community Deter	mined 🔲 Oth	er (Describe):					
B11. Indicate the elevation datum used for the			VD 1988 ☐ Other (Des		at man			
B12. Is the building located in a Coastal Barrio				⊠ No Desi	gnation 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 6 (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.								
	oucument the datum conversi	UII.						
Datum Conversion/Comments	so that also sations noteriored and	unad annow on the FIRM	J Voc KING	garanteen en				
Elevation reference mark usedDoe Cl. a) Top of bottom floor (including boson		. 1	1	4				
a) Top of bottom floor (including basement or enclosure) b) Top of next higher floor c) Bottom of lowest horizontal structural member (V zones only) d) Attached garage (top of slab) 8. Oft.(m)								
b) Top of next higher floorc) Bottom of lowest horizontal structure	al mamhar // zonao onk/	<u>N/A</u> ft.(m)	9	a				
(top of slab)	armonica (v zares uniy)	<u>N/A</u> ft.(m) <u>8</u> . <u>O</u> ft.(m)	ğ.	9				
e) Lowest elevation of machinery and	hr equirment	o. archin	£	É	C w			
servicing the building	urv urnginsigen i sner ši	<u>10 . 1</u> ft.(m)	ğ		Juli			
☐ f) Lowest adjacent grade (LAG)		7.9ft(m)	<u> </u>	Signature,	10/15/03			
g) Highest adjacent grade (HAG)		8_2ft.(m)	o y	o Cu	10/15/			
□ h) No. of permanent openings (flood v	ents) within 1 ft. above adjacen		3		fo /.			
☐ i) Total area of all permanent openings (flood vents) in C3h 1440 sq. in. (sq. cm)								
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION $2-10-03$								
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 Arthur Quinnell		The second secon	LICENSE NUMBE	R 2422				
TITLE LAND SURVEYOR		COMPANY NA	AME SUDHAKAR CO., INC					
ADDRESS	and the second s	CITY		STATE	ZIP CODE			
PO BOX 18% SIGNATURE		MARCO ISLAI DATE	<u> </u>	EL TELEPHONE	34146			
4 days	<u> </u>	10-14-03		2391.393-2241				

IMPORTANT: In these spaces, copy the		For Insurance Company Use:				
	Unit, Suite, and/or Blog. No.) OR P.O. ROUTE AND B			Policy Number		
СПУ	STATE	phonographic program and a second program and a sec	ZIPCODE	Company NAIC Number		
жения в применения в применени	ECTION D - SURVEYOR, ENGINEER, OR AF	CHITECT CER	TIFICATION (CONTINUED)			
	e for (1) community official, (2) insurance agent/o			and the contract of the state o		
COMMENTS						

				Check here if attachments		
SECTION E - RUII DA	NG ELEVATION INFORMATION (SURVEY NO	OT REQUIRED)	FOR ZONE AO AND ZONE A			
	uplete Items E1 through E4. If the Elevation Cel	A DECEMBER OF THE PARTY OF THE PARTY OF THE PARTY.		CONTRACTOR		
Section C must be completed.						
E1. Building Diagram Number _(Select the b represents the building, provide a sketch	ouilding diagram most similar to the building for v or photograph.)	which this certifica	are is being completed – see pa	ges to and 7. If no diagram accurately		
E2. The top of the bottom floor (including bas	ement or enclosure) of the building isft (m)					
	(see page 7), the next higher floor or elevated f	loor (elevation b)	of the building isft.(m)i	n.(cm) above the highest adjacent		
grade. E4 For Zone AO only: If no flood depth num	ber is available, is the top of the bottom floor ele	vated in accords	nce with the community's floor	olain management ordinance?		
	ocal official must certify this information in Section		and the section of th	CONTRACTOR OF THE STATE OF THE		
SI	ECTION F - PROPERTY OWNER (OR OWNE	R'S REPRESEM				
The property owner or owner's authorized no sign here.	epresentative who completes Sections A, B, an	d E for Zone A (v	without a FEMA-issued or comm	nunity-issued BFE) or Zone AO must		
PROPERTY OWNER'S OR OWNER'S AUTHO	RIZED REPRESENTATIVE'S NAME		dandan samma da lakulara mari dan sise kata, ada kilikhin sikudi da da da mari da d	VM AAA AA AAA AAA AAA AAA AAA AAA AAA AA		
ADDRESS		СПҮ	STATE	ZIP CODE		
SIGNATURE	\$\tag{\text{\tint{\text{\tint{\text{\tin\text{\texitil\tin\tint{\text{\texi}\tint{\text{\text{\texicr{\texitit}\xi}\tint{\text{\texict{\texit{\text{\text{\texit{\texi}\tint{\text{\texit{\ti}\t	DATE	TELEF	HONE		
COMMENTS						
				Check here if attachments		
	SECTION G - COMMUNITY INF					
	ordinance to administer the community's floodpla	ain management	ordinance can complete Section	ns A, B, C (or E), and G of this Elevation		
state or local law to certify elevation i G2. A community official completed Secti	en from other documentation that has been sign information. (Indicate the source and date of the on E for a building located in Zone A (without a	e elevation data i FEMA-issued or	n the Comments area below.) community-issued BFE) or Zon			
G3. [_] The following information (Items G4-0 G4. PERMIT NUMBER	G9) is provided for community floodplain manag G5. DATE PERMIT ISSUED		6. DATE CERTIFICATE OF COM	DI IANCENCO IDANICO ICCI IED		
04. FERIVIII IVUIVIBEK	GU. DATE FERTANT IDOUEL		DATE VERTIFICATE OF COM	FULL FULL FOR THE FULL FULL FOR THE FULL FOR THE FULL FULL FOR THE FULL FULL FULL FULL FULL FULL FULL FUL		
G7. This permit has been issued for: Nev						
G8. Elevation of as-built lowest floor (including basement) of the building is: G9. BFE or (in Zone AO) depth of flooding at the building site is:			ft_(m)	Datum: Datum:		
G9. Bre of (in zone AO) depin of illocuming act	u ov aversee 19. UTV 14.		management seems EE/EE/	为2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4		
COMMUNITY NAME			TELEPHONE			
		DATE				
SIGNATURE C du		DAIE	10-17-09	3		
COMMENTS / 8						
			, , <u>, , , , , , , , , , , , , , , , , </u>	Check here if attachments		