043240 V # 0419914 Program FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

ELEVATION CERTIFICATE

~

ι.

Important: Read the instructions on pages 1 - 7

				a second s			
		SECTION A - P	ROPERTY OWNER INFO	RMATION	For Insurance Company Use:		
BUILDING OWNER'S NAM ALEXANDER, MARC	CIA & DORO				Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1032 FIELDSTONE DRIVE					Company NAIC Number		
CITY MARCO ISLAND		0		TATE FLORIDA	ZIP CODE		
LOT 14, BLOCK 1	86. MARCO	BEACH. UNIT	Number, Legal Description, e SEVEN				
BUILDING USE (e.g., Resid RESIDENTIAL	lential, Non-resid	tential, Addition, Acce	ssory, etc. Use a Comments	area, if necessary.)			
LATITUDE/LONGITUDE (O	PTIONAL)	HORIZONTA	DATUM: COUDOR				
(##°-##'-##.##" or ##.#	#####")	NAD 1927	NAD 1983 SOURCE	: GPS (Type): USGS Quad M	ap [] Other		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP COMMUNITY NA		ITY NUMBER E	2. COUNTY NAME		B3. STATE		
MARCO ISLAND	120426		COLLIER		FLORIDA		
B4. MAP AND PANEL	B5. SUFFIX	B6. FIRM INDEX	B7. FIRM PANEL	B8. FLOOD	B9. BASE FLOOD ELEVATION(S)		
NUMBER		DATE	EFFECTIVE/REVISED DA	TE ZONE(S)	(Zone AO, use depth of flooding)		
120426-0812	E	07/20/98	08/03/92	AE	11.0'		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.							
	X FIRM	Community		(Describe):			
B11. Indicate the elevation	n datum used f	or the BFE in B9 12	_ NGVD 1929 _/NAVI	0 1988 Other (I	Describe):		
B12. Is the building locate	d in a Coastal I	Barrier Resources	System (CBRS) area or Ot	herwise Protected A	rea (OPA)?		
Designation Date:							
	SECTIO	N C - BUILDING EI	EVATION INFORMATIO	N (SURVEY REQUI	RED)		
C1. Building elevations are	e based on:	Construction Drav	vings* Building U	nder Construction*	X (Finished Construction		
*A new Elevation Cert	lificate will be r	equired when const	ruction of the building is co	omplete.			
C2. Building Diagram Num	nber <u>1</u> (Se	lect the building dia	gram most similar to the b	uilding for which this	s certificate is being completed - see		
pages 6 and 7. If no c	diagram accura	itely represents the	building, provide a sketch	or photograph.)			
C3. Elevations – Zones A1	I-A30, AE, AH,	A (with BFE), VE, V	/1-V30, V (with BFE), AR,	AR/A, AR/AE, AR/A	1-A30, AR/AH, AR/AO		
Complete Items C3.a-	i below accord	ing to the building d	iagram specified in Item C	2. State the datum u	used. If the datum is different from		
the datum used for the	BFE in Section	on B, convert the da	tum to that used for the BI	E. Show field meas	urements and datum conversion		
calculation. Use the s	pace provided	or the Comments a	rea of Section D or Sectio	n G, as appropriate,	to document the datum conversion.		
Datum <u>N/A</u>		comments					
Elevation reference m		LOCAL	Does the elevation refere	nce mark used appe	ar on the FIRM? _ Yes X No		
a) Top of bottom flo		asement or enclosu	re) <u>LIVING</u>	11. <u>.15</u> ft.(m) g	PROPROGLOVILL		
b) Top of next high			LIVING	$1115 \text{ ft.}(\text{m}) \frac{9}{7}$	PROFESSIONAL		
C) Bottom of lowest		ctural member (V z	ones only)	<u>N/Aft.(m)</u> g ∰	SURVEYOR &		
d) Attached garage				9.00 ft.(m)	MAPPER #4085		
		e in a Comments ar		11 <u>40</u> ft.(m) and the second	John Men merced		
f) Lowest adjacent (/		
g) Highest adjacent			(0.70 ft.(m) 200 N/A			
h) No. of permanen	t openings (floo	od vents) within 1 ft	above adjacent grade	N/A .	DATE: 10/08/04		
i) Total area of all p	ermanent oper	iings (flood vents) ii	1 C3.h N/A sq. in (s	g. only			
			ENGINEER, OR ARCHIT				
This certification is to be s	igned and seal	led by a land surve	or, engineer, or architect	authorized by law to	certify elevation information.		
 I certify that the informatio 	n in Sections A	A, B, and C on this a	ertificate represents my b	est efforts to interpre	at the data available		
<u>I understand that any false</u>	e statement ma	ay be punishable by	fine or imprisonment under	, er 18 U.S. Code, Sei	ction 1001.		
CERTIFIER'S NAME	N GENEVRI			ICENSE NUMBER			
TITLE		н у	COMPANY NAME		P.S. & M. #4085		
PRE	SIDENT		A	CTION SURVEY	S AND PLANNERS, INC.		
ADDRESS	RCIAL BOU	ΓΕΊΛΡη	CITY	STATE	ZIP CODE		
SIGNATURE	NOTAL DUU	μέγΑΚΟ	NAPLES, DATE	TELEDHO	LORIDA 34104		
	Charmen	1.4.4.2	OCTOBER	8, 2004	(239) 643-7510		
FEMA Form 81-31, January	/ 2003	See	reverse side for continuati	on.	Replaces all previous editions		

he corresponding information from Continue	A		
the corresponding mormation nonin Section A	4. DOV NO	For Insurance Company Use:	
	J BUX NU.	Policy Number	
STATE	ZIP CODE	Company NAIC Number	
URVEYOR, ENGINEER, OR ARCHITECT CER	TIFICATION (CON		
		building owner.	
N INFORMATION (SURVEY NOT REQUIRED)		Check here if attachm	
complete Items E1 through E5. If the Elevation	Cortificate is intend	ND ZONE A (WITHOUT BEE	
ION & MUST be completed			
ect the building diagram most similar to the build	ling for which this c	ertificate is being completed -	
Curately represents the building provide a sketch	or photograph)		
Dasement of enclosure) of the building is] ft. (m) in. (cm) above or below	
ngs (see page 7), the next higher floor or elevate	d floor (elevation b	of the building in	
e highest adjacent grade Complete Items C3 h	and C3 i on front o	f form	
and/or equipment servicing the building is 1 1] ft. (m) in. (cm) above or below	
le. (Use natural drade, it available)			
Yes No Unknown. The local offic	ial must certify this	information in Section G	
ROPERTY OWNER (OR OWNER'S REPRESEN	ITATIVE) CERTIFI	CATION	
t representative who completes Sections A B C	(Itoms C2 b and C	2 i only) and I for Zone A	
sued BFE) or Zone AO must sign here. The state	ements in Sections	A, B, C , and E are correct to	
ORIZED REPRESENTATIVE'S NAME			
CITY	STATE	ZIP CODE	
DATE	TELEPHO	NE	
		Check here if attachme	
SECTION G - COMMUNITY INFORMATION (OF	PTIONAL)		
r ordinance to administer the community's flood	plain management	ordinance can complete	
tion Certificate. Complete the applicable item(s) aken from other documentation that has been si	and sign below.	d by a lineword survey	
onzed by state or local law to certify elevation info	ormation. (Indicate	the source and date of the	
rea below.)			
ction E for a building located in Zone A (without a	a FEMA-issued or o	community-issued BFE) or	
4-G9) is provided for community floodplain mans	agement nurseses		
	-		
out bitte	CERTIFICATE OF C	OMPLIANCE/OCCUPANCY	
New Construction Substantial Improvement	ent		
ing basement) of the building is		ft. (m) Datum:	
at the building site is:	······································	ft. (m) Datum:	
ТІТІ Е			
TELEPHONE		ц,	
DO2 C DATE	0000004		
and My have &	OPHRACK	0 10-11-04	
<u> </u>		· · · · · · · · · · · · · · · · · · ·	
		Check here if attachmen	
	State STATE URVEYOR, ENGINEER, OR ARCHITECT CER Caste for (1) community official, (2) insurance ages IN INFORMATION (SURVEY NOT REQUIRED) complete Items E1, through E5. If the Elevation ion C must be completed. complete Items E1, through E5. If the Elevation ion C must be completed. becompleted. complete Items E1, through E5. If the Elevation ion C must be completed. becompleted. becompleted. <td cols<="" td=""><td>URVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CON ate for (1) community official, (2) insurance agent/company, and (3) ate for (1) community official, (2) insurance agent/company, and (3) ate for (1) community official, (2) insurance agent/company, and (3) IN INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AN complete Items E1, through E5. If the Elevation Certificate is intend ion C must be completed. et the building diagram most similar to the building for which this c curately represents the building, provide a sketch or photograph.) basement or enclosure) of the building isft. (m)in. (le. (Use natural grade, if available.) rgs (see page 7), the next higher floor or elevated floor (elevation b) e highest adjacent grade. Complete Items C3.h and C3 i on front or and/or equipment servicing the building isft. (m)in. (le. (Use natural grade, if available.) UNKnown. The local official must certify this COPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICA Tepresentative who completes Sections A, B, C (Items C3.h and C sued BFE) or Zone AO must sign here. The statements in Sections DRIZED REPRESENTATIVE'S NAME CITY STATE DATE TELEPHO BECTION G - COMMUNITY INFORMATION (OPTIONAL) or ordinance to administer the community's floodplain management of tion Certificate. Complete the applicable item(s) and sign below. aken from other documentation that has been signed and embosses nized by state or local law to certify elevation information. (Indicate rea below.) CION E for a building located in Zone A (without a FEMA-issued or c 4-G9) is provided for community floodplain management purposes. ATE PERMIT ISSUED</td></td>	<td>URVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CON ate for (1) community official, (2) insurance agent/company, and (3) ate for (1) community official, (2) insurance agent/company, and (3) ate for (1) community official, (2) insurance agent/company, and (3) IN INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AN complete Items E1, through E5. If the Elevation Certificate is intend ion C must be completed. et the building diagram most similar to the building for which this c curately represents the building, provide a sketch or photograph.) basement or enclosure) of the building isft. (m)in. (le. (Use natural grade, if available.) rgs (see page 7), the next higher floor or elevated floor (elevation b) e highest adjacent grade. Complete Items C3.h and C3 i on front or and/or equipment servicing the building isft. (m)in. (le. (Use natural grade, if available.) UNKnown. The local official must certify this COPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICA Tepresentative who completes Sections A, B, C (Items C3.h and C sued BFE) or Zone AO must sign here. The statements in Sections DRIZED REPRESENTATIVE'S NAME CITY STATE DATE TELEPHO BECTION G - COMMUNITY INFORMATION (OPTIONAL) or ordinance to administer the community's floodplain management of tion Certificate. Complete the applicable item(s) and sign below. aken from other documentation that has been signed and embosses nized by state or local law to certify elevation information. (Indicate rea below.) CION E for a building located in Zone A (without a FEMA-issued or c 4-G9) is provided for community floodplain management purposes. ATE PERMIT ISSUED</td>	URVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CON ate for (1) community official, (2) insurance agent/company, and (3) ate for (1) community official, (2) insurance agent/company, and (3) ate for (1) community official, (2) insurance agent/company, and (3) IN INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AN complete Items E1, through E5. If the Elevation Certificate is intend ion C must be completed. et the building diagram most similar to the building for which this c curately represents the building, provide a sketch or photograph.) basement or enclosure) of the building isft. (m)in. (le. (Use natural grade, if available.) rgs (see page 7), the next higher floor or elevated floor (elevation b) e highest adjacent grade. Complete Items C3.h and C3 i on front or and/or equipment servicing the building isft. (m)in. (le. (Use natural grade, if available.) UNKnown. The local official must certify this COPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICA Tepresentative who completes Sections A, B, C (Items C3.h and C sued BFE) or Zone AO must sign here. The statements in Sections DRIZED REPRESENTATIVE'S NAME CITY STATE DATE TELEPHO BECTION G - COMMUNITY INFORMATION (OPTIONAL) or ordinance to administer the community's floodplain management of tion Certificate. Complete the applicable item(s) and sign below. aken from other documentation that has been signed and embosses nized by state or local law to certify elevation information. (Indicate rea below.) CION E for a building located in Zone A (without a FEMA-issued or c 4-G9) is provided for community floodplain management purposes. ATE PERMIT ISSUED

8-

.