

PERMIT # 030175

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

U.M.B. NO. 3001-0011 Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on page 1 - 7.

SECTION A - PROPERTY INFORMATION
BUILDING OWNER'S NAME: Marco Island Construction Corp.
BUILDING STREET ADDRESS: 113 Greenview Street
CITY: City of Marco Island
STATE: FL
ZIP CODE: 34145
PROPERTY DESCRIPTION: Marco Beach Unit Three Block 104 Lot 9 Plat Book 6, Pages 17-24
BUILDING USE: Residential

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: City of Marco Island 120426
B2. COUNTY NAME: Collier
B3. STATE: FL
B4. MAP AND PANEL NUMBER: 0804
B5. SUFFIX: D
B6. FIRM INDEX DATE: July 20, 1998
B7. FIRM PANEL EFFECTIVE/REVISED DATE: June 3, 1986
B8. FLOOD ZONE(S): AE
B9. BASE FLOOD ELEVATION(S): 10
B10. Source of BFE data: FIS Profile, FIRM, Community Determined, Other
B11. Elevation datum: NGVD 1929, NAVD 1988, Other
B12. Coastal Barrier Resources System (CBRS) area: No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)
C1. Building elevations based on: Construction Drawings, Building Under Construction, Finished Construction
C2. Building Diagram Number: 1
C3. Elevations - Zones A1-A30, AE, AH, A, VE, V1-V30, V, AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Datum: NGVD 1929
Elevation reference mark used: 5.90'
Does the elevation reference mark used appear on the FIRM? Yes, No
a) Top of bottom floor: 10.1 ft. (m)
b) Top of next higher floor: 21.8 ft. (m)
c) Bottom of lowest horizontal structural member: N/A ft. (m)
d) Attached garage: 8.1 ft. (m)
e) Lowest elevation of machinery: 10.0 ft. (m)
f) Lowest adjacent finished grade: 7.9 ft. (m)
g) Highest adjacent finished grade: 8.5 ft. (m)
h) No. of permanent openings: 3
i) Total area of all permanent openings: 730 sq. in. (eq. cm)

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 in Section 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: T. ALAN NEAL
TITLE: VICE PRESIDENT
COMPANY NAME: AMERICAN ENGINEERING CONSULTANTS, Inc.
ADDRESS: 790 HARBOUR DRIVE
CITY: NAPLES
STATE: FLORIDA
ZIP CODE: 34103
SIGNATURE: T. Alan Neal
DATE: 01/14/04
TELEPHONE: (941) 649-1551
LICENSE NUMBER: P.S.M. #4656

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. Number) OR P.O. ROUTE AND BOX NO. 113 Greenview Street			Policy Number
CITY City of Marco Island	STATE FL	ZIP CODE 34145	Company NAIC Number

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E- BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA of LOMR-F, Section C must be completed.

- E1. Building Diagram Number ___ (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ___ ft. (~~m~~) ___ in. (~~cm~~) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, 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 _____	TELEPHONE _____	

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 can complete Sections A, B, C, (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

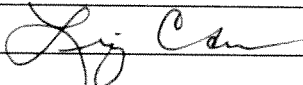
- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER _____	G5. DATE PERMIT ISSUED _____	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (m) Datum: _____

LOCAL OFFICIAL'S NAME _____	TITLE _____
COMMUNITY NAME _____	TELEPHONE _____
SIGNATURE  _____	DATE 1-23-04 _____

COMMENTS: _____

Check here if attachments