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FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. NO. 2001-0011 Expires December 31, 2005

ELEVATION CERTIFICATE Important: Read the instructions on page1 - 7. For Insurance Company Use: SECTION A - PROPERTY INFORMATION Policy Number BUILDING OWNER'S NAME Marco Island Construction Corp. Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NO. 113 Greenview Street ZIP CODE STATE 34145 CITY FL City of Marco Island PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Plat Book 6, Pages 17-24 Marco Beach Unit Three Block 104 Lot 9 BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential SOURCE: GPS (Type): HORIZONTAL DATUM LATITUDE/LONGITUDE (OPTIONAL) USGS Quad Map Other: □ NAD 1983 ☐ NAD 1927 (##° -- ##' - ##.##" or ##.##°) SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B3. STATE B2. COUNTY NAME** B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER FL Collier 120426 City of Marco Island B9. BASE FLOOD ELEVATION(S) B8. FLOOD **B7. FIRM PANEL B6. FIRM INDEX B4. MAP AND PANEL B5. SUFFIX** (In AO Zones, use depth of flooding) EFFECTIVE/REVISED DATE ZONE(S) DATE NUMBER 10 ΑE June 3, 1986 July 20, 1998 0804 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): Community Determined **⊠** FIRM 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 Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) ☐ Construction Drawings* ☐ Building Under Construction* C1. Building elevations are based on: *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 1 (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. Conversion/Comments Does the elevation reference mark used appear on the FIRM?

Yes
No Datum NGVD 1929 Elevation reference mark used ft. (m) $oxed{oxed}$ a) Top of bottom floor (including basement or enclosure) 8 ft. (m) b) Top of next higher floor N/A ft. (m) \square c) Bottom of lowest horizontal structural member (V zones only) 8 1 ft. (m) e) Lowest elevation of machinery and/or equipment Number, Signoture, 0 servicing the building (Described in a Comments area) 10 ft. (m) 7 ft. (m) 01/14/04 cense ft. (m) ☑ g) Highest adjacent (finished) grade (HAG) T. ALAN NEAL h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade P.S.M. #4656 sq. in. (sq. cm) oxtimes i) Total area of all permanent openings (flood vents) in C3h 730 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. LICENSE NUMBER CERTIFIER'S NAME P.S.M. #4656 T. ALAN NEAL COMPANY NAME AMERICAN ENGINEERING CONSULTANTS, Inc. TITLE VICE PRESIDENT ZIP CODE STATE CITY 34103 **ADDRESS FLORIDA NAPLES** 790 HARBOUR DRIVE

TELEPHONE

01/14/04

(941) 649-1551

DATE

SIGNATURE

IMPORTANT: In these spaces, copy the corresponding information from Section A. BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NO.			For Insurance Company Use: Policy Number
113 Greenview Street		DELY ON F.O. ROUTE AND BUX NO.	Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number
City of Marco Island	FL	34145	
SECTION	ND-SURVEYOR ENGINEER OR	ADOUITEOT OF DIFFICIATION (OO)	
Copy both sides of this Elevati	N D – SURVEYOR. ENGINEER. OR A on Certificate (1) community official, (2	2) insurance agent/company, and (2)	NTINUED)
COMMENTS	2. Community Official, (2	z) insurance agenocompany, and (3) building owner.
			☐ Check here if attachment
SECTION E- BUILDING ELE	EVATION INFORMATION (SURVEY N	NOT REQUIRED) FOR ZONE AO a	nd ZONE A WITHOUT DEE
or Zone AO and Zone A (witho	out BFE), complete Items E1 through E	4 If the Flevetion Certificate is into	adad for use se supporting
IOITHAUOIT IOF A LOWA OF LOWI	r-r. Section C must be completed		
 Building Diagram Number 	(Select the building diagram most s	similar to the building for which this o	certificate is being completed
see pages o and 7, ii no diad	urain accurately represents the huldin	a provide a sketch or obotograph V	
2. The top of the bottom floor (including basement or enclosure) of the	ne building is ft. (m) in. (cm)	above or below (chec
one, the highest adjacent dis	aue. (Ose flatural drade, ir avallanie)		
millour) above the highest adi	with openings (see page 7), the next high jacent grade. Complete items C3.h ar	nd C3 i on front of form	
The top of the platform of ma	achinery and/or equipment servicing th	ne building is ft.(m) in.(cm)	above or
the mynest adjacent grade, t	(USE fiatural drade, if available)		
For Zone AO only: If no floo	od depth number is available, is the top	of the bottom floor elevated in acco	ordance with the community's
noodplain management ordin	lance? U Yes U No U Unknow	vn. The local official must certify this	s information in Section G
e property owner or owner's a	N F - PROPERTY OWNER (OR OWN	ER'S REPRESENTATIVE) CERTII	FICATION
ithout a FEMA-issued or comm	uthorized representative who complete nunity-issued BFE) or Zone AO must s	es Sections A, B, C (Items C3.h and	C3.i only), and E for Zone A
e best of fifty knowledge.			ns A, B, C, and E are correct
ROPERTY OWNER'S OR OWNE	R'S AUTHORIZED REPRESENTATIVE'S	NAME	
DDRESS	CITY	STATE	ZIP CODE
IGNATURE	DATE		ZIF CODE
	DATE	TELEPHONE	
OMMENTS			
	SECTION C. COMMUNITY II	NEODINATION (ODTIONAL)	Check here if attachme
e local official who is authorize	SECTION G - COMMUNITY II	NFORMATION (OPTIONAL)	
ctions A, B. C. (or E), and G of	ed by law or ordinance to administer the fthis Elevation Certificate. Complete t	e community's floodplain manageme	ent ordinance can complete
. The information in Section	C was taken from other documentation	on that has been signed and embos	v. sed hv a licensed surveyor
engineer, or architect who	o is authorized by state or local law to	certify elevation information. (Indica	ite the source and date of the
elevation data in the Com	nments area below.		
∴ ☐ A community official comp Zone AO.	pleted Section E for a building located i	in Zone A (without a FEMA-issued o	or community issued BFE) or
	(Items G4-G9) is provided for commun	nity floodaloin monogonata	
4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF C	OMPLIANCE/OCCUPANCY
This was with a first		ISSUED	
. This permit has been issued f	for: New Construction Substa		
BFE or (in Zone AO) depth of	oor (including basement) of the building		
		п.	(m) Datum:
OCAL OFFICIAL'S NAME	T!	ITLE	
DMMUNITY NAME	Ti	ELEPHONE	
GNATURE (DATE /	- 22 - AV	
OMMENTS:		25-04	
10			
			☐ Check here if attachmer