FUJ U206 Reid 516105

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

	ELEVA	TION CERTIFICA	ATE L	
	Important: Re	ad the instructions on page	ges 1 - 7.	
	SECTION A - F	ROPERTY OWNER INFORM	ATION	For Insurance Company Use:
BUILDING OWNER'S NAME				Policy Number
WILLIAM J. & BRITT TOBIN				
BUILDING STREET ADDRESS (Including 1819 SOUTH INLET DRIVE	Apt., Unit, Suite, and/c	or Bldg. No.) OR P.O. ROUTE AND	BOX NO.	Company NAIC Number
CITY MARCO ISLAND,		STATE FLO	RIDA	ZIP CODE
PROPERTY DESCRIPTION (Lot and Bloc LOT 8, BLOCK 405, MARCO	BEACH, UNIT TH	IIRTEEN		
BUILDING USE (e.g., Residential, Non-re RESIDENTIAL	sidential, Addition, Acce	essory, etc. Use a Comments area,	if necessary.)	
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####")	HORIZONTA	L DATUM: _ NAD 1983 SOURCE: _	_ GPS (Type):	
			USGS Quad Map	Other
SE	CTION B - ELOOD	NSURANCE RATE MAP (FIRM		
			I) INFORMATION	
B1. NFIP COMMUNITY NAME & COMMU		B2. COUNTY NAME	1	B3. STATE
MARCO ISLAND	120426	COLLIER		FLORIDA
B4. MAP AND PANEL B5. SUFFIX NUMBER	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(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 F	ood Elevation (BFE)	data or base flood depth entered	ed in B9	
FIS Profile	Community	Determined Other (De	scribe):	
B11. Indicate the elevation datum used	for the BFE in B9: []	(NGVD 1929 NAVD 198	B8 Other (De	scribe):
B12. Is the building located in a Coasta	I Barrier Resources	System (CBRS) area or Otherw	ise Protected Are	(000)
Designation Date:		,		a (UPA)? _ Yes X No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings*	_ Building Under Construction*	X Finished Construction
*A new Elevation Certificate will be required when construction of	f the building is complete.	
Co. Duilding Diagram Number 3 (Colast the building the		

14.	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.)
	Elevations - Tones A1-A30 AF AH A (with BEE) VE VI VIO V (with BEE) AD ADIA ADIAS ADIAL ADD ADIAL

UJ.	Levalors - Zones A - A30, AE, AT, A (with DFE), VE, VI-V30, V (with DFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
	Complete Items C3.a-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
	to the the second deduction of the

calculation.	Use me sp	ace provided	I OF THE COMM	nents area of Sectio	n D or Section G,	as appropriate.	to document the datum	conversion
Datum 1	N/A	Conversion/	Comments					0011/0131011.
			and the second s					
Elevation rei	foranco mai	druead	TOCAT	Dana this at	and the second			

Lievation reference mark used	ised app	ear on the FIRM? _ Yes X No
a) Top of bottom floor (including basement or enclosure) (LIVING) 11.15 ft.		
\Box b) Top of next higher floor (NO ACCESS) N/A ft.(m) 🖏	PROFESSIONAL
\Box c) Bottom of lowest horizontal structural member (V zones only)N/A_ ft.(m) និដី	SURVEYOR
□ d) Attached garage (top of slab) 8.35 ft.(MAPPER #4085
e) Lowest elevation of machinery and/or equipment	шœ	
servicing the building (Describe in a Comments area.) <u>11.15</u> ft.(m) and	LANE ELS
□ f) Lowest adjacent (finished) grade (LAG)		MANA A ANGOLOGIC
\Box g) Highest adjacent (finished) grade (HAG) 106 ft.(m) 🖉	1. To
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 5 (GARAGI	E) 🖁	DATE: 05/02/05
□ i) Total area of all permanent openings (flood vents) in C3.h <u>1008</u> sq. in. (sqxxqq)	-	15337, 54538588

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 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 imprisonm 1-- 10110 0

i unaciotante triat arij	Tabo statement may be per	instable by the of imprisonment under 18 U.S. Code, Section 1001.
CERTIFIER'S NAME		
OLIVITIEN O MAME	TOTAL OPPORTUNITY	LICENSE NUMBER
	IOHN CENEVEINO	

ACTION SURVEYS AND PLANNERS, INC.
AT 1 7 M
STATE ZIP CODE FLORIDA 34104
1100000000000000000000000000000000000

EMA Form 81-31, January 2003

See reverse side for continuation.

Replaces all previous editions

3-1-05

IMPORTANT: In these spaces, copy	y the corresponding information from Section A.	Lor haine of the
BUILDING STREET ADDRESS (Including	Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	For Insurance Company Use: Policy Number
СІТҮ		
	STATE ZIP CODE	
SECTION D -	SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CO	NTINUED)
Copy both sides of this Elevation Certi	ficate for (1) community official, (2) insurance agent/company, and	(2) building annual
COMMENTS		(3) building owner.
SECTION E - BUILDING ELEVATI	ION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO	Check here if attachmer
and Zone A (Millout BEE)	COMPLETE Items F1 through F5 If the Eleventer Country of the	ided for use as supporting
see pages 6 and 7. If no diagram a	select the building diagram most similar to the building for which this accurately represents the building, provide a sketch or photograph.)	certificate is being completed -
z. The top of the bottom floor (includin	Q Dasement or enclosure) of the building in 1 1 1 a (a) 1 1	
5. For Building Diagrams 6-8 with oper	nings (see page 7). the next higher floor or elevated floor (cloueties	b) of the building is
4. The top of the platform of machinery	and/or equipment servicing the building in 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
For Zone AO only: If no flood depth	number is available, is the top of the bottom floor elevated in accord	dance with the community's
	I res INO Unknown. The local official must certify the	in information in Coolion C
He property owner or owner's authoriz	PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIF ted representative who completes Sections A, B, C (Items C3.h and	
	issued BFE) or Zone AO must sign here. The statements in Section	U3.Fonly), and E for Zone A is A. B. C. and F are correct to
ne best of my knowledge. ROPERTY OWNER'S OR OWNER'S AUT		
	HORIZED REPRESENTATIVE'S NAME	
DDRESS	CITY STATE	ZIP CODE
IGNATURE	DATE TELEPH	ONE
OMMENTS		
		:
	SECTION G - COMMUNITY INFORMATION (OPTIONAL)	Check here if attachments
local official who is authorized by law	or ordinance to administer the community's floodalain management	t and the second s
- I - I - I - C I - C Mag	S laken Irom other documentation that has been signed and and	ed by a licensed surveyor,
	horized by state or local law to certify elevation information. (Indicat area below.)	
A community official completed S	Section E for a building located in Zone A (without a FEMA-issued or	community-issued BFE) or
	G4-G9) is provided for community floodplain management purposes	ð.
4. PERMIT NUMBER G5.	DATE PERMIT ISSUED G6. DATE CERTIFICATE OF	COMPLIANCE/OCCUPANCY
This permit has been issued for:	New Construction L. I. Substantial Improvement	
. Elevation of as-built lowest floor (inclu	Iding basement) of the building is:	ft (m) Datum
. BFE or (in Zone AO) depth of flooding	g at the building site is:	_ ft. (m) Datum: _ ft. (m) Datum:
DCAL OFFICIAL'S NAME	Thip	
DMMUNITY NAME	TITLE	
	TELEPHONE	
GNATURE COMME	DATE	
OMMENTS	5-6-5	
	·	
MA Foun 81-31 January 2003		Check here if attachments