944821-PERMIT
HOUSE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

	For Insurance Company Use:
BUILDING OWNER'S NAME DR. WILLIAM GUTIERREZ	Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
789 INLET DRIVE

Company NAIC Number

CITY MARCO ISLAND	STATE FL	ZIP CODE

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 9, BLOCK 398, MARCO BEACH, UNIT 13

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ##.##" or ##.#####°)

HORIZONTAL DATUM:
☐ NAD 1927 ☐ NAD 1983

SOURCE: ☐ GPS (Type):
☐ USGS Quad Map   ☐ Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER COUNTY 120067	B2. COUNTY NAME COLLIER	B3. STATE FLORIDA

B4. MAP AND PANEL NUMBER 120067-0812	B5. SUFFIX E	B6. FIRM INDEX DATE 8-3-92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8-3-92	B8. FLOOD ZONE(S) X	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) N/A

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile   ☒ FIRM   ☐ Community Determined   ☐ Other (Describe):

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)

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.

KMS 2/26/02

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.

Datum _____ Conversion/Comments

Elevation reference mark used _TBM_ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☐ No

☐ a) Top of bottom floor (including basement or enclosure)   40. 4 ft.(m)
☐ b) Top of next higher floor   49. 9 ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)   _____ ft.(m)
☐ d) ~~Attached~~ garage (top of slab) _DETACHED_   33. 4 ft.(m)
☐ e) Lowest elevation of machinery and/or equipment
     servicing the building   39. 0 ft.(m)
☐ f) Lowest adjacent grade (LAG)   38. 1 ft.(m)
☐ g) Highest adjacent grade (HAG)   38. 9 ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade   —
☐ i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

#3859
1-29-02

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

1-21-00

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 LELAND F. DySARD	LICENSE NUMBER #3859

TITLE P.L.S.	COMPANY NAME F.L.A. SURVEYS CORP.

ADDRESS 6561 TAYLOR ROAD	CITY NAPLES	STATE FL	ZIP CODE 64109
SIGNATURE	DATE 1-29-02	TELEPHONE (941)598-5936	

FEMA Form 81-31, AUG 99   SEE REVERSE SIDE FOR CONTINUATION   REPLACES ALL PREVIOUS EDITIONS