

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

	For Insurance Company Use:										
BUILDING OWNER'S NAME	Policy Number										
Jeffrey Kutzke											
BUILDING STREET ADDRESS 1570 Jamaica Court	Company NAIC Number										
CITY MARCO ISLAND,			STATE		The control of the co						
PROPERTY DESCRIPTION (L		; Tax Parcel Number, Legal De		FL 34145 ion, etc.)							
Lot 21, Block 106 Marco Beach Unit 3 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)											
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL											
LATITUDE/LONGITUDE (OPTI (##0-##1-##.##" or ##.#####		HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 198:		SOURCE: GPS (Type): USGS Quad Map Other:							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION											
B1. NFIP COMMUNITY NAME MARCO ISLAND (120067)	& COMMUNITY NUN	1	COUNTY NAME ULLIER		BS FL	B. STATE -					
B4. MAP AND PANEL NUMBER 120067-0804	B5. SUFFIX D	B6. FIRM INDEX DATE 7-20-98	B7. FIRM PANEL EFFECTIVE/REVISED I 06-03-86		FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10					
B10. Indicate the source of the	Base Flood Elevat	ion (BFE) data or base flood	depth entered in B9.								
FIS Profile	⊠ FIRM	☐ Community Determ	ined Dth	ner (Describe):		- ,					
B11. Indicate the elevation date				VD 1988 🔲 Ot		Danimatina Dete					
B12. Is the building located in						Designation Date					
	CONTROL OF THE PARTY OF THE PAR	SECTION C - BUILDING E		minimum of the second contract of the second	***************************************						
C1. Building elevations are bas		•	Building Under Construction	* / W Finishe	d Construction						
		vhen construction of the buil	- '								
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											
						e datum used for the BFE in					
						ded or the Comments area of					
		une or E. Snow held measur cument the datum conversion		nur Gondunatuur I. U	ac are about brook	act of the Continuous area of					
Datum Conversion		CONTROLL OF CHARLEST CONTROLS									
Elevation reference mark		e elevation reference mark	used appear on the FIRM?	□ Yes ⊠ Nh		<u> </u>					
a) Top of bottom floor			10-2-tt.(m)	123 190	- TV						
☐ b) Top of next higher fi			NAft.(m)								
c) Bottom of lowest ha	<u>NA</u> ft_(m)		JUMAN 2								
d) Attached garage (to		,	8. Oft.(m)			(VW Y , 107 of					
e) Lowest elevation of		quipment	See See See		<u> </u>	1 11/10/1					
servicing the building		8. Unt.(m) 10 . 2ft.(m) 7 . 9ft.(m) 8.38 (m) (grade 2			TYPEN P						
☐ f) Lowest adjacent grad	7.9ft(m)		10 1901								
g) Highest adjacent gra			8-38 (m)		nse S	7)					
) within 1 ft. above adjacent			Lice						
☐ i) Total area of all permanent openings (flood vents) in C3h 1152 sq. in. (sq. cm)											
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION 4-18-03											
This certification is to be si						mation.					
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 Arthur Quinnell LICENSE NUMBER 2422											
	<u> </u>		× 200 × 200	COMPANY NAME SUDHAKAR CO., INC							
TITLE LAND SURVEYOR	//		COMPANY N	AME SUDHAKAR C	O, INC						
ADDRESS ADDRESS	7/		CITY	. IPS	STATE	ZIP CODE					
PO BOX 1835/ SIGNATURE	and/		MARCO ISLA DATE	IM.1	Fi TELEPHO	34146 NE					
	yv4		12-11-03		/2391-393-2	2241					
- (, , ,											

IMPORTANT: In these spaces, cop		For Insurance Company Use:			
BUILDING STREET ADDRESS (Including	Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE.	AND BOX NO.		OF THE CANADA STATE OF THE	Policy Number
CITY		STATE	Z	PCODE	Company NAIC Number
				one to the second secon	
	SECTION D - SURVEYOR, ENGINEER, C		THE PARTY OF THE P		
	ficate for (1) community official, (2) insurance a	gent/company, an	d (3) building owner	» *	
COMMENTS					
					на в на на принципент на принципент на подрожните на подрожните на подрожните на подрожните на подрожните на п На принципент на подрожните

					Charlebon if attachments
SECTION E. BUI	ILDING ELEVATION INFORMATION (SURV	EY NOT REQUIR	FD) FOR ZONE A	AND ZONE A (W	Check here if attachments
	, complete Items E1 through E4. If the Elevation		ACMINISTRATION AND ACCOUNT OF THE OWNERS OF THE	THE PERSON AND PROPERTY OF THE PERSON AND PROPER	
Section C must be completed.	, out que la	and the state of the state of the			
	the building diagram most similar to the buildin	g for which this ce	rtificate is being con	npleted – see pages	6 and 7. If no diagram accurately
represents the building, provide a st	ketch or photograph.) g basement or enclosure) of the building is	# (m) in (am) [Tahayaar II k	value (obsolv one) the	highaat adjaaant arada
	g pasement or enclosure) or the building is nings (see page 7), the next higher floor or elev				
grade.	go (ese page 7), ese santages see see		, , , , , , , , , , , , , , , , , , ,	debiser / / sentendent	,
,	number is available, is the top of the bottom flo		ordance with the co	mmunity's floodplair	n management ordinance?
YesNoUnknown. `	The local official must certify this information in SECTION F - PROPERTY OWNER (OR O		CENTATIVE CED	TIEICATIONI	
The properly owner or owner's sufficient	zed representative who completes Sections A,		er programme announcement and the commence of	THE RESERVE OF THE PARTY OF THE	huiceward REE) or Zona AO muset
sign here.	zeu representative wild out profes decido is A,	D, and L 10 Zone	V (AMBIOGICA) CIANO		ry sadd bi Ej di Zone Ao mast
PROPERTY OWNER'S OR OWNER'S AL	JTHORIZED REPRESENTATIVE'S NAME				
ADDRESS		CITY		STATE	ZIP CODE
SIGNATURE		DATE		TELEPHC	NE.
COMMENTS					
COMMENTS					
			Check here if attachments		
	SECTION G - COMMUNI	Y INFORMATION	N (OPTIONAL)		
· ·	w or ordinance to administer the community's f	oodplain manager	ment ordinance can	complete Sections	A, B, C (or E), and G of this Elevatio
Certificate. Complete the applicable iten	()		8 %	4	and the second s
	as taken from other documentation that has be ation information. (Indicate the source and date	-			r, or architect who is authorized by
-	Section E for a building located in Zone A (with				0.
G3. The following information (Items	G4-G9) is provided for community floodplain n	nanagement purpo	oses.		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTI	FICATE OF COMPLIA	INCE/OCCUPANCY ISSUED
C7. This paged has been insued for [7]	New Canatanian Chatanial	nont.			
G7. This permit has been issued for: [_] G8. Elevation of as-built lowest floor (incl	New Construction Substantial Improven luding basement) of the building is:	refit		_ft(m)	Datum:
G9. BFE or (in Zone AO) depth of flooding		*		ft.(m)	Datum:
LOCAL OFFICIAL'S NAME		TII	TE		
COMMUNITY NAME		inger part B Britan	LEPHONE		
SIGNATURE A	<u> </u>	מת	TE /s		
- Jeg		Ur	(2-	11-03	
COMMENTS					
					Check here if attachments