1 0116 C	-			Y MANAGEMEN NSURANCE PR			O.M.B. No. 3067-0077 Expires July 31, 2002
<i># 011692</i> NATIONAL FLOOD INSURANCE PROGRAM ELEVATION CERTIFICATE							
				instructions on p			
		والمتحدث والمتحدث والمتحدث والمتحدث والمتحدث والمتحدث والمتحد والمتحد والمتحد		ERTY INFORMA			For Insurance Company Use:
BUILDING OWNER'S NA Fetterhoff Custom H							Policy Number
BUILDING STREET ADD 494 Kendall Drive	RESS (Includir	ng Apt., Unit, Suite ar	nd/or Bldg. Nu	umber) OR P.O. RO	UTE AND BOX NO	D.	Company NAIC Number
CITY City of Marco Island				STATE FL			ZIP CODE 34145
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 53 Block 591 Marco Beach Unit Twenty-Three Plat Book 6, Pages 81-83							
BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential							
LATITUDE/LONGITUDE		HORIZONT	AL DATUM] GPS (Type):] USGS Quad I	Map	Other:
	·	TION B - FLOOD					
B1. NFIP COMMUNITY N				NTY NAME			B3. STATE
	120426		52.000	Collie	r		Florida
B4. MAP AND PANEL NUMBER 0803	B5. SUFFIX	B6. FIRM INDEX DATE July 20, 1998	EFFECTIV	FIRM PANEL /E/REVISED DATE y 20, 1998	B8. FLOOD ZONE(S) AE		BASE FLOOD ELEVATION(S) AO Zones, use depth of flooding) 11
B10. Indicate the source	e of the Base	Flood Elevation (B	FE) data or	base flood depth	entered in B9.	1	
FIS Profile B11. Indicate the elevat			nunity Deter		Other (Describe		iba).
	ited in a Coas						ea (OPA)? 🗌 Yes 🛛 No
		SECTION C -	BUILDING I	ELEVATION INFO	ORMATION		
C1. Building elevations						on* [Finished Construction
*A new Elevation C						nis cert	ificate is being completed – see
pages 6 and 7. If n							
C3. Elevations - Zones							
							I. If the datum is different from urements and datum conversion
	space provide	ed or the Comment					ocument the datum conversion.
Elevation reference			. Does	the elevation refer	ence mark used	l appe	ar on the FIRM? 🗌 Yes 🛛 No
a) Top of bottom	floor (including	basement or enclos	ure)	11 .	<u>3</u> ft. (m) <u>0</u>	· [
b) Top of next hi	gher floor			22 .	1 11. (111)		
C) Bottom of low	est horizontal st	tructural member (V	zones only)	N/A .	ft. (m) es og e 8 ft. (m) es og e	Date	
🛛 d) Attached gara	ge (top of slab)			8.	8 ft. (m)	and	
		y and/or equipment				1	
servicing the t	building			11	ft. (m) gun	ature	
f) Lowest adjace	• • •				$\underline{4}_{\text{ft.}(m)} \underline{\tilde{2}}$	Ĕ.	Jun here
🛛 g) Highest adjac					8 ft. (m) es 5		
		lood vents) within 1 f		-			
i) Total area of a		penings (flood vents)			n. (sq. cm)		P.S.M. #4656
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION $6 - (5 - b)$ 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 of the information o	ation in Sectio	n A, B, and C on ti	his certificate	e represents my b	est efforts to inte	erpret	the data available.
CERTIFIER'S NAME T. ALAN NEA	1				LICENSE NUN		.S.M. #4656
TITLE	~~~~	****		COMPANY NAM			
VICE PRESIDE		1 mm - 2			AN ENGINEE		CONSULTANTS, Inc.
ADDRESS 790 HARBOUR D		ITY NAPLE	S	STATE FL(ORIDA	Z	IP CODE 34103
SIGNATURE		ATE	0/06/0	TELEPHONE (041)	649-1551		
		a v	010010	c (941)	049-1001		

IMPORTANT: In these spaces, copy the corre	sponding information from	Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, S			Policy Number
494 Kendall Drive			
CITY	STATE	ZIP CODE	Company NAIC Number
City of Marco Island	Florida	34145	

SECTION D - SURVETOR, ENGINEER, OR ARCHITECT CERTIFICATION ICONTINUED
Copy both sides of this Elevation Certificate (1) community official, (2) insurance agent/company, and (3) building owner.
COMMENTS
COMMENTO

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 E3. 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.

E3. 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?

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

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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 a	dminister 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
G7. This permit has been issued for G8. Elevation of as-built lowest floor G9. BFE or (in Zone AO) depth of flo	 □ New Construction □ Substantial I (including basement) of the building is: ∞oding at the building site is: 	mprovement ft. (m) Datum: ft. (m) Datum:
LOCAL OFFICIAL'S NAME	TITLE	
COMMUNITY NAME	TELEPH	IONE
SIGNATURE CMAMill	DATE 612	102
COMMENTS:		
		·
		Check here if attachments