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FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Septic OIM 189 Important: Read the instructions on pages 1 - 7. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION Policy Number **BUILDING OWNER'S NAME** Williams BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 1560 Kingston Ct ZIP CODE STATE 34145 Florida PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tot 11 Block 101, Marco Beach unit 3
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) LATITUDE/LONGITUDE (OPTIONAL) ☐ GPS (Type): SOURCE: HORIZONTAL DATUM: __ NAD 1927 __ NAD 1983 USGS Quad Map (##° - ##' - ##.##" or ##.####") SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B3. STATE** B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** Collier Florida City of Marco 120426 **B7. FIRM PANEL** B8. FLOOD B9. BASE FLOOD ELEVATION(S) **B6. FIRM INDEX** B4. MAP AND PANEL **B5. SUFFIX** (Zone AO, use depth of flooding) EFFECTIVE/REVISED DATE ZONE(S) DATE NUMBER +10.0' 7/20/98 7/20/98 AE 0812 120426 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Community Determined | Other (Describe): X FIRM B11. Indicate the elevation datum used for the BFE in B9: |x| 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 Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Building Under Construction* |X||Finished Construction C1. Building elevations are based on: [__|Construction Drawings* *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 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 calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. __ Conversion/Comments Elevation reference mark used Site BM Does the elevation reference mark used appear on the FIRM? | Yes | No 10.1 ft.(m) a) Top of bottom floor (including basement or enclosure) PSM No. 2982 n/sa ft.(m) b) Top of next higher floor n/a __ ft.(m) c) Bottom of lowest horizontal structural member (V zones only) 2/21/02 3 ft.(rg) d) Attached garage (top of slab) 9/17/0 ☐ e) Lowest elevation of machinery and/or equipment O tr. (bb) dr. (bb) dr. (bb) dr. (bb) dr. (bb) servicing the building (Describe in a Comments area.) a/c pad 10.0 ft.(∞) ☐ f) Lowest adjacent (finished) grade (LAG) $7.6 \text{ ft.}(\mathbf{m})$ g) Highest adjacent (finished) grade (HAG) ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _ i) Total area of all permanent openings (flood vents) in C3.h 760 sq.in (sq.xxx) 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 imprisonment under 18 U.S. Code, Section 1001. LICENSE NUMBER CERTIFIER'S NAME 2982 Antonio Trigo COMPANY NAME TITLE Associates Trigo & Professional Surveyor & Mapper STATE **ADDRESS** 4109 Center TELEPHONE 41) SIGNATURE 594-8448 9/17/02 REPLACES ALL PREVIOUS EDITIONS SEE REVERSE SIDE FOR CONTINUATION FEMA Form 81

MUCOPTANT: In these spaces of	ony the corresponding information fr	om Section A.	For Insurance Company Use:
IMPORTANT: In these spaces, copy the corresponding information from Section A. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
1560 Kingston	C†	ZIP CODE	Company NAIC Number
CITY	SIAIE	orida 34145	Company IVIC Number
Marco Island	D - SURVEYOR, ENGINEER, OR ARC		TINUED)
SECTION	certificate for (1) community official, (2) is	neurance agent/company, and (3	3) building owner.
	sertificate for (1) commonity official, (2)	isdianos agonecompany, and (
COMMENTS			
			Check here if attachments
		T DECUIPED) FOR ZONE AO A	
SECTION E - BUILDING ELE\	VATION INFORMATION (SURVEY NO	REQUIRED) FOR ZONE AO A	ded for use as supporting
For Zone AO and Zone A (without B	BFE), complete Items E1. through E4. If	the Elevation Certificate is inten-	ded for use as supporting
information for a LOMA or 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			
A mark to a diagram accurately represents the building provide a sketch of photographs.)			
see pages 6 and 7. If no diagram accurately represents the building, provide a street of the bottom floor (including basement or enclosure) of the building is ft.(m) in.(cm) above or below			
(-bank and) the highest adjacent grade. (Use natural grade, if available.)			
Ea. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) or the building is			
to the (m) to the line (am) above the highest adjacent grade. Complete Items C3.0 and C3.1 of items of form.			
E4. 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? Yes No Unknown. The local official must certify this information in Section G.			
floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section 5. SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION			
SECTION	F-PROPERT OWNER (OR OWNER	Sections A. B. C. (Items C3 h and	C3.i only), and E for Zone A
The property owner or owner's aut	thorized representative who completes sunity-issued BFE) or Zone AO must sign	here. The statements in Section	ns A, B, C, and E are correct to
the heet of my knowledge			
PROPERTY OWNER'S OR OWNER'S	S AUTHORIZED REPRESENTATIVE'S NAM	E	•••
	CITY		ZIP CODE
ADDRESS			JONE *
SIGNATURE	DATI	= 1227	78·
COMMENTS			in the second se
			L_ Check here if attachments
		CONTATION (OPTIONAL)	Check here if attachments
	SECTION G - COMMUNITY INF	ORMATION (OPTIONAL)	et ardinanas can complete
The local official who is authorized	by law or ordinance to administer the co	mmunity's floodplain manageme	ent Ordinarice can complete
Sections A, B, C (or E), and G of thi	is Elevation Certificate. Complete the a C was taken from other documentation	pplicable item(s) and sign beam.	sed by a licensed surveyor,
G1. The information in Section	is authorized by state or local law to cel	rtify elevation information. (Indic	ate the source and date of the
alassation data in the Cores	mante area helow \		
G2 A community official compl	leted Section E for a building located in 2	Zone A (without a FEMA-issued o	or community-issued BFE) or
Zona AO			
G3. The following information (Items G4-G9) is provided for community	floodplain management purpose	es
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF ISSUED	F COMPLIANCE/OCCUPANCY
G7. This permit has been issued fo		tantial Improvement	ft.(m) Datum:
G8. Elevation of as-built lowest floo	or (including basement) of the building is		ft.(m) Datum:
G9. BFE or (in Zone AO) depth of f	looding at the building site is.	TITLE	
LOCAL OFFICIAL'S NAME			
COMMUNITY NAME		TELEPHONE	
SIGNATURE	1	DATE ()	
/ /h/	(b ox	7-19-02	
COMMENTS			
			1 1 Ob - 1 1 16 - Haabaaa - 6a
			Check here if attachments
FEMA Form 81-31 .II II .00		REPI	ACES ALL PREVIOUS EDITIONS