

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

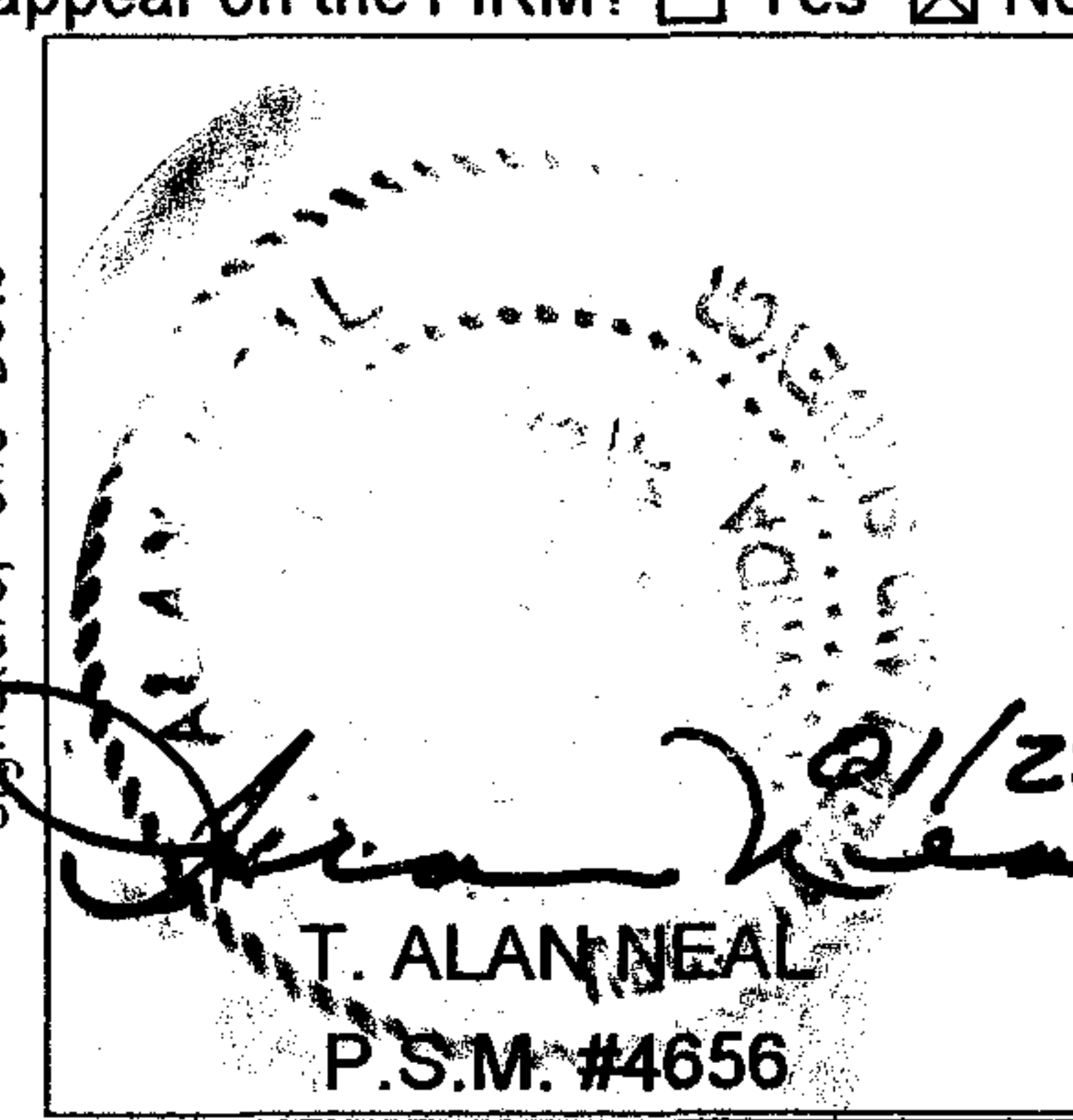
O.M.B. No. 3067-0077
Expires July 31, 2002


ELEVATION CERTIFICATE

Important: Read the instructions on page 1 - 7.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME ROY AND MARTHA ERICKSON		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NO. 1165 LAMPLIGHTER COURT		Company NAIC Number
CITY MARCO ISLAND	STATE FL	ZIP CODE 34145
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 19, BLOCK 196, "MARCO BEACH UNIT SEVEN" PLAT BOOK 6, PAGES 55-62		
BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.##°) HORIZONTAL DATUM SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120426		B2. COUNTY NAME COLLIER		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0812	B5. SUFFIX E	B6. FIRM INDEX DATE July 20, 1998	B7. FIRM PANEL EFFECTIVE/REVISED DATE August 3, 1992	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (In AO Zones, use depth of flooding) 10
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date:					

SECTION C - BUILDING ELEVATION INFORMATION	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *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 C3a-l 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 <u>NGVD 1929</u> Conversion/Comments	
Elevation reference mark used <u>5.28'</u>	Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure) <u>10</u> <u>2</u> ft. (m)	License Number, Embossed Seal, Signature, and Date 
<input type="checkbox"/> b) Top of next higher floor _____ ft. (m)	
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) _____ ft. (m)	
<input checked="" type="checkbox"/> d) Attached garage (top of slab) <u>8</u> <u>0</u> ft. (m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building _____ ft. (m)	
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG) <u>7</u> <u>2</u> ft. (m)	
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG) <u>7</u> <u>6</u> ft. (m)	
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>3</u>	
<input checked="" type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h <u>972</u> sq. in. (sq. cm)	

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 Section 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 T. ALAN NEAL		LICENSE NUMBER P.S.M. #4656	
TITLE VICE PRESIDENT		COMPANY NAME AMERICAN ENGINEERING CONSULTANTS, Inc.	
ADDRESS 790 HARBOUR DRIVE	CITY NAPLES	STATE FLORIDA	ZIP CODE 34103
SIGNATURE 		DATE 01/22/01	
		TELEPHONE (941) 649-1551	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NO. 1165 LAMPLIGHTER COURT			Policy Number
CITY MARCO ISLAND	STATE FL	ZIP CODE 34145	Company NAIC Number

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

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. (~~ft.~~) ___ in. (~~in.~~) 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? Yes No Unknown. The local official must certify this information in Section G.

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 administer 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
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (~~ft.~~) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (~~ft.~~) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE *McShute* DATE 2/6/01

COMMENTS:

Check here if attachments