## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

## ELEVATION CERTIFICATE Important: Read the instructions on page 1-7. PERMIT # 03-3998

SECTION A - PROPERTY INFORMATION							For Insurance Company Use:
BUILDING OWNER'S NA	Policy Number						
Felterholf Custom H							
BUILDING STREET ADD  131 Landmark Street	OX NO.	Company NAIC Number					
CITY					STATE		ZIP CODE
Marco Island	ON // at a a d	Disale Niversia Tave			FL		
PROPERTY DESCRIPTION Lot 8 Block 190	•	arco Beach Unit	•	Legal Descript	on, eta.)	·	
BUILDING USE (e.g. Res	sidential, No	n-residential, Addition	, Accessory, etc.	Use Commen	ts section if nec	essary.)	
Residential	/ODTIONAL	11001701	CTAL DATILA	001100	- COC (T)		·
LATITUDE/LONGITUDE (##°-##'-##.##" or #	, <u> </u>	_) HORIZOT NAD 1927	NTAL DATUM  NAD 19		E: GPS (Ty USGS C	• /	Other:
الخداد مستار ورا الخاصة عسم ميرون و بالمساحم بيروبي و في مستود و من	S	ECTION B - FLOO	DINSURANCE	RATE MAP	(FIRM) INFO	RMATION	
B1. NFIP COMMUNITY		•	B2. COUN	TY NAME			B3. STATE
City of Ma	arco Island	1 120426		C	ollier		FL
B4. MAP AND PANEL	B5.	B6. FIRM INDEX	B7. FIRM F		B8. FLOOD		BASE FLOOD ELEVATION(S)
NUMBER 12021C0811G	SUFFIX	(Not Printed)	September 2		ZONE(S) AE	-	O Zones, use depth of flooding)  AVD 88- EL 10.3 NGVD 29
B10. Indicate the source	<u> </u>		ر روی و استون می برد. و روی و استون می برد. و این استون می برد. و این استون می برد. و برد. و برد. و برد. و برد			· · · · · · · · · · · · · · · · · · ·	TAUD COM ELE TO.O TAUD ZO
		RM Con	-				
B11. Indicate the elevat	tion datum	used for the BFE in	B9: NGVD	1929 🔲 NA	VD 1988 🗍 (	Other (Des	cribe):
B12. Is the building loca	ated in a Co	oastal Barrier Reso	urces System (	CBRS) area	or Otherwise F	Protected A	Area (OPA)?  Yes No
Designation Date:	, 	CECTIONO		LEVATIONI	NEODIATIO	\$ 1	· 
C1 Duilding alouations	oro bosod	بدائات استداده فالمستوان والأنطاخ المستحور والمستحولات	- BUILDING E		<del></del>		
C1. Building elevations  *A new Elevation C		vill be required when	•		<b>—</b>	u uction	
		-		_		hich this c	ertificate is being completed - se
<del>-</del>		accurately represen	<del>_</del>				
C3. Elevations - Zones	A1-A30, A	C ALI A AMB DEC			_		
		IE, AII, A (WILL DEE	.), VE, V1-V30,	V (with BFE)	, AR, AR/A, A	R/AE, AR/	A1-A30, AR/AH, AR/AO
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the datum used for	a-I below a the BFE in	ccording to the build Section B, convert	ting diagram sp the datum to the	ecified in Iten hat used for t	n C2. State the he BFE. Show	datum us v field mea	ed. If the datum is different from surements and datum conversion
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IMPORTANT: in these spaces	, copy the corresponding in	formation from	n Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Inc. 131 Landmark Street	المائدة الرائب المراجع والمراجع والمراجع المراجع والمراجع والمراع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع	وبالمال المستنفذ المستنفذ المستنف المستنف المستنفذ المستنف المستنف		O. Policy Number
CITY Marco Island		STATE	ZIP CODE 34145	Company NAIC Number
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Copy both sides of this Elevation COMMENTS	n Certificate (1) community of	ilciai, (Z) ilisura	ince agenucompany, a	iu (3) building owner.
COMMENT	<u> </u>			
	·		<u></u>	<del>, , , , , , , , , , , , , , , , , , , </del>
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SECTION E- BUILDING ELEV	VATION INFORMATION (SU	RVEY NOT RE	QUIRED) FOR ZONE	AO and ZONE A (WITHOUT BFE)
For Zone AO and Zone A (withou	it BFE), complete Items E1 th	rough E4. If the		وبالباد والمناط المناط فالموارد والمراوز فالمناء والمستجوب وزيالا مستك فيفسط والمستد والمستد والمستد والمستدون
information for a LOMA of LOMR			a tha building for which	this cartificate is being completed
see pages 6 and 7. If no diag	· · · · · · · · · · · · · · · · · · ·		·	this certificate is being completed –
	· · · · · · · · · · · · · · · · · · ·	<del>-</del>		. <del>(cm)</del> above or below (check
one) the highest adjacent gra	The state of the s	_		
E3. For Building Diagrams 6-8 wi	- · · · · · · · · · · · · · · · · · · ·		·	evation b) of the building is . ft.(m)
	adjacent grade. Complete iter schinery and/or equipment ser			n) above or below (check one)
the highest adjacent grade. (		<del>-</del>		
E5. For Zone AO only: If no floor	d depth number is available, is	s the top of the		n accordance with the community's
			الكسيسين والبراج والمراج والمتابع والمت	tify this information in Section G.
	VF-PROPERTY OWNER (	الاختلانا بمساخ إزهي ويهرن فيناه فالتسخنيس	<u> منظم منظم و بروان و المنظم المنظم و ا</u>	
community-issued BFE) or Zone	•	completes Sec	uons A, D, and E for ZC	one A (without a FEMA-issued or
PROPERTY OWNER'S OR OWNE	R'S AUTHORIZED REPRESENT	ATIVE'S NAME		
ADDRESS	CITY		STATE	ZIP CODE
SIGNATURE	DATE		TELEPHONE	
COMMENTS				
				☐ Check here if attachments
	نار المتعلق الأراب والمتعلق والمراكرية والإراب المتعلق والمتعلق والمتعلق والمتعلق والمتعلق والمتعلق والمتعلق وا		MATION (OPTIONAL)	فالناب والمنطب والمناف والمنافي فلنصاب فسيب وجورونا فالكسنسية والسبن فينفض فيضف والمواجون والمواجه فالماد
Sections A, B, C, (or E), and G of G1. The information in Section	f this Elevation Certificate. Con Commother doc not be authorized by state or loc	omplete the appumentation tha	plicable item(s) and sig t has been signed and	nagement ordinance can complete n below. embossed by a licensed surveyor, (Indicate the source and date of the
		اور located in Zor	ne A (without a FEMA-is	ssued or community issued BFE) or
Zone AO.	//kama = 0.4 00\ ia massidad fa			
G3. The following information				
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUE	)	G6. DATE CERTIFICA	TE OF COMPLIANCE/OCCUPANCY
			ISSUED	<u>,</u>
G7. This permit has been issued G8. Elevation of as-built lowest fl	·		improvement	ft. <del>(m)</del> Datum:
G9. BFE or (in Zone AO) depth of		•		ft. <del>(m)</del> Datum:
LOCAL OFFICIAL'S NAME	·	TITLE	<del></del>	
COMMUNITY NAME		TELEP		
SIGNATURE	0/	ATE /-Z	4-5	
COMMENTS:		·		
		Town Little Control of the Control o		
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FEMA Form 81-31, January 20	03			REPLACES ALL PREVIOUS EDITION