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: SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME BENNY & JULIETTE NOENS BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 1230 MARLIN COURT ZIP CODE STATE CITY 34145 MARCO ISLAND PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 9, BLOCK 325, MARCO BEACH UNIT 10 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL SOURCE: GPS (Type): LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: Other: USGS Quad Map ###-###-#####" or #######\ NAD 1927 NAD 1983 SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B3. STATE** B2. COUNTY NAME B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER COLLIER 120067 B9. BASE FLOOD ELEVATION(S) B8. FLOOD ZONE(S) **B6. FIRM INDEX DATE** B7. FIRM PANEL **B4. MAP AND PANEL B5. SUFFIX** (Zone AO, use depth of flooding) EFFECTIVE/REVISED DATE NUMBER 7-20-98 AE 8-3-92 120426/812 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): FIS Profile FIRM Community Determined 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)? Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* Building Under 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-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. Datum 1929 Conversion/Comments -Elevation reference mark used - Does the elevation reference mark used appear on the FIRM? Yes X No 13. 2 ft.(m) a) Top of bottom floor (including basement or enclosure) NA. __ft.(m) ☐ b) Top of next higher floor <u>NA</u>. __ft(m) C) Bottom of lowest horizontal structural member (V zones only) 9. 2ft (m) d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment Signature 8.7ft.(m) servicing the building 8.5fL(m) (LAG) t) Lowest adjacent grade (LAG) 9. 0ft.(m) g) Highest adjacent 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 C3h _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 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 4520 CERTIFIER'S NAME David B. Bruns COMPANY NAME Bruns & Bruns, Inc. Surveyor ZIP CODE STATE CITY **ADDRESS** 34102 Naples 1072 6th. Avenue N. TELEPHONE DATE SIGNATURE 941-261-5965

10-6-01

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. No.) OR P.O. RO	DUTE AND BOX NO.		Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number
SECTION D - SURVEYOR, ENGINE	ER, OR ARCHITECT CERTI	FICATION (CONTINUED)	
Copy both sides of this Elevation Certificate for (1) community official, (2) insura	ance agent/company, and (3) l	ouilding owner.	
COMMENTS			
		<u> </u>	,,,,, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>
······································	<u> </u>		<u></u>
			Check here if attachments
SECTION E - BUILDING ELEVATION INFORMATION (S	SURVEY NOT REQUIRED) F	OR ZONE AO AND ZONE A	
For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the E	levation Certificate is intended	for use as supporting informat	ion for a LOMA or LOMR-F,
Section C must be completed. E1. Building Diagram Number _(Select the building diagram most similar to the I	huilding for which this certificat	a is heing completed see na	as 6 and 7. If no disarram accurately
represents the building, provide a sketch or photograph.)	paraing for writer this centilical	is is neitificial material masser ha	ges o and r. Inno diagram according
E2. The top of the bottom floor (including basement or enclosure) of the building i	· · · · · · · · · · · · · · · · · · ·	•	-
E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor of grade.	or elevated floor (elevation b) o	of the building is ft.(m)i	n.(cm) above the highest adjacent
E4. For Zone AO only: If no flood depth number is available, is the top of the bott	tom floor elevated in accordan	ce with the community's flood	olain management ordinance?
Yes No Unknown. The local official must certify this informat		برد دراست استان استان بردن برود خرار - بران میسون برود برانستان از میسون برود برانستان از در ساز استان برود برو	
SECTION F - PROPERTY OWNER			
The property owner or owner's authorized representative who completes Sections sign here.	ons A, B, and E for Zone A (wi	thout a FEMA-Issued or comm	nunity-issued BHE) or Zone AQ must
PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME			·
ADDRESS	CITY	STATI	ZIPCODE
SIGNATURE	DATE	TELEF	PHONE
COMMENTS		<u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Chack hard if attachmente
SECTION G - COM	MUNITY INFORMATION (OF	TIONAL)	Check here if attachments
The local official who is authorized by law or ordinance to administer the commun	······································		ons A, B, C (or E), and G of this Elevatio
Certificate. Complete the applicable item(s) and sign below.			
G1. The information in Section C was taken from other documentation that h state or local law to certify elevation information. (Indicate the source an			neer, or architect who is authorized by
G2. A community official completed Section E for a building located in Zone /		•	ne AO.
G3. The following information (Items G4-G9) is provided for community flood	plain management purposes.		
G4. PERMIT NUMBER G5. DATE PERMIT ISSUED	Ge	DATE CERTIFICATE OF COM	PLIANCE/OCCUPANCY ISSUED
G7. This permit has been issued for: Mew Construction Substantial Imp	provement		
G8. Elevation of as-built lowest floor (including basement) of the building is: G9. BFE or (in Zone AO) depth of flooding at the building site is:		ft.(m) ft.(m)	Datum: Datum:
LOCAL OFFICIAL'S NAME	TITLE	· IL(II)	₽ ₩
······································			
COMMUNITY NAME	TELEPH		· · · · · · · · · · · · · · · · · · ·
SIGNATURE (MOMENTE)	DATE	10/2/03	
COMMENTS			
	· · · · · · · · · · · · · · · · · · ·		
		·	Check here if attachments
		·, · · · · · · · · · · · · · · · · · ·	Section 1 and 1 an