

#010020

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important! Read the Instructions on pages 1-7.

SECTION A-PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Michael Tremont ✓		FOR INSURANCE COMPANY USE
BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NO. 1648 Rainbow Court ✓		POLICY NUMBER
CITY MARCO ISLAND		COMPANY NAIC NUMBER
STATE FLORIDA	ZIP CODE 34145	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 34, Block 77 Marco Beach Unit Eight ✓		
BUILDING USE (e.g., Residential, Nonresidential, Addition, etc. Use Comments section if necessary.)		

LATITUDE/LONGITUDE(OPTIONAL) _____ HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type): USGS Quad Map

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions)

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120426 ✓		B2. COUNTY NAME COLLIER	B3. STATE FLORIDA
B4. MAP AND PANEL NUMBER 0812	B5. SUFFIX E	B6. FIRM INDEX DATE 7/20/98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8/3/92
B8. FLOOD ZONE(S) AE		B9. BASE FLOOD ELEVATION (In All Zones, use depth of flooding) 10.0	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe)

B11. Indicate the elevation datum used for the BFE in B9: 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 No Designation Date _____

SECTION C BUILDING ELEVATION INFORMATION(SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* 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/AD
 Complete items C3a-l below according to the building diagram specified in item C2. State the datum used. If the datum is different from 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.

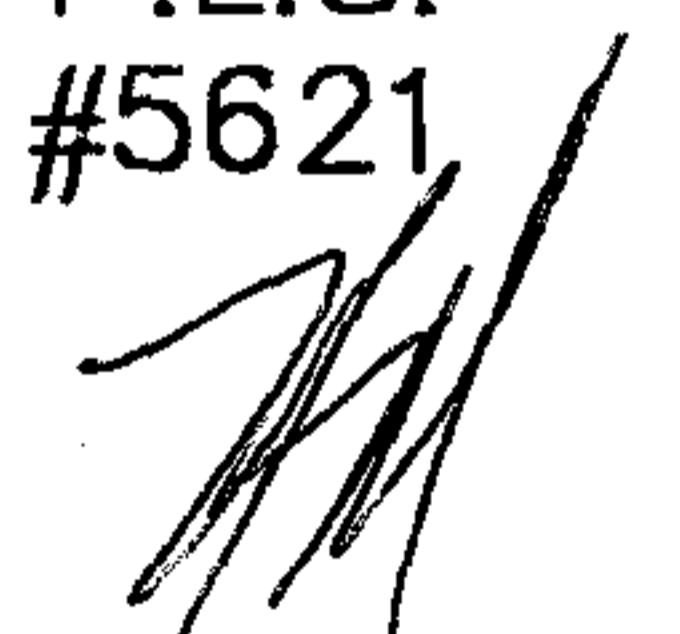
Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the firm? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>10.3</u> ft.(m) ✓
<input type="checkbox"/> b) Top of next higher floor	<u>-. -</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>-. -</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>8.2</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>10.0</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>7.2</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>8.0</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>3</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h <u>768</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

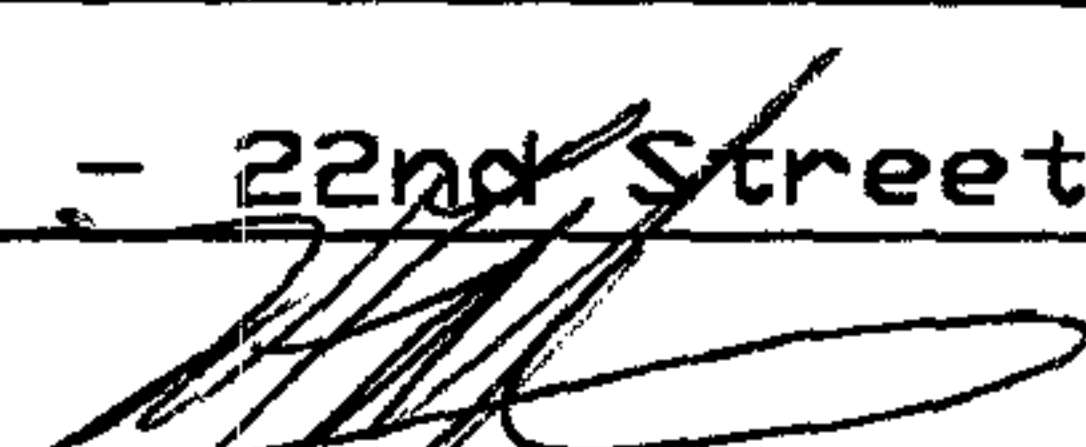
P.L.S. #5621



SECTION D-SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

2-27-01

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.

CERTIFIER'S NAME WILLIAM A. MACRIDES	LICENSE NUMBER 5621
TITLE PROFESSIONAL LAND SURVEYOR	COMPANY NAME BILL MACRIDES, PLS
ADDRESS 961 - 22nd Street S.E.	CITY NAPLES
STATE FL	ZIP CODE 34117
SIGNATURE 	DATE 7/22/02
TELEPHONE (941) 353-9300	

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.
1648 Rainbow Court

POLICY NUMBER

CITY MARCO ISLAND STATE FLORIDA ZIP CODE 34145

COMPANY NAIC NUMBER

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AD AND ZONE A (WITHOUT BFE)

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

COMMENTS THIS CERTIFICATE IS ONLY FOR THE OWNERS SHOWN ON THE OTHER SIDE.

THIS CERTIFICATE IS NOT VALID, UNLESS IT IS SIGNED AND SEALED WITH THE SURVEYORS EMBOSSED STATE SEAL.

For Zone AD and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOR-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 Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ft.(m) ___in.(cm) above the highest adjacent grade.

E4. For Zone AD only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's flood plain management ordinance?

YES NO Other (Describe)

SECTION F - PROPERTY OWNER (OR OWNERS 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 AD) must sign here

PROPERTY OWNER'S OR OWNERS' AUTHORIZED REPRESENTATIVE 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 flood plain 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 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 AD.

G3. The following information (Items G4-G9) is provided for community flood plain 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 (including basement) of the building is ___ ft.(m) Datum:

G9. BFE or (in Zone AD) depth of flooding at the building site is: ___ ft.(m) Datum:

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE 7-24-02

COMMENTS

Check here if attachments