FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

003309,003310,003282, D.M.B. No. 3067-0077 010701

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION					For Insurance Company Use:
BUILDING OWNER'S NAME		<u> </u>			Policy Number
ROBERT STORCH					
BUILDING STREET ADDRESS 480 RIO COURT	(Including Apt., Unit, S	unte, and/or Bldg. No.) OR P.O.			Company NAIC Number
CITY AAADCO ICLAND			STATE	ZIP CODI 2/11/15	
MARCO ISLAND PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description)			orintian etc.)	34145	
LOT 10, BLOCK 260, MA		•	wipaut, ow.)		
BUILDING USE (e.g., Residentia			ments section if necessary.)		<u></u>
RESIDENTIAL		·		·	- <u></u>
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: (##\p-##\frac{##\frac{##\frac{##\frac{##}{##\frac{#}{#}}}{ or ##\frac{##\frac{##\frac{##}{##\frac{#}{#}}}{ NAD 1927 NAD 19			<u>:</u>	GPS (Type): USGS Quad Map	Other:
·		SECTION B - FLOOD IN	ISURANCE RATE MAP (FIRM) INFO	ORMATION	
B1. NFIP COMMUNITY NAME	R COMMINITY NI IM		COUNTY NAME		3. STATE
120067	CONTRIBION IN TRACES	· · · · · · · · · · · · · · · · · ·)LLIER		
				B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S)
B4. MAP AND PANEL NUMBER 120426/803	B5. SUFFIX	B6. FIRM INDEX DATE 7-20-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8-3-92	AE	(Zone AO, use depth of flooding) 10
B10. Indicate the source of the	Race Floori	on (REE) data or base floor	· 	<u> </u>	<u></u>
FIS Profile	FIRM	Community Determ	*	be):	
B11. Indicate the elevation da			NAVD 1988	Other (Describe):	
			rea or Otherwise Protected Area (OPA		Designation Date
			LEVATION INFORMATION (SURVE		
C1. Building elevations are ba	sed on: Constru	ction Drawings*	Building Under Construction*	Finished Construction	
•		then construction of the built			
•	•		he building for which this certificate is b	eing completed - see pac	ges 6 and 7. If no diagram
accurately represents the	•				
- · •			FE), AR, AR/A, AR/AE, AR/A1-A30, A	AR/AH, AR/AO	
		•	in Item C2. State the datum used. If the		he datum used for the BFE in
•			rements and datum conversion calcula		
		cument the datum conversion	•		
Datum Conversi					
	.	the elevation reference man	k used appear on the FIRM? [] Yes	s 🖾 No	
a) Top of bottom floor			10. 1 ft.(m)	<u>ज</u> ू	
☐ b) Top of next higher t	•	•	<u>N/A</u> ft.(m)	နိုင	
c) Bottom of lowest horizontal structural member (V zones only)			NA. ft(m)	Ssed	
d) Attached garage (top of slab)			8. 7ft (m)	and D	
(a) Lowest elevation of	•	quipment		<u>ு</u> வ ா மு	
servicing the building			<u>10</u> . <u>1</u> ft.(m)	mbe atur	1 IM
🖵 f) Lowest adjacent grade (LAG)			8.5tt.(m)	Sign	124-01
🖵 g) Highest adjacent g	rade (HAG)		<u>8</u> . <u>7</u> ft.(m)	E SE	FL. CERT NO. 4520
•	- '	s) within 1 ft. above adjacen		Ë	
i) Total area of all pen	manent openings (fk	ood vents) in C3h <u>860</u> sq. ir	n. (sq. cm)	h	
·		SECTION D - SURVEYO	R, ENGINEER, OR ARCHITECT CE	RTIFICATION	11-29-00
This certification is to be	signed and sealed	والمناط فيتنا والمناط والمستجود والمناط والمنا	neer, or architect authorized by law		ormation.
I certify that the information	on in Sections A, E	3, and C on this certificate	represents my best efforts to inter	rpret the data available.	
<u>-</u>			mprisonment under 18 U.S. Code,	Section 1001.	
CERTIFIER'S NAME David	d B. Bruns			LICENSE NUMBER 452	0
TITLE Surveyor			COMPANY NAME Br	COMPANY NAME Bruns & Bruns, Inc.	
ADDRESS			CITY	STATE	ZIP CODE
1072 6th. Avenue N.		······································	Naples	FL	34102
SIGNATURE			DATE	TELEPH 041-26	IONE 11-5965
0/00			12-3-01	<u>941-28</u>	

IMPORTANT: In these spaces, copy the corresponding inform	For Insurance Company Use:		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.)) OR P.O. ROUTE AND BOX NO.		Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number
SECTION D - SURVEYO	R, ENGINEER, OR ARCHITECT CE	ERTIFICATION (CONTINUED)	
Copy both sides of this Elevation Certificate for (1) community official	al, (2) insurance agent/company, and	(3) building owner.	
COMMENTS	· · · · · · · · · · · · · · · · · · ·		
, , , , , , , , , , , , , , , , , , , 	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
······································	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
······································	· ·	· · · · · · · · · · · · · · · · · · ·	Check here if attachments
SECTION E - BUILDING ELEVATION INFOR	MATION (SURVEY NOT REQUIRE	D) FOR ZONE AO AND ZONE	
or Zone AO and Zone A (without BFE), complete Items E1 through		والمسترين والمسترين والمسترين والمسترين والمسترين والمسترون والمسترين والمتراط والمسترين والمسترين والمسترين والمسترين	
Section C must be completed.			
E1. Building Diagram Number(Select the building diagram most sin	milar to the building for which this cer	tificate 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 t	he building is ft.(m) in.(cm)	above or below (check o	ne) the highest adjacent grade.
E3. For Building Diagrams 6-8 with openings (see page 7), the next h	•		
grade. Ta Con Zono AO enha litmo desert denthi mumbonto madiciple, la tho to	و من المناح منا المناح منا المناطقة الم	undanana with tha account to the first	adalain manazamant aminanga?
E4. For Zone AO only: If no flood depth number is available, is the to Yes No Unknown. The local official must certify to	·	Didance with the community's 1100	Jupan management ordinance (
	Y OWNER (OR OWNER'S REPRE	SENTATIVE) CERTIFICATION	
The property owner or owner's authorized representative who comp	oletes Sections A, B, and E for Zone	A (without a FEMA-issued or cor	nmunity-issued BFE) or Zone AO must
sign here.			- -
PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIV	E'S NAME		·
		CT.	ATE ZIP CODE
ADDRESS	CITY		
SIGNATURE	DATE	TE	LEPHONE
COMMENTS			
	. 	······································	Check here if attachments
SECTIO	NG-COMMUNITY INFORMATION	V (OPTIONAL)	CHOCK HOLD II AUGCIII KITIC
The local official who is authorized by law or ordinance to administer			ctions A, B, C (or E), and G of this Elevat
Certificate. Complete the applicable item(s) and sign below.		•	
G1. The information in Section C was taken from other document		•	
state or local law to certify elevation information. (Indicate the G2. A community official completed Section E for a building local			
G3. The following information (Items G4-G9) is provided for com	·		
G4. PERMIT NUMBER G5. DATE PERMIT IS	SSUED	G6. DATE CERTIFICATE OF CO	OMPLIANCE/OCCUPANCY ISSUED
G7. This permit has been issued for: New Construction Su	bstantial Improvement	· · · · · · · · · · · · · · · · · · ·	·
G8. Elevation of as-built lowest floor (including basement) of the build	•	fL(m)	Datum:
G9. BFE or (in Zone AO) depth of flooding at the building site is:		ft.(m)	Datum:
LOCAL OFFICIAL'S NAME	TI	TLE	
COMMUNITY NAME	TE	LEPHONE	<u></u>
SIGNATURE	D/	VTE 12101	
COMMENTS		12115101	
······································	<u></u>		
·			······································
·		· 	Check here if attachments