#033847

FEDERAL ENERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION **Policy Number** BUILDING OWNER'S NAME FRANK & BARBARA STEVENS Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 82 SAND HILL STREET ZIP CODE CITY STATE 34145 MARCO ISLAND PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 26, BLOCK 779, MARCO BEACH UNIT 25 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL SOURCE: GPS (Type):____ HORIZONTAL DATUM: LATITUDE/LONGITUDE (OPTIONAL) NAD 1927 NAD 1983 Other: USGS Quad Map ##P - ### - ######P) SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION BO STATE B2. COUNTY NAME B1 NFIP COMMUNITY NAME & COMMUNITY NUMBER 120067 COLLIER B9. BASE FLOOD ELEVATION(S) BB. FLOOD ZONE(S) **B6. FIRM INDEX DATE** B4 MAP AND PANEL B7. FIRM PANEL B5. SUFFIX (Zone AO, use depth of flooding) EFFECTIVE/REVISED DATE NUMBER 9-25-02 AE 9-25-02 9.3 120426/0812 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Community Determined Other (Describe): FIS Profile FRM NAVD 1988 B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 Other (Describe): Yes Designation Date B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? SECTION C-BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Finished Construction Building Under Construction* C1. Building elevations are based on: Construction Drawings* *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. Conversion/Comments Datum Elevation reference mark used _____Does the elevation reference mark used appear on the FIRM? [Yes X No o a) Top of bottom floor (including basement or enclosure) o b) Top of next higher floor N/A. _ft.(m) o c) Bottom of lowest horizontal structural member (V zones only) 7. 7ft (m) o d) Attached garage (top of slab) o e) Lowest elevation of machinery and/or equipment 9.5ft.(m) servicing the building . 5ft.(m) o f) Lowest adjacent grade (LAG) FL. CERT NO. 4520 7)8ft(m) o g) Highest adjacent grade (HAG) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4 o i) Total area of all permanent openings (flood vents) in C3h 200 sq. in. (sq. cent) 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. TITLE Surveyor ZIP CODE STATE CITY **ADDRESS** 34102 Naples 1072 6th. Avenue N. TELEPHONE DATE SIGNATURE 941-261-5965 5-07-04

BUILDING STREET ADDRESS (Including)	y the corresponding information from Section	1 A.		For Insurance Company Use:
	Apl., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AN	D BOX NO.		Policy Number
CITY	ST	ATE	ZIP CODE	Company NAIC Number
	SECTION D - SURVEYOR, ENGINEER, OR	ARCHITECT CERT	CIFICATION (CONTINUED)	······································
Copy both sides of this Elevation Certif	ficate for (1) community official, (2) insurance age			
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	ILDING ELEVATION INFORMATION (SURVE)			
), complete items E1 through E4. If the Elevation	Certificate is intende	ed for use as supporting inform	nation for a LOMA or LOMR-F,
Section C must be completed. E1 Building Diagram Number (Select)	the building diagram most similar to the building f	For which this certific	ate is heing completed see	nages 6 and 7 If no diagram accurately
represents the building, provide a si		OF AN BOLL THIS CONTRICE	are is nough countracted see	pagos o and r. II no magranticon
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	nings (see page 7), the next higher floor or elevat	- ·	•	
grade.			· .	
	number is available, is the top of the bottom floor		ance with the community's floa	odplain management ordinance?
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	SECTION G-COMMUNITY	Y INFORMATION (C	OPTIONAL)	•
•	w or ordinance to administer the community's flo	odplain managemen	it ordinance can complete Se	ctions A, B, C (or E), and G of this Elevation
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Certificate. Complete the applicable iter G1. The information in Section C was	w or ordinance to administer the community's floor m(s) and sign below. as taken from other documentation that has been	n signed and emboss	sed by a licensed surveyor, e	ngineer, or architect who is authorized by
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