

010678 Hse
020561 Pool

NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME BERNARD & JOYCE PERRY			For Insurance Company Use: Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 940 SEA OATS COURT			Company NAIC Number		
CITY MARCO ISLAND	STATE FL	ZIP CODE 34145			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3, BLOCK 8, HIDEAWAY BEACH					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL					
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.#####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120067 COLLIER COUNTY		B2. COUNTY NAME COLLIER		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0803	B5. SUFFIX F	B6. FIRM INDEX DATE 07/20/98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 07/20/98	B8. FLOOD ZONE(S) VE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12.0'

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 6 (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 C3.-a-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 NGVD '29 Conversion/Comments _____
 Elevation reference mark used T128 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="radio"/> a) Top of bottom floor (including basement or enclosure)	<u>7.0</u> FT
<input type="radio"/> b) Top of next higher floor	<u>16.0</u> FT
<input type="radio"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>14.8</u> FT
<input type="radio"/> d) Attached garage (top of slab)	<u>6.8</u> FT
<input type="radio"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>12.1</u> FT
<input type="radio"/> f) Lowest adjacent (finished) grade (LAG)	<u>3.9</u> FT
<input type="radio"/> g) Highest adjacent (finished) grade (HAG)	<u>6.5</u> FT
<input type="radio"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>0</u>	
<input type="radio"/> i) Total area of all permanent openings (flood vents) in C3.h <u>N/A</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

FL PSM 5762
10/30/02

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.

CERTIFIER'S NAME: DAVID S. DAGOSTINO, PSM LICENSE NUMBER: FL PSM 5762

TITLE: Professional Surveyor & Mapper COMPANY NAME: Dagostino & Wood, Inc.

ADDRESS: 610 18TH Avenue NE CITY: Naples STATE: FL ZIP CODE: 34120

SIGNATURE: [Signature] DATE: 10/30/02 TELEPHONE: (941) 352-6085