#001866 # 002738 Poul #012494

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

SECTION A	- PROPERTY OWNER INFORMATION	1 - 7.  N For Insurance Company Use:		
BUILDING OWNER'S NAME Ierardi		Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and 1596 Shores Court	d/or Bidg. No.) OR P.O. ROUTE AND BO	X NO. Company NAIC Number		
CITY Marco Island	STATE	ZIP CODE 34145		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Par Tract A, The Seven Sailors				
BUILDING USE (e.g., Residential, Non-residential, Addition, A residential		necessary.)		
LATITUDE/LONGITUDE (OPTIONAL) HORIZON		PS (Type):		
( ##° - ##' - ##.##" or ##.####°) NAD 1927	NAD 1983	SGS Quad Map Other		
SECTION B - FLOOI	D INSURANCE RATE MAP (FIRM) IN	IFORMATION		
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE		
City of Marco 120426	Collier	Florida		
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDENTAL DATE  0812 E 7/20/9	EFFECTIVE/REVISED DATE	B8. FLOOD B9. BASE FLOOD ELEVATION(S ZONE(S) (Zone AO, use depth of flooding)  AE +11.0'		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.				
**************************************	nity Determined    Other (Descri	· · · · · · · · · · · · · · · · · · ·		
311. Indicate the elevation datum used for the BFE in B9 312. Is the building located in a Coastal Barrier Resource		· · · · · · · · · · · · · · · · · · ·		
Designation Date:				
SECTION C - BUILDING	ELEVATION INFORMATION (SUR)	VEY REQUIRED)		
1. Building elevations are based on: LConstruction E	Drawings*   Building Under Co	nstruction*   X   Finished Construction		
*A new Elevation Certificate will be required when co	netruction of the building is complete			
VINCA FICABIION CENTINOSIE AMI DE LEGINIEU MUCH CO	manacion or the panamy is complete			
C2. Building Diagram Number $\frac{1}{2}$ (Select the building	diagram most similar to the building t	for which this certificate is being completed - se		
C2. Building Diagram Number $\frac{1}{2}$ (Select the building pages 6 and 7. If no diagram accurately represents t	diagram most similar to the building the building, provide a sketch or photo	for which this certificate is being completed - se ograph.)		
22. Building Diagram Number1 (Select the building pages 6 and 7. If no diagram accurately represents to 23. Elevations – Zones A1-A30, AE, AH, A (with BFE), V	diagram most similar to the building the building, provide a sketch or photo E, V1-V30, V (with BFE), AR, AR/A, A	for which this certificate is being completed - secondary.) AR/AE, AR/A1-A30, AR/AH, AR/AO		
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22. Building Diagram Number1_(Select the building pages 6 and 7. If no diagram accurately represents to 23. Elevations – Zones A1-A30, AE, AH, A (with BFE), Vocamplete Items C3.a-i below according to the building the datum used for the BFE in Section B, convert the calculation. Use the space provided or the Comment Datum Conversion/Comments Elevation reference mark used Site BM a) Top of bottom floor (including basement or enclars).	diagram most similar to the building the building, provide a sketch or photo E, V1-V30, V (with BFE), AR, AR/A, And diagram specified in Item C2. State datum to that used for the BFE. Shows area of Section D or Section G, as  Does the elevation reference mail losure)  13. 1	for which this certificate is being completed - secograph.)  AR/AE, AR/A1-A30, AR/AH, AR/AO  the datum used. If the datum is different from whield measurements and datum conversion appropriate, to document the datum conversion of the datum conversion.  The datum used appear on the FIRM?   Yes   X   No.   Yes   X   No.   Yes   X   No.   Yes   Yes		
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Datum Conversion/Comments Elevation reference mark used Site BM  a) Top of bottom floor (including basement or enclude) Datum of	the building, provide a sketch or photo E, V1-V30, V (with BFE), AR, AR/A, And diagram specified in Item C2. State datum to that used for the BFE. Show its area of Section D or Section G, as  Does the elevation reference mainlesure)  V zones only)  O zones only)	for which this certificate is being completed - set ograph.)  AR/AE, AR/A1-A30, AR/AH, AR/AO  The datum used. If the datum is different from whield measurements and datum conversion appropriate, to document the datum conversion of the datum conve		
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	es, copy the corresponding information		For Insurance Company Use:
BUILDING STREET ADDRESS ( 1596 Shores	Including Apt., Unit, Suite, and/or Bldg. No.) OR Court	P.O. ROUTE AND BOX NO.	Policy Number
CITY  Marco Island	STATE	ZIP CODE 3 4 1 4 5	Company NAIC Number
والمستجر ويزير والمراز والمراز والمستوال والمستخر والمستخر والمستخر والمستخر والمستخر والمستجر والمستجر والمستجر	TION D - SURVEYOR, ENGINEER, OR AR		ITINUED)
<u> </u>	ion Certificate for (1) community official, (2)		
COMMENTS		, modranos agomocompany, ama (c	
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• · · · · · · · · · · · · · · · · · · ·			1 Chook hore if ottoohment-
SECTION E - BUILDING	ELEVATION INFORMATION (SURVEY NO	OT REQUIRED) FOR ZONE AO A	Check here if attachments
	out BFE), complete Items E1. through E4.		
	/IR-F, Section C must be completed.		ara iri ara da dapporting
	(Select the building diagram most si	——————————————————————————————————————	certificate is being completed -
——————————————————————————————————————	liagram accurately represents the building,		
	(including basement or enclosure) of the billiacent grade. (Use natural grade, if available		n.(cm)    above or    below
	with openings (see page 7), the next highe	•	a) of the building is
·	) above the highest adjacent grade. Comp		<del>-</del>
·	od depth number is available, is the top of	•	
	dinance?   Yes   No   Unknowr		
	TION F - PROPERTY OWNER (OR OWNE		
	s authorized representative who completes mmunity-issued BFE) or Zone AO must sig		
the best of my knowledge.	initiality-issued bit L) of Zone AO must sig	in nere. The statements in Section	is A, B, C, and E are correct to
	IER'S AUTHORIZED REPRESENTATIVE'S NAM	ИE	
ADDRESS	CIT	Y STATE	ZIP CODE
SIGNATURE	DA		•
	UA!	TELEPH	ONE
COMMENTS			
	SECTION G - COMMUNITY IN	FORMATION (OPTIONAL)	Check here if attachments
The local official who is authorize	zed by law or ordinance to administer the co		nt ordinance can complete
	of this Elevation Certificate. Complete the a	<del>-</del>	•
31.    The information in Sect	tion C was taken from other documentation	that has been signed and emboss	ed by a licensed surveyor,
	who is authorized by state or local law to ce	rtify elevation information. (Indica	te the source and date of the
elevation data in the Co		Zono A (without a EENIA incured a	
Zone AO.	mpleted Section E for a building located in	Zone A (Without a FEMA-Issued o	r community-issued BFE) or
33.    The following information	on (Items G4-G9) is provided for community	y floodplain management purpose	S.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF	COMPLIANCE/OCCUPANCY
· · · · · · · · · · · · · · · · · · ·		ISSUED	
	· · · · · · · · · · · · · · · · · · ·	tantial Improvement	
	floor (including basement) of the building is		ft.(m) Datum:
· · · · · · · · · · · · · · · · · · ·	of flooding at the building site is:		ft.(m) Datum:
LOCAL OFFICIAL'S NAME		TITLE	
COMMUNITY NAME		TELEPHONE	
SIGNATURE		DATE	
COMMENTS	<u>V</u>	10/24/01	······································
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· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Check here if attachments

REPLACES ALL PREVIOUS EDITIONS

FFMA Form 81-31 1111 00