

## FEDERAL EMERGENCY 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:					
BUILDING OWNER'S NAME	Policy Number					
Richard Mohring						
BUILDING STREET ADDRESS 1641 Villa Court	Company NAIC Number					
CITY MARCO ISLAND,			STATE FL		ZIP COD 34145	E
PROPERTY DESCRIPTION (L. Lot 29, Block 279, Marco Beach		; Tax Parcel Number, Legal I	Description, etc.)			
BUILDING USE (e.g., Residenting RESIDENTIAL	ial, Non-residential, Ad	idition, Accessory, etc. Use C	Comments section if necessary.)			
LATITUDE/LONGITUDE (OPTI (## - ## - ##.##" or ##.#####		HORIZONTAL DATUM:  NAD 1927 NAD 19		OURCE: G	SPS (Type): ISGS Quad Map	☐ Other:
, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	· · · · · · · · · · · · · · · · · · ·	SECTION B-FLOOL	D INSURANCE RATE MAP (F	FIRM) INFORT	WATION	
B1. NFIP COMMUNITY NAME MARCO ISLAND (120426)	& COMMUNITY NUN	1	B2. COUNTY NAME COLLIER		1	B3. STATE FL
B4. MAP AND PANEL NUMBER 120426-0812	B5. SUFFIX G	B6. FIRM INDEX DATE 09-25-02	B7 FIRM PANEL EFFECTIVE/REVISED 09-25-02	i i	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding) 9.3
B10. Indicate the source of the		<b>,</b>	•••	<b>t</b>		
FIS Profile	<b>⊠ FIRM</b>	Community Dete	ermined Dt	her (Describe):		
B11. Indicate the elevation da		- <del></del>			Other (Describe):	Doniemation Date
B12. Is the building located in			area or Otherwise Protected			nesitigion nate
	<del> </del>		3 ELEVATION INFORMATIO	<del></del>		
C1. Building elevations are ba		_	Building Under Construction	n  Fin	nished Construction)	
*A new Elevation Certifica	•					·
<i>)</i>	<del>-</del> `		to the building for which this ce	rtificate is bein	g completed - see pa	ges 6 and 7. If no diagram
accurately represents the	<b>**</b> * •	• • •		132 + * * * *		
			th BFE), AR, AR/A, AR/AE, AR			the distance - 1.0. 11
7	<del></del>					the datum used for the BFE in
				Sur Calculatio	TIL USE THE SPACE PRO	vided or the Comments area of
	K Q .	ocument the datum conve	astuli.			
<del></del>	ion/Comments	ha almosti		, Lumil 27. —	7 NIA -	
•			ark used appear on the FIRM?	⊔ Yes ⊠	7 IAO	11
a) Top of bottom floor	•	nt or enclosure)	10.1 ft.(m)		eal	
b) Top of next higher f			NA. ft.(m)	•	sed S	1 ( WII. )
C) Bottom of lowest ho		nember (V zones only)	<u>NA</u> ft(m)		Embossed and Date	Thur you
☐ d) Attached garage (to	•		<u>8</u> . <u>O</u> ft.(m)			My vo 11v
e) Lowest elevation of	•	equipment	A		mber, E	My dy
servicing the buildi	•		10.1ft(m)		nafu	***
f) Lowest adjacent gra			7.9ft(m)		Sign.	
g) Highest adjacent g	•		8 2ft (m)		Si e	
		ts) within 1 ft. above adjac			Ë	
i) Total area of all pen	manent openings (fl	lood vents) in C3h <u>2448</u> s	<u> </u>			
			YOR, ENGINEER, OR ARCH			
			ngineer, or architect authoriz			
I certify that the information	ion in Sections A, I	B, and C on this certific	ate represents my best effo	erts to interpre	et the data available	
I understand that any fals	se statement may		or imprisonment under 18 U.	.S. Code, Sec	ction 1001.	
CERTIFIER'S NAME Arthur Qu					CENSE NUMBER 2422	
OFFICE IFFE OF STANDARD CALLS IN THE CALL	un II leh					
TITLESurveyor			COMPANY	NAME SUDHAM	KAR CO., INC.	
			COMPANY	NAME SUDHA	KAR.CO., INC. STATE	
TITLESurveyor  ADDRESS PO BOX 1835			CITY MARCO ISL	· · · · · · · · · · · · · · · · · · ·	STATE	34146
TITLESurveyor			CITY	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	34146 HONE

	copy the corresponding information from Sect			For Insurance Company Use:	
BUILDING STREET ADDRESS (Include	ding 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 - SURVEYOR, ENGINEER, C	OR ARCHITECT CERT	TFICATION (CONTINUED)		
Copy both sides of this Elevation C	certificate for (1) community official, (2) insurance a	gent/company, and (3)	building owner.		
COMMENTS		· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del> </del>	
<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	······································	······································	
·	·	<del></del>	<u></u>		
SECTION E _	BUILDING ELEVATION INFORMATION (SURV	EV NOT DECHIDED	EOD ZONE AO AND ZONE A	Check here if attachments	
	FE), complete Items E1 through E4. If the Elevation		<del></del>		
Section C must be completed.	CLA CONTRACTORING EN CERCURATE. MINICESCOPONI	OFF OCHURCAC AS ARCHAC	a ior and an adploanting unantitie	MONTON CALCAMATON E.CAMATT,	
E1. Building Diagram Number _(Sel represents the building, provide	lect the building diagram most similar to the building sketch or photograph \	ng for which this certifica	ate is being completed – see pa	ages 6 and 7. If no diagram accurately	
	ding basement or enclosure) of the building is	_ ft(m) in.(cm) [_] at	bove or Delow (check one	) the highest adjacent grade.	
•	penings (see page 7), the next higher floor or elev		· · · · · · · · · · · · · · · · · · ·		
grade. En Zono AO onto Hino flood do	with a mahar in a milable in the top of the battons fle	nor alayestad in accorda	naa wiih iha aanama mit da Aasa	hisin mannament sustinamen	
	pth number is available, is the top of the bottom flows. The local official must certify this information in		nce with the community's hood	pain management ordinance?	
	SECTION F - PROPERTY OWNER (OR C		ITATIVE) CERTIFICATION	······································	
The property owner or owner's auth	horized representative who completes Sections A,	B, and E for Zone A (w	ithout a FEMA-issued or com	nunity-issued BFE) or Zone AO must	
sign here.					
PROPERTY OWNER'S OR OWNER'S	S AUTHORIZED REPRESENTATIVE'S NAME	·	· · · · · · · · · · · · · · · · · · ·	·, , · · · · · · · · · · · · · · · · ·	
		/\r**\/			
ADDRESS		CITY	STAT	E. ZIP CODE	
SIGNATURE		DATE	TELE	PHONE	
COMMENTS		<u>' i'.                                      </u>	· · · · · · · · · · · · · · · · · · ·		
- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<del></del>			
	CECTIONIC COMMINE	TV INICODRATIONI (OI	DTIONAL V	Check here if attachments	
The least efficiely the is an theritard by	SECTION G - COMMUNI y law or ordinance to administer the community's f		<del> </del>		
Certificate. Complete the applicable G1. The information in Section C state or local law to certify el G2. A community official complet		en signed and emboss e of the elevation data in hout a FEMA-issued or	ed by a licensed surveyor, eng n the Comments area below.) community-issued BFE) or Zo	neer, or architect who is authorized by	
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G	6. DATE CERTIFICATE OF CON	PLIANCE/OCCUPANCY ISSUED	
37. This permit has been issued for:	☐ New Construction ☐ Substantial Improver	ment			
38. Elevation of as-built lowest floor (		ft.(m)	Datum:		
G9. BFE or (in Zone AO) depth of flo	oding at the building site is:		ft.(m)	Datum:	
LOCAL OFFICIAL'S NAME	·	TITLE	······································	· · · · · · · · · · · · · · · · · · ·	
COMMUNITY NAME	· · · · · · · · · · · · · · · · · · ·	TELEPI	HONE		
SIGNATURE		DATE	1. 2.	· · · · · · · · · · · · · · · · · · ·	
COMMENTS			10-01-03	·	
		<del></del>			
			· · · · · · · · · · · · · · · · · · ·	☐ Check here if attachments	
	·	. <del></del>	· · · · · · · · · · · · · · · · · · ·		