FEMA Form 81-31, January 2003

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

Replaces all previous editions

## ELEVATION CERTIFICATE

Important: F	Read the instructions on pages 1 - 7.	
SECTION A -	PROPERTY OWNER INFORMATION	For Insurance Company Use:
BUILDING OWNER'S NAME DARWIN W. & BRENDA L. WERNING, KEVIN	R. & SHARON A. DOYLE	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and 1790 WATERFALL COURT		Company NAIC Number
CITY MARCO ISLAND,	STATE FLORIDA	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Pard LOT 3, BLOCK 73, MARCO BEACH, UNIT T		
BUILDING USE (e.g., Residential, Non-residential, Addition, Addition, Addition)	cessory, etc. Use a Comments area, if necessary.)	
LATITUDE/LONGITUDE (OPTIONAL) HORIZON	TAL DATUM: SOURCE:  _  GPS (Type):  _  USGS Quad Ma	
SECTION B - FLOOD	INSURANCE RATE MAP (FIRM) INFORMATIO	N
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER MARCO ISLAND 120426	B2. COUNTY NAME COLLIER	B3. STATE FLORIDA
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDENTAL DATE DATE 120426 - 0812 E 07/20/98	B7. FIRM PANEL B8. FLOOD EFFECTIVE/REVISED DATE ZONE(S)  08/03/92 AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.0'
B10. Indicate the source of the Base Flood Elevation (BF	E) data or base flood depth entered in B9.  nity Determined Other (Describe):	
_  FIS Profile   $X$ FIRM  _  Commun B11. Indicate the elevation datum used for the BFE in B9	o by I NGVO 1929   NAVO 1988   Other (F	Describe):
B11. Indicate the elevation datum used for the bit is in bar B12. Is the building located in a Coastal Barrier Resource	es System (CRRS) area or Otherwise Protected A	rea (OPA)?   Yes IX   No
-	Co Cyalciti (Carta) area or carrier in the area or	
Designation Date:	A EL ELLA TIONI INTEGRALATION (CHOVEY DECLI)	
C1. Building elevations are based on:   Construction	3 ELEVATION INFORMATION (SURVEY REQUI	X_ Finished Construction
*A new Elevation Certificate will be required when compages 6 and 7. If no diagram accurately represents C3 Elevations – Zones A1-A30, AE, AH, A (with BFE), Note that 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 Commentation of the conversion of of th	onstruction of the building is complete.  g diagram most similar to the building for which this the building, provide a sketch or photograph.)  VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A ng diagram specified in Item C2. State the datum is e datum to that used for the BFE. Show field meas nts area of Section D or Section G, as appropriate  Does the elevation reference mark used app closure)  (LIVING) 7.50 ft.(m)  (LIVING) 16,50 ft.(m)  (V zones only) N/A ft.(m)  (V zones only) N/A ft.(m)  (LIVING) 16,50 ft.(m)  (LIVING) 7.10 ft.(m)  (LIVING) 7.0 ft.(m)	A1-A30, AR/AH, AR/AO used. If the datum is different from surements and datum conversion, to document the datum conversion.  ear on the FIRM?   Yes   X   No  PROFESSIONAL SURVEYOR & MAPPER #4085
	YOR, ENGINEER, OR ARCHITECT CERTIFICAT	
This certification is to be signed and sealed by a land a land of certify that the information in Sections A, B, and C on I understand that any false statement may be punishan	surveyor, engineer, or architect authorized by law to this certificate represents my best efforts to interpolate by fine or imprisonment under 18 U.S. Code, S.	o certify elevation information. ret the data available. Section 1001.
CERTIFIER'S NAME JOHN GENEVRINO	FICEIVOE NUMBER	P.S. & M. #4085
TITLE PRESIDENT		YS AND PLANNERS, INC.
ADDRESS 171 COMMERCIAL BOULEVARD	CITY STATE NAPLES,	FLORIDA 34104
SIGNATURE // SIGNATURE	DATE 04/05/05 TELEP	HONE (239) 643-7510

See reverse side for continuation.

IMPORTANT: In these spaces, cor	py the corresponding information from Se	ction A	For Incinopos Company Hose
BUILDING STREET ADDRESS (Including	g Apl., Unit, Suite, and/or Bldg. No.) OR P.O. ROU	ITE AND BOX NO.	For Insurance Company Use: Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number
	- SURVEYOR, ENGINEER, OR ARCHITEC	بة بحرمنسية الله الرحمة . - الإحرمنسية الله الرحمة المستقدية المستقد الرحم المقدينة الإلام المستقد المستقد المستقدية والمستقد والمستقد ا	
Copy both sides of this Elevation Cer COMMENTS	rtificate for (1) community official, (2) insurance	ce agent/company, and (3	) building owner.
·			
			Check here if allachments
	TION INFORMATION (SURVEY NOT REQU		
information for a LOMA or LOMR-F, S E1. Building Diagram Number see pages 6 and 7. If no diagram E2. The top of the bottom floor (included) (check one) the highest adjacent	(Select the building diagram most similar to to accurately represents the building, provide a ling basement or enclosure) of the building is grade. (Use natural grade, if available.)	he building for which this can sketch or photograph.)    _   _   ft. (m)   _   in.	ertificate is being completed –  (cm)    above or    below
ft. (m)    lin. (cm) above E4. The top of the platform of machine (check one) the highest adjacent	penings (see page 7), the next higher floor or we the highest adjacent grade. Complete Item ery and/or equipment servicing the building is grade. (Use natural grade, if available.)	ns C3.h and C3.i on front of the state of th	of form. (cm)    above or    below
·	oth number is available, is the top of the bottome?   Yes   No   Unknown. The lo		•
	- PROPERTY OWNER (OR OWNER'S REF	والمتعارض	
(without a FEMA-issued or communi the best of my knowledge.	rized representative who completes Sections ty-issued BFE) or Zone AO must sign here.  UTHORIZED REPRESENTATIVE'S NAME		
THOREST OWNERS OF OWNERS A	OTHORIZED REPRESENTATIVES NAME	·	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPH	ONE
COMMENTS			*
			L. J. Chock boro if attachmonic
	SECTION G - COMMUNITY INFORMAT	TION (OPTIONAL)	Check here if attachments
Sections A, B, C (or E), and G of this G1 The information in Section C engineer, or architect who is elevation data in the Comme G2 A community official complete Zone AO.	law or ordinance to administer the communit Elevation Certificate. Complete the applicabl was taken from other documentation that has authorized by state or local law to certify elevents area below.)  ed Section E for a building located in Zone A ms G4-G9) is provided for community floodpl	e item(s) and sign below.  s been signed and emboss ation information. (Indicate)  (without a FEMA-issued of	ed by a licensed surveyor, te the source and date of the r community-issued BFE) or
G4. PERMIT NUMBER		36. DATE CERTIFICATE OF SSUED	COMPLIANCE/OCCUPANCY
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (G9. BFE or (in Zone AO) depth of floor	New Construction    Substantial Information   Substantial Infor	nprovement	ft. (m) Datum: _ft. (m) Datum:
LOCAL OFFICIAL'S NAME	TITLE	<del>'</del>	
COMMUNITY NAME	TELEF	PHONE	
SIGNATURE 3/1/	DATE	4/-21-5	
COMMENTS	NON-compliant	<u> برن بوسند بر برن ورسند الربي وبرن نظام الموات ا</u>	<b>2</b>
WILL Be come	COMPLIANT STRUCTU	·	
PROJECT - Perm	1 # 05/362		Check here if attachments
FEMA Form 81-31, January 2003	- <del></del>		Replaces all previous editions

147 OK B.D 7-6-00

Replaces all previous editions