

**FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE**

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

040175

Important: Read the instructions on pages 1-7

3919 SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME Tom Phillips Enterprises, Inc.		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 341 Yarmouth Street		Company NAIC Number
CITY Marco Island	STATE FL	ZIP CODE 34145
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 4, Block 290, MARCO BEACH UNIT EIGHT		
BUILDING USE Residential		
LATITUDE/LONGITUDE (OPTIONAL) (1"-1'-1.1" or 1.11#")	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 Marco Island 120426		B2. COUNTY NAME Collier		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120426 0812	B5 SUFFIX G	B6. FIRM INDEX DATE 9/25/2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/25/2002	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO use depth of flooding) 9.3

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS PROFILE FIRM Community Determined Other
- B11. Indicate the elevation datum used for the BFE in B9 NGVD 1929 NAVD 1988 Other
- 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 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. Elevation - 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 the 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 calculations. Use the space provided or the Comments are o Section D or Section G, as appropriate, to document the datum conversion.

Datum _____	Conversion/Comments _____
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Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>8</u> _____ <u>-67</u> ft. (m)
<input type="checkbox"/> b) Top of next higher floor	<u>NA</u> _____ ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> _____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>8</u> _____ <u>-36</u> ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (describe in a Comments area).	<u>8</u> _____ <u>-41</u> ft. (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>8</u> _____ <u>0</u> ft. (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>8</u> _____ <u>0</u> ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>NA</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>NA</u> sq. in. (sq. cm)

Mitchell B. Thompson

LIC.# 4957 3/4/04

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, 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 Mitchell B. Thompson		CERTIFIER'S LICENSE NUMBER 4957	
TITLE Professional Surveyor and Mapper	COMPANY NAME EXACTA LAND SERVICES INC.		
ADDRESS 6240 SHIRLEY STREET UNIT 205	CITY NAPLES	STATE FL	ZIP 34109
SIGNATURE <i>Mitchell B. Thompson</i>	DATE 3/4/2004	TELEPHONE 239-597-0082	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 341 Yarmouth Street			Policy Number
CITY Marco Island	STATE FL	ZIP CODE 34145	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent./company, and (3) building owner.

COMMENTS

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed- see page 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (include basement or enclosure) of the building is _____ ft. (m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft. (m) _____ in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is _____ ft. (m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? _____ Yes _____ No _____ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Section A, B, C (Item C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Section A,B,C, and E are correct to the best of my knowledge.*

PROPERTY OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE NAME			
ADDRESS	CITY	STATE	ZIP
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

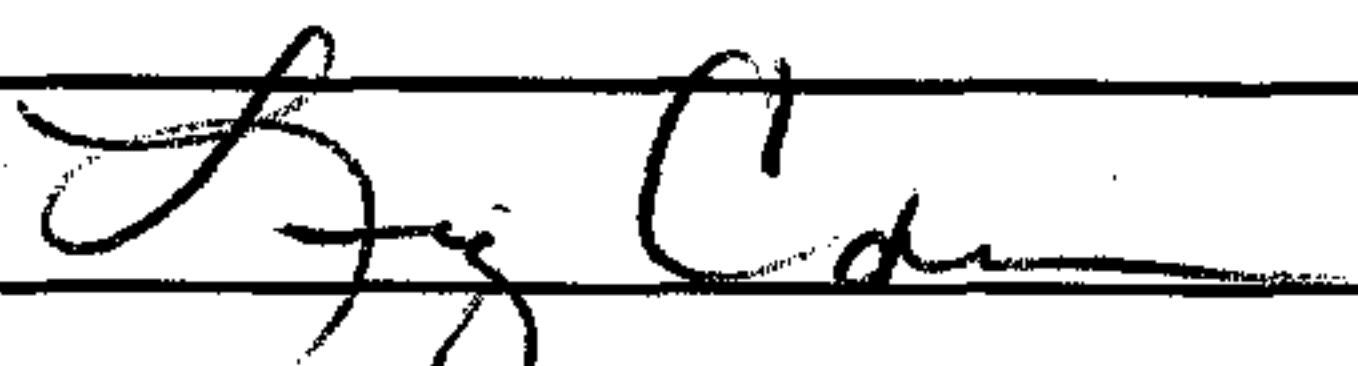
SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A,B,C (or E), and G of this Elevation Certificate. Complete the applicable Item(s) and sign below.

- G1. _____ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. _____ A community official completed Section E for building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. _____ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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- G7. _____ This permit has been issued for:
- G8. _____ Elevation of as-built lowest floor (including basement) of the building is: _____ - _____ ft. (m) Datum: _____
- G9. _____ BFE or (Zone AO) depth of flooring at the building site is: _____ - _____ ft. (m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE 	DATE 5-13-04
COMMENTS	