U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008

Expiration Date: July 31, 2015 IMPORTANT: Follow the instructions on pages 1-9.

	#13-5250	0	SECTI	ON A -	- PROPERTY IN	FORMATI	ON	FO	R INSURA	NCE COMPANY USE
A1.	Building Owner's Nam	ne THOMAS	J. AND LEONA	J. PE	KIN			Pol	licy Number	
A2.	548 N. BARFIELD DR.					Company NAIC Number:				
	City MARCO ISLAND. State FL			ZIP	Code 34	145				
A3.	Property Description LOT20, BLOCK 2	(Lot and Block No					IC RECOF			
A4.	Building Use (e.g., Re									
A5.	Latitude/Longitude: L Attach at least 2 pho			_	. 81°42'41.36" \ heing used to oht			ontal Dat	um: 🗌 N	AD 1927 🗷 NAD 1983
A7.			_		Downg Lood to GE		331411061			
A8.	For a building with a can a) Square footage of			1,2	774		ouilding with			252
	b) No. of permanent			,	sq ft		uare footage mber of ner			ngs in the attached garage
	enclosure(s) within	n 1.0 foot above	adjacent grade	13 13€	5.	wit	hin 1.0 foot	above ad	ljacent gra	de <u>2</u>
	c) Total net area of fd) Engineered flood		Yes X No		sq in		al net area gineered flo		_	A9.b <u>260</u> sq in Yes ⊠ No
		SECT	TION B – FLOOD	INSU	RANCE RATE N	/AP (FIRM	/I) INFORM	ATION		
B1.	NFIP Community Name CITY OF MARCO	e & Community N ISLAND 12042	lumber 26		B2. County Name COLLIER COL	YTNĽ				B3. State
	Map/Panel Number	B5, Suffix	B6. FIRM Index [Date	B7. FIRM Panel I Revised Date	Effective/	B8. Flood	Zone(s)		Flood Elevation(s) (Zone
	0829	н	05/16/201	2	05/16/20		AE		AO, u	se base flood depth) 7.0 FT
B10	. Indicate the source o		Elevation (BFE) da unity Determined		se flood depth ent	ered in Iten	n B9:			
811	. Indicate elevation dat	um used for BFE	in Item B9:	NGVD		D 1988	Other/S	Source: 1	I/A	
B12	. Is the building located				BRS) area or Othe	rwise Prote	cted Area (C	PA)?	Yes 2	₫ No
	Designation Date:	N/A_//	CBRS	6	□ OPA					
		SECTIO	N C - BUILDIN	G ELE\	ATION INFORM	IATION (S	URVEY RI	QUIRE	0)	
C1.	Building elevations are *A new Elevation Cert		Construction	Drawing uction o	s* Building is co	ng Under Co omplete.	nstruction*	×	Finished C	construction
C2.	Elevations - Zones A1	L-A30, AE, AH, A	(with BFE), VE, V1-	-V30, V	(with BFE), AR, AR	/A, AR/AE,	AR/A1-A30	AR/AH,	AR/AO. Co	mplete Items
	C2.a-h below accordi Benchmark Utilized:		g diagram specified	in Item		o only, enter oatum: <u>NA</u>				
	Indicate elevation dat		alevations in itoms	a) thro				1000 🗆	Othor/Co.	
	Datum used for buildi					NGVD 1928				
	a) Top of bottom floor	(including baser	ment, crawlspace,	or enclo	sure floor)5	25		the meas	surement u	
	b) Top of the next hig		, ,		9			feet	meters	
	c) Bottom of the lower		uctural member (V	Zones o	nly) N/	Α	2	feet	☐ meters	
	d) Attached garage (to	op of slab)			6			K feet	meters	
	 e) Lowest elevation of (Describe type of elevation) 	f machinery or ec equipment and loo	quipment servicing cation in Comment	the bui	lding 9			₹ feet	☐ meters	
	f) Lowest adjacent (fi				5	15		d feet	☐ meters	
	g) Highest adjacent (f					. 21		feet	☐ meters	
	 h) Lowest adjacent gr structural support 	ade at lowest ele	evation of deck or s	stairs, ii	ncluding <u>5</u>	20		K feet	☐ meters	
		SECTI	ON D - SURVEY	OR, E	NGINEER, OR A	RCHITEC	T CERTIFI	CATION		
nform	ertification is to be signation. I certify that the	information on ti	his Certificate repre	esents n	best efforts to in	terpret the	data availab	le.		No. of the second secon
	rstand that any false seck here if comments a				isonment under 18 titude and longitud					OHN IBAR
☐ Che	eck here if attachment				I land surveyor?	⊠ Yes	□No	Бу а		* 10 19 5204 0 **
JOH	ier's Name N. A. IBARRA					License Nu 5204	mber		1	STATE OF
	SIDENT			JOHN	IBARRA & ASS			- CONTROL ON 17-10-5	No.	ALORIDA OF
Addre 777	SS NW 72 AME, #3025			City MIAMI		State FL	331:			AND SURVE
Signa		-		Date 09/09/		Telephone (305) 262	NO. DO CONTRACTOR			09/09/2013
	70/~			30/00/		1000/202	J-100			

ELEVATION CERTIFICATE, page 2

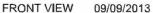
IMPORTANT: In these spaces, copy the corr	egnanding information from Sant	tion A		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit,				Policy Number:
548 N. BARFIELD DR.				
City MARCO ISLAND.	State FL	ZIP Code 34145		Company NAIC Number:
SECTION D -	SURVEYOR, ENGINEER, OR	ARCHITECT CE	RTIFICATION (C	ONTINUED)
Copy both sides of this Elevation Certificate	for (1) community official, (2) insu	rance agent/comp	any, and (3) building	g owner.
Comments SECTION C2(E) LOWEST E SURVEYOR USING GOOGL		= THE A/C PAG); LATITUDE ANI	D LONGITUDE DETERMINED BY
\bigcap \bigcap				
Signature		Date 09/09/2	2013	
SECTION E - BUILDING ELEVATION	N INFORMATION (SURVEY	NOT REQUIRED) FOR ZONE AO	AND ZONE A (WITHOUT BFE)
For Zones 40 and A (without BFE), complete For Items £1–£4, use natural grade, if available	tems E1-E5. If the Certificate is	intended to suppor	t a LOMA or LOMR-	
E1. Provide elevation information for the follo grade (HAG) and the lowest adjacent grade		oxes to show whet	ther the elevation is	above or below the highest adjacent
a) Top of bottom floor (including basemer	it, crawlspace, or enclosure) is		☐ feet ☐ mete	ers 🔲 above or 🔲 below the HAG.
b) Top of bottom floor (including basemer	tenare e di la militari di la manda della di la manda della di la manda di la manda di la manda di la manda di		☐ feet ☐ mete	20 2020
E2. For Building Diagrams 6–9 with permaner	THE RESERVE OF THE PROPERTY OF	tion A Items 8 and,		
the next higher floor (elevation C2.b in the E3. Attached garage (top of slab) is	e diagrams) of the building is		☐ feet ☐ mete	
E4. Top of platform of machinery and/or equi	pment servicing the building is		☐ feet ☐ mete	
E5. Zone AO only: If no flood depth number is				
ordinance? Yes No Unknow	n. The local official must certify t	his information in	Section G.	
SECTION F - F	PROPERTY OWNER (OR OW	NER'S REPRES	ENTATIVE) CERT	TIFICATION
The property owner or owner's authorized rep				
Zone AO must sign here. The statements in S				
Property Owner or Owner's Authorized Repres	entative's Name THOMAS J.	AND LEONA	J. PEKIN	
Address 548 N. BARFIELD DR.		City MARC	O ISLAND.	FL ZIP Code 34145
Signature		Date 09	/09/2013 Tel	ephone
Comments				
				☐ Check here if attachments.
	SECTION G - COMMUNITY	INFORMATION	(OPTIONAL)	
The local official who is authorized by law or or				
G of this Elevation Certificate. Complete the ap G1. The information in Section C was ta				
who is authorized by law to certify e	levation information. (Indicate th	e source and date	of the elevation da	ta in the Comments area below.)
G2.	00)			
☐ The following information (Items G4		· · · · · · ·		
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate Of	Compliance/Occupancy Issued
	and the second s	tial Improvement		
G8. Elevation of as-built lowest floor (including		·	☐ feet ☐ meter	
G9. BFE or (in Zone A0) depth of flooding at G10, Community's design flood elevation:	the building site:		☐ feet ☐ meter	
			Litet Linetel	3 Datum
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date 09/	09/2013	
Comments		03/	20/20/0	
1/				
V				
				☐ Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Ur 548 N. BARFIELD DR.	Policy Number:		
City MARCO ISLAND.		ZIP Code 34145	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.





REAR VIEW 09/09/2013



BUILDING PHOTOGRAPHS

Continuation Page

IMPORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Un 548 N. BARFIELD DR.	it, Suite, and/or Bldg. No.) or RO	O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number:
MARCO ISLAND.	FL	34145	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

LEFT VIEW 09/09/2013



RIGHT SIDE 09/09/2013



BUILDING PHOTOGRAPHS

Continuation Page

IMPORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Ur 548 N. BARFIELD DR.	Policy Number:		
City	State	ZIP Code	Company NAIC Number:
MARCO ISLAND.	FL	34145	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below, Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

ADDITIONAL PHOTOS 09/09/2013



