

DEPARTMENT OF HOMELAND SECURITY  
**Federal Emergency Management Agency**  
**ELEVATION CERTIFICATE**

House 15-3394

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16**

OMB Control Number: 1660-0008  
 Expiration: 11/30/2018

**COPY all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.**

<b>SECTION A - PROPERTY INFORMATION</b>		<b>FORM INSURANCE COMPANY USE</b>
A1. Building Owner's Name <b>ALBAUGH</b>	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>991 ASTER CT</b>	Company NAIC Number:	

City **MARCO ISLAND** State **FL** Zip Code **34145**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**LOT 14, BLOCK 187, MARCO BEACH UNIT 7**

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **26°55'37.00"** Long. **81°43'26.55"** Horizontal Datum:  NAD 1927  NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance

A7. Building Diagram Number **1-B**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) \_\_\_\_\_ sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade \_\_\_\_\_

c) Total net area of flood openings in A8.b \_\_\_\_\_ sq in

d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:

a) Square footage of attached garage **899** sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade \_\_\_\_\_

c) Total net area of flood openings in A9.b **5** **1000** sq in

d) Engineered flood openings?  Yes  No

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP Community Name & Community Number <b>CITY OF MARCO ISLAND 120426</b>		B2. County Name <b>COLLIER</b>		B3. State <b>FL</b>	
B4. Map/Panel Number <b>12021 C 0836</b>	B5. Suffix <b>H</b>	B6. FIRM Index Date <b>5/16/2012</b>	B7. FIRM Panel Effective/ Revised Date <b>5/16/2012</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>8.0'</b>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  
 FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date:  CBRS  OPA

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

C2. Elevations -Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with BFE), AR, ARIA, AR/AE, ARIA1 - A30, AR/AH, AR/AO. Complete Items C2.a -h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

A new Elevation Certificate will be required when construction of the building is complete.

Benchmark Utilized: SITE Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  
 Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>9.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>22.4</u>	<input checked="" type="checkbox"/> feet	<input checked="" type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>6.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery of equipment servicing the building	<u>9.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>6.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>7.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters

# ELEVATION CERTIFICATE

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

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 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.				
<input type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Certifier's Name <b>ANTONIO TRIGO</b>		License Number <b>PLS 2982</b>		
Title <b>LAND SURVEYOR</b>		Company Name <b>A. TRIGO &amp; ASSOCIATES, INC.</b>		
Address <b>2223 TRADE CENTER WAY</b>		City <b>NAPLES</b>	State <b>FL</b>	Zip Code <b>34109</b>
Signature		Date <b>2/29/16</b>	Telephone <b>239-594-8448</b>	
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable) <b>A9b= SMART VENT MODEL #1540-520, C2e= A/C PAD</b>				
Signature		Date		
SECTION E- BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)				
For Zones AO and A (without BFE), complete Items E1 -E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B and C. For Items E1 -E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.				
E.1 Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the Highest adjacent grade (HAG) and the lowest adjacent grade (LAG)				
a) Top of bottom floor (including basement, crawspace _____) <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG or enclosure is				
b) Top of bottom floor (including basement, crawspace _____) <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG or enclosure is				
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of instruction), the next higher floor (elevation C2.b in the diagrams) of the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG				
E3. Attached Garage (top of slab) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG				
E4. Top of platform of machinery and / or equipment servicing the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG				
E5. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.				
Property Owner or Owner's Authorized Representative's Name:				
Address				
		City	State	ZIP Code
Signature				
		Date	Telephone	
Comments				
<input type="checkbox"/> Check here if attachments.				





# BUILDING PHOTOGRAPHS

See instructions for Item A6

OMB Control Number: 1660-0008

Expiration: 11/30/2018

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. <b>991 ASTER CT</b>	Policy Number:
City <b>MARCO ISLAND</b> State <b>FL</b> Zip Code <b>34145</b>	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.



FRONT VIEW 2/29/16



LEFT SIDE VIEW 2/29/16



REAR VIEW 2/29/16



RIGHT SIDE VIEW 2/29/16

