### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**

**Important:** Follow the instructions on pages 1–9.

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

SECTION A – PROPERTY INFORMATION					FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name Island Plaza Investments, LLC, a Florida limited liability company					Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 684, 688, 690, 692, 694, 696 and 698 BALD EAGLE DRIVE					Company N	AIC Number:	
City State ZIP Code MARCO ISLAND Florida 34145							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 14, 15, 16 AND 17, BLOCK 782 OF REPLAT OF A PORTION OF MARCO BEACH UNIT ELEVEN, PB 12 PG 24-26, COLLIER							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON-RESIDENTIAL							
A5. Latitude/Longitude: Lat. 2	.5.955215° เ	Long8	31.725792°	Horizontal Datur	n: NAD 1	927 × NAD 1983	
A6. Attach at least 2 photograp	hs of the building if the	Certific	ate is being used to	obtain flood insur	ance.		
A7. Building Diagram Number	1A						
A8. For a building with a crawls	pace or enclosure(s):						
a) Square footage of crawl	space or enclosure(s)		sq ft				
b) Number of permanent fl	ood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade	
c) Total net area of flood o	penings in A8.b	S	q in				
d) Engineered flood openir	ngs?						
A9. For a building with an attac	ned garage:						
a) Square footage of attached garage 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 sq in							
d) Engineered flood openings?							
a) Engineered nood openings: res rec							
SI	CTION B – FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORM <i>A</i>	TION		
B1. NFIP Community Name & Community Number CITY OF MARCO ISLAND 120426  B2. County Name COLLIER  B3. State Florida							
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Et	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)	
12021C0828 H	05/16/2012		05/16/2012	AE		EL 8	
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 X 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 DPA							

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IMPORTANT: In th	FOR INSURANCE COMPANY USE						
Building Street Add 684, 688, 690, 692	Policy Number:						
City MARCO ISLAND	State ZIP C Florida 3414		Company NAIC Number				
	SECTION C - BUILDING ELEVATION INFORMATI	ON (SURVEY RE	EQUIRED)				
0	5 2	ing Under Constru	uction* X Finished Construction				
*A new Elevation Certificate will be required when construction of the building is complete.  C2. Elevations – 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  Benchmark Utilized: NGS PID AA7625 (see Sec D) Vertical Datum: ELEVATION = 2.14' (NAVD88)  Indicate elevation datum used for the elevations in items a) through h) below.							
	GVD 1929 X NAVD 1988 Other/Source:  for building elevations must be the same as that used for the BI	-F					
<ul><li>a) Top of bo</li><li>b) Top of th</li></ul>	ottom floor (including basement, crawlspace, or enclosure floor) e next higher floor		x feet meters				
	f the lowest horizontal structural member (V Zones only) garage (top of slab)	N/A.					
e) Lowest e	levation of machinery or equipment servicing the building type of equipment and location in Comments)	 N/A					
f) Lowest a	djacent (finished) grade next to building (LAG)	<u>6</u> . <u>0</u>	x feet meters				
g) Highest a	adjacent (finished) grade next to building (HAG)	<u> </u>	x feet meters				
h) Lowest a structural	djacent grade at lowest elevation of deck or stairs, including support	<u> </u>	x feet meters				
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.							
Were latitude and	d longitude in Section A provided by a licensed land surveyor?	Yes No	Check here if attachments.				
Certifier's Name MARK G. LEIST	License Number PSM 5836		Malan				
Title PROFESSIONAL	SURVEYOR & MAPPER						
Company Name	CORPORATION LB 7386		Place -1188/16				
Address 8111 BLAIKIE CO	DURT, SUITE B		nete				
City SARASOTA	State Florida	ZIP Code 34240	The state of the s				
Signature	Date 11/09/2016	Telephone (800) 787-8395					
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.							
B8, B9-THE STR 4991 D TIDAL; N WITHIN ENCLOS	ding type of equipment and location, per C2(e), if applicable) UCTURE LIES WITHIN ZONE AE EL 8; C2-BENCHMARK DES AVD88 ELEVATION=2.14; C2e-A/C UNITS ARE ROOFTOP; A SURE AT THE NORTH SIDE OF THE STRUCTURE, UNABLE USE; C2(h)-STAIRWAY; FIELD WORK DATE 11/07/2016;	DDITIONAL MECI	HANICAL UNITS APPEAR TO BE				

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IMPOR	TANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE				
	g Street Address (including Apt., Unit, Suite, 88, 690, 692, 694, 696 and 698 BALD EAGL	• ,	O.O. Route and Box No.	Policy Number:		
City MARCO	O ISLAND	State Florida	ZIP Code 34145	Company NAIC Number		
	SECTION E – BUILDING FOR Z	ELEVATION INFOR ONE AO AND ZONE		T REQUIRED)		
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.						
the	E1. 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).					
ŕ	Top of bottom floor (including basement, crawlspace, or enclosure) is  Top of bottom floor (including basement,		feet _ mete	ers 🗌 above or 🗌 below the HAG.		
·	crawlspace, or enclosure) is	·	feet			
the	r Building Diagrams 6–9 with permanent floo e next higher floor (elevation C2.b in e diagrams) of the building is	od openings provided i	n Section A Items 8 and/c			
E3. Att	ached garage (top of slab) is			ers 🔲 above or 🗌 below the HAG.		
	p of platform of machinery and/or equipmen rvicing the building is	t		ers  above or  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?   Yes No Unknown. The local official must certify this information in Section G.					
	SECTION F - PROPERTY	OWNER (OR OWNER	'S REPRESENTATIVE) C	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.						
Propert	ry Owner or Owner's Authorized Representa	tive's Name				
Addres	s	Ci	ty S	State ZIP Code		
Signatu	ure	Da	ate T	elephone		
Comme	ents					
				Check here if attachments.		

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OMB No. 1660-0008 Expiration Date: November 30, 2018

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 684, 688, 690, 692, 694, 696 and 698 BALD EAGLE DRIVE				Policy Number:		
City MARCO ISLAND	State Florida	ZIP Code 34145		Company NAIC Number		
SECTIO	ON G – COMMUNI	TY INFORMATION (OPTION	ONAL)			
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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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 Zone AO.	on E for a building	located in Zone A (without	a FEMA	A-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided fo	or community floodplain ma	anageme	ent purposes.		
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	n 🗌 Substantial Improven	nent			
G8. Elevation of as-built lowest floor (including of the building:	g basement) -		feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at	the building site: _		feet	meters Datum		
G10. Community's design flood elevation:	_	·	feet	meters Datum		
Local Official's Name Title						
Community Name		Telephone				
Signature		Date				
Comments (including type of equipment and location, per C2(e), if applicable)						
				☐ Check here if attachments.		

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

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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.



Photo One

Photo One Caption TAKEN 11/07/16-FRONT AND/OR SIDE VIEWS



Photo Two

Photo Two Caption TAKEN 11/07/16-FRONT AND/OR SIDE VIEWS

## **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008

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Building Street Address (including Ap 684, 688, 690, 692, 694, 696 and 698	Policy Number:		
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number

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.



Photo One

Photo One Caption TAKEN 11/07/16 REAR AND/OR SIDE VIEWS



Photo Two

Photo Two Caption TAKEN 11/07/16 -REAR AND/OR SIDE VIEWS