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ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of th	s Elevation Certificate ar	d all attachments for (1) community	official. (insurance ad	ent/company.	and (3) building	g owner.
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SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE				
A1. Building Owner's Name DANIEL and KELLIE SALAIN	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC I 837 BARFIELD DRIVE NORTH Company NAIC I					
CityStateZIP CodeMARCO ISLANDFlorida34145					
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, e LOT 22, BLOCK 28, MARCO BEACH UNIT 1, AS RECORDED IN PLAT BOOK 6 PAGES 9					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDEN	ITIAL				
A5. Latitude/Longitude: Lat. 25° 57' 33.24" Long81° 43' 00.54" Horizonta	al Datum: 🗌 NAD 1927 🛛 NAD 1983				
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain floor	d insurance.				
A7. Building Diagram Number1B					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) N/A sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 for	t above adjacent grade N/A				
c) Total net area of flood openings in A8.b N/A sq in					
d) Engineered flood openings?					
A9. For a building with an attached garage:					
a) Square footage of attached garage 593 sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above ad	jacent grade 3				
c) Total net area of flood openings in A9.b 231 sq in					
d) Engineered flood openings? X Yes No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INF	ORMATION				
B1. NFIP Community Name & Community Number B2. County Name CITY OF MARCO ISLAND 120426	B3. State Florida				
B4. Map/Panel NumberB5. SuffixB6. FIRM Index DateB7. FIRM Panel Effective/ Revised DateB8. Flood12021C0829H05/16/201205/16/2012AE	(Zone AO, use Base Flood Depth)				
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered	in Item B9:				
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 Otherwis	e Protected Area (OPA)? 🗌 Yes 🔀 No				
Designation Date: CBRS OPA					
FEMA Form 086-0-33 (7/15) Replaces all previous editions.	Form Page 1 of 7				

ELEVATION CERTIFICATE	l		OMB No. 1660-0008 Expiration Date: November 30, 2018			
IMPORTANT: In these spaces, copy	the corresponding information	n from Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Ap 837 BARFIELD DRIVE NORTH			Policy Number:			
City State ZIP Code Company NAIC Number						
MARCO ISLAND Florida 34145						
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C2. Elevations – Zones A1–A30, A Complete Items C2.a–h below	Il be required when construction o E, AH, A (with BFE), VE, V1–V30 according to the building diagram	f the building is complete. , V (with BFE), AR, AR/A, , specified in Item A7. In Pu	AR/AE, AR/A1-A30, AR/AH, AR/AO			
Benchmark Utilized: COL 15		cal Datum: NAVD 88				
🗌 NGVD 1929 🔀 NA	for the elevations in items a) throu VD 1988					
			Check the measurement used.			
a) Top of bottom floor (includir	ng basement, crawlspace, or enclo	osure floor)9. 1_	X feet I meters			
b) Top of the next higher floor		22. 4	X feet meters			
c) Bottom of the lowest horizor	ntal structural member (V Zones o	nly) <u>N/A</u> .	X feet meters			
d) Attached garage (top of sla	b)	<u> </u>	X feet 🗌 meters			
 e) Lowest elevation of machine (Describe type of equipment 	e) Lowest elevation of machinery or equipment servicing the building9. 0 X feet meters (Describe type of equipment and location in Comments)					
f) Lowest adjacent (finished) g	f) Lowest adjacent (finished) grade next to building (LAG)5. 1 K feet meters					
g) Highest adjacent (finished)	grade next to building (HAG)	<u> </u>	🚬 🗙 feet 🗌 meters			
 h) Lowest adjacent grade at lo structural support 	west elevation of deck or stairs, in	cluding <u>N/A</u> .	X feet 🔲 meters			
SECTIO	N D – SURVEYOR, ENGINEER	, OR ARCHITECT CERT	TFICATION			
This certification is to be signed and I certify that the information on this (statement may be punishable by fine	Certificate represents my best effo	rts to interpret the data av	by law to certify elevation information. ailable. I understand that any false			
Were latitude and longitude in Section	•••••••••••••••••••••••••••••••••••••••		Check here if attachments.			
Certifier's Name DAVID C. HOLMAN (13.0209)	License Nu PSM 6279	imber	13 and the taken the second seco			
Title LAND SURVEYOR			N G UL			
Company Name A.TRIGO & ASSOCIATES INC.						
Address 2223 TRADE CENTER WAY			100 C C C			
City NAPLES	State Florida	ZIP Code 34109	Min Rede			
Signature Date Telephone 11/14/2018 (239) 594-8448 VERIFIED 11/15/18						
Copy all pages of this Elevation Certifi	cate and all attachments for (1) cor	nmunity official, (2) insurand	ce agent/company, and (3) building owner.			
Comments (including type of equipm A9b 3 SMART VENTS MODEL 15 C2e LOWEST EQUIPMENT SERV POOL EQUIPMENT IS AT EL CROWN OF ROAD OPPOSITE SOU CROWN OF ROAD OPPOSITE NO	40-520 RATED AT 200 SQ. FT. E /ICING BUILDING IS AIR CONDI EV. 5.59' N.A.V.D. JTHEAST PROPERTY LINE = 4.5	ACH TIONER AT ELEV. 9.02' N 59' N.A.V.D.	.A.V.D.			

ELEVATION CERTIFICATE			OMB No. 1660-00 Expiration Date: N	008 November 30, 2018		
IMPORTANT: In these spaces, copy the correspo	FOR INSURANC	E COMPANY USE				
Building Street Address (including Apt., Unit, Suite, 837 BARFIELD DRIVE NORTH	and/or Bldg. No.)	or P.O. Route and Box No	Policy Number:	5		
City MARCO ISLAND	Company NAIC N	lumber				
SECTION E - BUILDING						
FOR ZC	DNE AO AND ZO	NE A (WITHOUT BFE)				
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.	E1–E5. If the Cer e natural grade, if	tificate is intended to supp available. Check the meas	ort a LOMA or LOMR-F surement used. In Puer	⁻ request, rto Rico only,		
 E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lowe a) Top of bottom floor (including basement, 			ether the elevation is a	bove or below		
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	······································	feet [] m	neters above or [below the HAG.		
crawlspace, or enclosure) is		feet [] m	neters 🗌 above or [below the LAG.		
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in	d openings provid	ed in Section A Items 8 an	d/or 9 (see pages 1-2	of Instructions),		
the diagrams) of the building is	· -	feet [] m	neters 🔲 above or [below the HAG.		
E3. Attached garage (top of slab) is	<u></u>	feet [] m	neters 🗌 above or [below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is	<u> </u>	feet 🔲 m	neters 🔲 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 O	WNER (OR OWN	ER'S REPRESENTATIVE) CERTIFICATION			
The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here.	ative who complet The statements i	es Sections A, B, and E fo n Sections A, B, and E are	or Zone A (without a FE correct to the best of r	MA-issued or ny knowledge.		
Property Owner or Owner's Authorized Representati	ve's Name					
Address		City	State	ZIP Code		
Signature		Date	Telephone			
Comments						
			Check her	e if attachments.		

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ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 837 BARFIELD DRIVE NORTH	uite, and/or Bldg. No.)	or P.O. Route and Box I	No. Policy Number:
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number
SECTIO	ON G - COMMUNITY	INFORMATION (OPTIO	NAL)
The local official who is authorized by law or of Sections A, B, C (or E), and G of this Elevatior used in Items G8–G10. In Puerto Rico only, er	n Certificate. Complete	the community's floodpla the applicable item(s) an	ain management ordinance can complete nd sign below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other docume zed by law to certify ele	ntation that has been sig vation information. (Indie	ned and sealed by a licensed surveyor, cate the source and date of the elevation
G2. A community official completed Sect or Zone AO.	ion E for a building loc	ated in Zone A (without a	a FEMA-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for c	ommunity floodplain mar	nagement purposes.
G4. Permit Number	G5. Date Permit Iss	ued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction] Substantial Improveme	ent
G8. Elevation of as-built lowest floor (including of the building:	g basement)	E] feet [] meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	C	feet imeters Datum
G10. Community's design flood elevation:		C	feet in meters Datum
Local Official's Name		Title Floodpl	ain Coordinator
Community Name City of Marco Islar	nd	Telephone	
Signature	1.000	Date	
Comments (including type of equipment and loc	cation, per C2(e), if apr	blicable)	
REVIEW			
		n, Nov 20, 2018	
by Rucicuci		, 100 20, 2010	
			Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 837 BARFIELD DRIVE NORTH	Policy Number:		
City	State	ZIP Code	Company NAIC Number
MARCO ISLAND			

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.

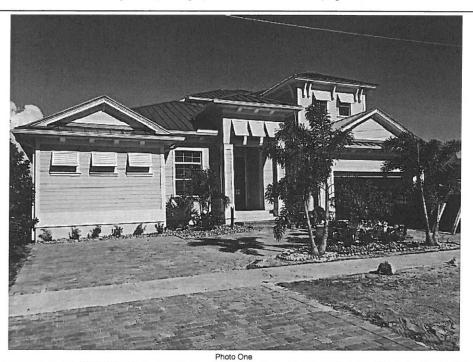


Photo One Caption FRONT VIEW 11/14/2018

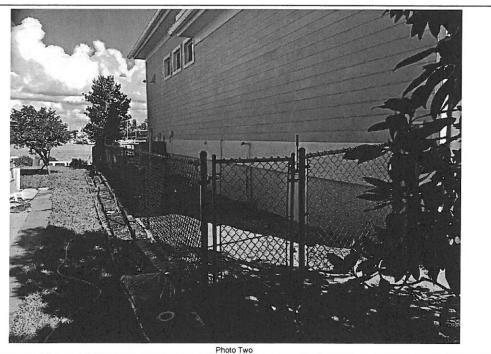


Photo Two Caption LEFT SIDE VIEW 11/14/20198

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including A 837 BARFIELD DRIVE NORTH			
City	State	ZIP Code	Company NAIC Number
MARCO ISLAND	Florida	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.



Photo Three Caption REAR VIEW 11/14/2018

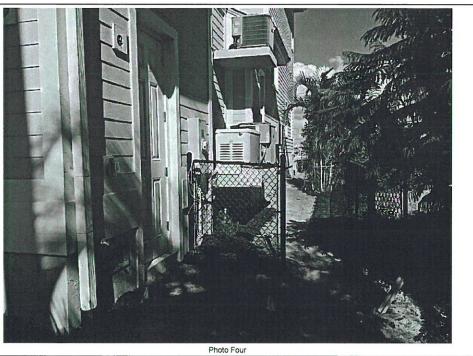


Photo Four Caption RIGHT SIDE VIEW 11/14/2018

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 837 BARFIELD DRIVE NORTH	Policy Number:		
City	State	ZIP Code	Company NAIC Number
MARCO ISLAND	Florida	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.



Photo Five Caption TYPICAL VENT 11/14/2018

FEMA Form 086-0-33 (7/15)

Photo Six