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	d (3) building owner
--	----	----------------------	------	--------------------------------	----------------------

SEC	CTION A - PROPERTY					Ty, and (5) building owner.	
A1. Building Owner's Name	STION A - PROPERTY	INFOR	IMATION			RANCE COMPANY USE	
WILLIAM LUTZ TRUST							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number: 335 MARQUESAS COURT Company NAIC Number:							
City			State		ZIP Code		
Marco Island			Florida		34145		
A3. Property Description (Lot LOT 5, BLOCK 253, MARCO F							
A4. Building Use (e.g., Reside	ntial, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL			
A5. Latitude/Longitude: Lat. 2	25° 56' 41.8" L	ong(081° 43' 28.8"	Horizontal Datur	n: 🔲 NAD '	1927 🔀 NAD 1983	
A6. Attach at least 2 photogra	phs of the building if the	Certific	cate is being used to	o obtain flood insur	ance.		
A7. Building Diagram Number	1B						
A8. For a building with a crawl	space or enclosure(s):						
a) Square footage of craw	Ispace or enclosure(s)		N/A sq ft				
b) Number of permanent f	flood openings in the craw	wlspac	e or enclosure(s) w	rithin 1.0 foot above	adjacent gr	ade 0	
c) Total net area of flood of	openings in A8.b N/A	4 s	sq in				
d) Engineered flood openi	d) Engineered flood openings? Yes 🗵 No						
A9. For a building with an attac	ched garage:						
a) Square footage of attac	a) Square footage of attached garage 612 sq ft						
b) Number of permanent f	lood openings in the atta	ched o	arage within 1.0 fo	ot above adjacent of	arade	1	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 4 c) Total net area of flood openings in A9.b 488 sq in							
d) Engineered flood openings? X Yes No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & 120426 City of Marco Island		B2. County Name			Messecal testeration		
120420 Oity of Marco Island		_	Collier			Florida	
B4. Map/Panel Number B5. Suffix	B6. FIRM Index Date		IRM Panel ffective/	B8. Flood Zone(s)		e Flood Elevation(s) ne AO, use Base	
12021C0828H H	05/16/2012	05/16	evised Date /2012	AE	Floc 8.0'	od Depth)	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile FIRM							
B11. Indicate elevation datum	used for BFE in Item B9:	N	GVD 1929 🔀 NA	VD 1988 🗌 Oth	ner/Source:		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🔀 No							
Designation Date:							

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Uni 335 MARQUESAS COURT	t, Suite, and/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:
City Marco Island	1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -	ZIP Code 34145	Company NAIC Number
SECTION C - E	BUILDING ELEVATION INFORM	ATION (SURVEY R	EQUIRED)
 C1. Building elevations are based on: *A new Elevation Certificate will be re C2. Elevations – Zones A1–A30, AE, AH, Complete Items C2.a–h below accord Benchmark Utilized: <u>RTK GPS</u> Indicate elevation datum used for the ☐ NGVD 1929 X NAVD 198 Datum used for building elevations m 	quired when construction of the bu A (with BFE), VE, V1–V30, V (with ding to the building diagram specifi Vertical Date elevations in items a) through h) b 38 Other/Source:	h BFE), AR, AR/A, AR ed in Item A7. In Puer um: <u>NAVD 1988</u> pelow.	AF AR/A1-A30 AR/AH AR/AO
a) Top of bottom floor (including base	ement, crawlspace, or enclosure fl		
b) Top of the next higher floor		<u>N/A</u>	X feet meters
c) Bottom of the lowest horizontal str	uctural member (V Zones only)	<u>N/A</u>	X feet meters
d) Attached garage (top of slab)		<u> </u>	X feet meters
 e) Lowest elevation of machinery or (Describe type of equipment and level) 	ocation in Comments)	<u> </u>	X feet meters
f) Lowest adjacent (finished) grade r	• • • •	6.0	X feet meters
g) Highest adjacent (finished) grade		<u> </u>	X feet meters
 h) Lowest adjacent grade at lowest e structural support 	levation of deck or stairs, including	<u> </u>	X feet meters
SECTION D -	SURVEYOR, ENGINEER, OR	ARCHITECT CERTIF	ICATION
This certification is to be signed and seale I certify that the information on this Certific statement may be punishable by fine or im Were latitude and longitude in Section A p	ate represents my best efforts to in prisonment under 18 U.S. Code, S	nterpret the data availa Section 1001.	able. I understand that any false
Certifier's Name		Dr? Dres LINO	Check here if attachments.
DAVID S. DAGOSTINO, PSM	License Number 5762		Same and a second
Title Professional Surveyor and Mapper			and a state of the second
Company Name Dagostino & Wood, Inc.	-		100
Address 5415 Jaeger Road, Suite A			10 m 10 m
City Naples	State Florida	ZIP Code 34109	2. Barrie
Signature DD	Date 3/11/2019	Telephone (239) 352-6085	
Copy all pages of this Elevation Certificate and	nd all attachments for (1) community	official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment an ITEM A9. c) THERE ARE 4 FLOOD VENT OF COVERAGE EACH. TOTAL COVERAG C2 e) THE LOWEST MACHINERY LOCAT CONCRETE POOL EQUIPMENT PAD ELF	S THAT ARE SMART VENT MOD GE = 800 SQUARE FEET ED WAS THE AIR CONDITIONIN	EL #1540-520 WITH A	A RATING OF 200 SQUARE FEET

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy th	e corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., I 335 MARQUESAS COURT	Jnit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City Marco Island	State Florida	ZIP Code 34145	Company NAIC Number
SECTION E – E	BUILDING ELEVATION INFO FOR ZONE AO AND ZOI	ORMATION (SURVEY NO NE A (WITHOUT BFE)	DT REQUIRED)
For Zones AO and A (without BFE), com complete Sections A, B,and C. For Items enter meters.	plete Items E1–E5. If the Cert E1–E4, use natural grade, if a	ficate is intended to suppor available. Check the measu	t a LOMA or LOMR-F request, irement used. In Puerto Rico only,
 E1. Provide elevation information for the the highest adjacent grade (HAG) at a) Top of bottom floor (including bat 	nd the lowest adjacent grade (opriate boxes to show whet LAG).	her the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including bas	·	feet 🗌 me	ters above or below the HAG.
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with perr	napent flood openings provide	feet me	
the next higher floor (elevation C2.b the diagrams) of the building is	in		ters above or below the HAG.
E3. Attached garage (top of slab) is		feet me	
E4. Top of platform of machinery and/or servicing the building is	equipment	feet 🗌 me	ters 🔲 above or 🗌 below the HAG.
E5. Zone AO only: If no flood depth num floodplain management ordinance?	ber is available, is the top of top of the top of top o	ne bottom floor elevated in own. The local official mus	accordance with the community's st certify this information in Section G.
SECTION F - PR	OPERTY OWNER (OR OWNE	ER'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized community-issued BFE) or Zone AO must Property Owner or Owner's Authorized R	st sign here. The statements in	es Sections A, B, and E for Sections A, B, and E are c	Zone A (without a FEMA-issued or correct to the best of my knowledge.
r toperty owner of owner's Authorized R	epresentative s Name		
Address		City	State ZIP Code
Signature		Date	Telephone
Comments			
			Check here if attachments

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 335 MARQUESAS COURT	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 or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete	the community's floodplate the applicable item(s) and	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 ed by law to certify ele	ntation that has been sig vation information. (Indi	ned and sealed by a licensed surveyor, cate the source and date of the elevation
G2. A community official completed Section or Zone AO.	on 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:] Substantial Improveme	ent
G8. Elevation of as-built lowest floor (including of the building:	g basement)	[feet imeters Datum
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	[] feet [] meters Datum
G10. Community's design flood elevation:		[feet 🔲 meters Datum
Local Official's Name		Title floodplain coord	inator
Community Name City of Marco Island		Telephone	
Signature		Date	
Comments (including type of equipment and loc	ation, per C2(e), if app	blicable)	
			_
REVIE	WED		
By Kelli D	eFedericis at 11	:15 am, Sep 13, 20	19
			Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 335 MARQUESAS COURT	opt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City Marco Island	State Florida	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.



Photo One Caption Front view taken on 03/07/19



Photo Two Caption Rear view taken on 03/07/19

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 335 MARQUESAS COURT	Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	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 Three Caption Left Side view taken on 03/07/19



Photo Four Caption Right Side view taken on 03/07/19

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 335 MARQUESAS COURT	Apt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	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 Flood vent Model taken on 03/07/19



Photo Six Caption Flood Vent Placement taken on 03/07/19