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 owr	Copy all pages of	of this Elevation	Certificate and a	Ill attachments for (1) community official,	(2) insurance agent/company.	and (3) building own
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			0.00					ANCE COMPANY USE	
SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPA A1. Building Owner's Name Policy Number:						entre and the second			
ESTATE HOMES BY STOCK LLC									
A2. Building Street Box No. 1610 WINTERBER		cluding Apt., Unit, Suit	te, and/o	r Bldg. No.) o	r P.O. Route a	ind	Company N	AIC Number:	
City				State	5961		ZIP Code		
MARCO ISLAN	ID			Florida			34145		
57751 ST58		nd Block Numbers, Ta K 302 LOT 20 (TAX P			73. 222. 1	, etc.)			
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) RESID	ENTIAL			
A5. Latitude/Longit	A5. Latitude/Longitude: Lat. 25°55'34.3600 Long. 81°42'18.4300 Horizontal Datum: 🗌 NAD 1927 🔀 NAD 1983								
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	used to obtain f	flood insu	rance.		
A7. Building Diagra	am Number	1B							
A8. For a building	with a crawls	space or enclosure(s):							
a) Square foo	age of craw	lspace or enclosure(s)			N/A sq ft				
b) Number of p	ermanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0	foot abov	e adjacent gra	ade N/A	
c) Total net ar	 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq in 								
d) Engineered flood openings? Yes X No									
A9. For a building with an attached garage:									
a) Square footage of attached garage483.00 sq ft									
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 3									
c) Total net area of flood openings in A9.b 366.20 sq in									
d) Engineered flood openings? Yes X No									
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION									
B1. NFIP Commun CITY OF MARCO I	No. No. 1997 August and a second s	Community Number 426		B2. County COLLIER	Name			B3. State Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)		Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)	
12021CO 837	Н	05-16-2012	05-16-2		AE	8.0			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:									
B11. Indicate eleva	ition datum (used for BFE in Item B	9: 🗌 N	GVD 1929	× NAVD 1988	в 🗌 О	ther/Source:		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🔀 No									
Designation Date:									
		<u></u>							

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 1610 WINTERBERRY DR	uite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number
SECTION C – BUI	LDING ELEVATION IN	FORMATION (SURVEY F	REQUIRED)
 C1. Building elevations are based on: *A new Elevation Certificate will be required. C2. Elevations – Zones A1–A30, AE, AH, A (Complete Items C2.a–h below according Benchmark Utilized: TRIMBLE VRS NET Indicate elevation datum used for the elevation datum used for the	with BFE), VE, V1–V30, to the building diagram WORK/COL 14 Vertic	V (with BFE), AR, AR/A, Al specified in Item A7. In Pue al Datum: NAVD 1988	R/AE, AR/A1–A30, AR/AH, AR/AO.
🗌 NGVD 1929 🔀 NAVD 1988	1		
Datum used for building elevations must a) Top of bottom floor (including baseme b) Top of the next higher floor c) Bottom of the lowest horizontal structu	ent, crawlspace, or enclo	sure floor)	Check the measurement used. 9.38 X feet meters N/A feet meters N/A feet meters
d) Attached garage (top of slab)		2	6.39 X feet meters
 e) Lowest elevation of machinery or equ (Describe type of equipment and loca f) Lowest adjacent (finished) grade next g) Highest adjacent (finished) grade next 	tion in Comments) to building (LAG)	ding 	9.30 X feet meters 6.10 X feet meters 6.50 X feet meters
 h) Lowest adjacent grade at lowest eleva structural support 	ation of deck or stairs, ind	cluding	6.10 X feet meters
SECTION D - SU	RVEYOR, ENGINEER,	OR ARCHITECT CERTI	FICATION
This certification is to be signed and sealed by I certify that the information on this Certificate statement may be punishable by fine or impris Were latitude and longitude in Section A provi	represents my best effor sonment under 18 U.S. C	rts to interpret the data avai Code, Section 1001.	by law to certify elevation information. <i>ilable. I understand that any false</i> Check here if attachments.
Certifier's Name KRIS A SLOSSER	License Nu 5560	mber	Second Second
Title LAND SURVEYOR	NO. 2001 ADDONE NO. 2011 NET 1921		i Mo. medd ie mail or Canad
Company Name KRIS A SLOSSER LAND SURVEYING			Digitally signed by
Address 4642 VILLA CAPRI LANE	**********		KRIS A SLOSSER
City BONITA SPRINGS	State Florida	ZIP Code 34134	— Date: 2018.06.25 08:49:55 -04'00'
Signature	Date 06-22-2018		Ext. NA
Copy all pages of this Elevation Certificate and a Comments (including type of equipment and lo 1. ELEVATIONS IN ITEM C2E REFER TO AI 2. THE TOP ELEVATION OF THE POOL EQU 3. THE TOTAL NET AREA SHOWN IN SECT ADJUSTED FOR ENGINEERED EQUIVALEN 4. THE VENTS LISTED ARE "FLOOD VENTS COVER 200 SQ. FT. PER VENT. MODEL#15 5. THE TRIMBLE VRS CORRECTION IS BRO	ocation, per C2(e), if app N INTERIOR WATER HE JIPMENT PAD IS 7.00' N ION A9. C) REFLECTS 1 ITS(SEE NOTE 4). I' MANUFACTURED BY 40-520. (3 VENTS @ 20	licable) EATER NAVD 1988/TOP OF AC PA THE FIELD MEASURED VE SMART VENT PRODUCT 0 SQ. FT.=600 SQ FT.)	AD IS 14.00' NAVD 1988 ENT OPENINGS AND IS NOT INC. AND ARE CERTIFIED TO

EL	EVATION CERTIFICATE				OMB No. 166 Expiration Da	0-0008 te: November 30, 2018			
IMP	ORTANT: In these spaces, copy the correspor	nding informatio	n from Sec	tion A.	FOR INSUR	ANCE COMPANY USE			
	lding Street Address (including Apt., Unit, Suite, a 0 WINTERBERRY DR	nd/or Bldg. No.) o	or P.O. Rou	te and Box No.	Policy Numb	er:			
City MA	/ RCO ISLAND	State Florida	ZIP 3414	Code 45	Company NA	IC Number			
	SECTION E – BUILDING E FOR ZO	LEVATION INF	ORMATIO	N (SURVEY NO HOUT BFE)	DT REQUIRED)				
con	Zones AO and A (without BFE), complete Items I nplete Sections A, B,and C. For Items E1–E4, use er meters.	E1–E5. If the Cerl a natural grade, if	ificate is in available. (ended to suppor Check the measu	t a LOMA or LOI irement used. In	MR-F request, Puerto Rico only,			
E1.	Provide elevation information for the following ar the highest adjacent grade (HAG) and the lowes a) Top of bottom floor (including basement,			es to show whet	her the elevation	is above or below			
	crawlspace, or enclosure) is b) Top of bottom floor (including basement,			🗌 feet 🗌 me	ters 🗌 above	or Delow the HAG.			
	crawlspace, or enclosure) is			🗌 feet 🗌 me		or Delow the LAG.			
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in	l openings provide	ed in Sectio						
E3.	the diagrams) of the building is Attached garage (top of slab) is					or below the HAG.			
	Top of platform of machinery and/or equipment		7.7			or Delow the HAG.			
E5.	servicing the building is Zone AO only: If no flood depth number is availa floodplain management ordinance?			floor elevated in	accordance with				
	SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION								
The con	property owner or owner's authorized representant of the property owner or owner's authorized representation of the property owner's authorized by the property owner's authorized by the property owner's authorized representation of the property o	ative who complet The statements i	es Section n Sections	s A, B, and E for A, B, and E are	Zone A (without correct to the bes	a FEMA-issued or t of my knowledge.			
Pro	perty Owner or Owner's Authorized Representativ	ve's Name	<u>19-1712</u> ine over						
Ado	dress		City		State	ZIP Code			
Sig	nature		Date	2000000 NOTION 2017	Telephone				
Coi	nments	<u>- 1993)</u> - 1993)							
					Chec	k here if attachments.			

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2018					
IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, St 1610 WINTERBERRY DR	uite, and/or Bldg. No.)	or P.O. Route and Box N	No. Policy Number:					
City MARCO ISLAND	Company NAIC Number							
SECTIC	N G - COMMUNITY I	NFORMATION (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 floodpla the applicable item(s) ar	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 loca	ated in Zone A (without a	a FEMA-issued or community-issued BFE)					
G3. The following information (Items G4–G10) is provided for community floodplain management purposes.								
G4. Permit Number	G5. Date Permit Iss	ued	G6. Date Certificate of Compliance/Occupancy Issued					
SF-17-03464	06-19-2017							
G7. This permit has been issued for:] New Construction] Substantial Improveme	ent					
G8. Elevation of as-built lowest floor (including of the building:								
G9. BFE or (in Zone AO) depth of flooding at the building site:								
G10. Community's design flood elevation:	2		feet meters Datum					
Local Official's Name		Title Floodplai	n Coordinator					
Community Name City of Marco Island		Telephone						
Signature		Date						
Comments (including type of equipment and loc	cation, per C2(e), if ap	plicable)						
REVIEW)					
		m, Jul 11, 2018						
		, ,)					
			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, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 1610 WINTERBERRY DR	pt., 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	1099 ³ WDB

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 06/24/18 Clear Photo One



Photo Two Caption REAR VIEW 06/24/18

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 1610 WINTERBERRY DR	pt., 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 06/24/18

Photo Three

Clear Photo Three



Photo Four Caption RIGHT SIDE VIEW 06/24/18