#### 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.

| SEC  | CTION A - PROPERTY         | INFO     | RMATION                |                       | FOR INSU   | RANCE COMPANY USE                        |
|--|----------------------------|----------|------------------------|-----------------------|--|--|
| A1. Building Owner's Name GALLY, JAMES & MEGAN             |                            |          |                        |                       | Policy Num   | nber:                                    |
| A2. Building Street Address (in Box No. 464 WORTHINGTON ST | ncluding Apt., Unit, Suite | e, and/  | or Bldg. No.) or P.O   | . Route and           | Company I  | NAIC Number:                             |
| City<br>MARCO ISLAND                                       |                            |          | State<br>Florida       | 1                     | ZIP Code<br>34145  |  |
| A3. Property Description (Lot a LOT 15, BLOCK 295, MARCO   |                            | Parce    | el Number, Legal De    | escription, etc.)     | and the second of the second o |  |
| A4. Building Use (e.g., Reside                             | ntial, Non-Residential, A  | dditior  | n, Accessory, etc.)    | RESIDENTIAL           |  |  |
| A5. Latitude/Longitude: Lat. 2                             | 25° 55′ 34.104″            | ong.     | -81° 42' 41.922"       | Horizontal Datum      | : NAD  | 1927 × NAD 1983                          |
| A6. Attach at least 2 photograp                            | ohs of the building if the | Certific | cate is being used to  | o obtain flood insura | ince.  |  |
| A7. Building Diagram Number                                | 1B                         |          |                        |                       |  |  |
| A8. For a building with a crawls                           | space or enclosure(s):     |          |                        |                       |  |  |
| a) Square footage of craw                                  | Ispace or enclosure(s)     | ***      | N/A sq ft              |                       |  |  |
| b) Number of permanent f                                   | lood openings in the cra   | wlspac   | ce or enclosure(s) w   | rithin 1.0 foot above | adjacent gr  | adeN/A                                   |
| c) Total net area of flood of                              | penings in A8.b N/         | A        | sq in                  |                       |  |  |
| d) Engineered flood opening                                | ngs? 🗌 Yes 🗵 No            | )        |                        |                       |  |  |
| A9. For a building with an attac                           | hed garage:                |          |                        |                       |  |  |
| a) Square footage of attac                                 | hed garage 482             |          | sa ft                  |                       |  |  |
| b) Number of permanent fl                                  |                            |          |                        | ot above adjacent d   | rade   | 3  |
| c) Total net area of flood o                               |                            |          |                        | ot above adjacent g   |  | 3  |
|  |                            |          | sq in                  |                       |  |  |
| d) Engineered flood openings?   Yes   No                   |                            |          |                        |                       |  |  |
| SE   | ECTION B - FLOOD IN        | SURA     | NCE RATE MAP           | (FIRM) INFORMA        | TION   |  |
| B1. NFIP Community Name & C                                |                            |          | B2. County Name        |                       |  | B3. State                                |
| CITY OF MARCO ISLAND                                       | 120426                     |          | COLLIER                |                       |  | Florida                                  |
| B4. Map/Panel B5. Suffix Number                            | B6. FIRM Index<br>Date     | E        | IRM Panel<br>ffective/ | B8. Flood Zone(s)     | (Zor   | se Flood Elevation(s)<br>ne AO, use Base |
| 12021 C 0837 H   | 05/16/2012                 |          | evised Date<br>/2012   | AE                    | Floo   | od Depth)<br>8.0'                        |
| B10. Indicate the source of the                            | Base Flood Elevation (E    | BFE) da  | ata or base flood de   | pth entered in Item   | B9:  |  |
| FIS Profile X FIRM Community Determined Other/Source:      |                            |          |                        |                       |  |  |
| B11. Indicate elevation datum u                            | used for BFE in Item B9:   | □ N      | GVD 1929 ⊠ NA          | VD 1988               | er/Source:   |  |
| B12. Is the building located in a                          | Coastal Barrier Resour     | ces Sy   | stem (CBRS) area       | or Otherwise Protec   | cted Area (C   | PA)? ☐ Yes ☒ No                          |
| Designation Date:  |                            | BRS      | □ ОРА                  |                       | •  |  |
| -  |                            |          | versus 2 10            |                       |  |  |
|  |                            |          |                        |                       |  |  |

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|  |  |  |                    |                                 | FOR INSURANCE COMPANY USE           |  |
|--|--|--|--------------------|---------------------------------|-------------------------------------|--|
| 464 WORTHINGTON ST   |  |  |                    |                                 | Policy Number:                      |  |
| City State ZIP Code C  |  |  |                    |                                 | umber                               |  |
|  |  |  |                    |                                 |                                     |  |
| SECTION C - BUILDING E   | LEVATION INFORMAT                            | ION (SURVEY  | REQUI              | RED)                            | (C. 1977)                           |  |
| C1. Building elevations are based on: Construct  *A new Elevation Certificate will be required when  |  | ling Under Cons  | struction*         | X Finish                        | ed Construction                     |  |
| C2. Elevations – Zones A1–A30, AE, AH, A (with BFE)  |  | NAME OF TAXABLE PROPERTY AND ADDRESS OF TAXABLE PARTY. | AR/AE, A           | R/A1-A30, A                     | R/AH, AR/AO.                        |  |
| Complete Items C2.a-h below according to the bu Benchmark Utilized: COL 12   | ilding diagram specified in  Vertical Datum: | n Item A7. In Pu                                       | erto Rico          | only, enter r                   | neters.                             |  |
| Indicate elevation datum used for the elevations in  | items a) through h) below                    | v.   |                    |                                 |                                     |  |
| □ NGVD 1929      区 NAVD 1988      □ Other  | /Source:                                     |  |                    |                                 |                                     |  |
| Datum used for building elevations must be the sai   | ne as that used for the B                    | FE.  | C                  | heck the mea                    | asurement used.                     |  |
| a) Top of bottom floor (including basement, crawls   | space, or enclosure floor)                   |  |                    | × feet                          | meters                              |  |
| b) Top of the next higher floor  |  | N/A  |                    | x feet                          | meters                              |  |
| c) Bottom of the lowest horizontal structural memb   | per (V Zones only)                           | N/A  |                    | x feet                          | meters                              |  |
| d) Attached garage (top of slab)   |  | 7. 2   |                    | x feet                          | meters meters                       |  |
| <ul> <li>e) Lowest elevation of machinery or equipment se<br/>(Describe type of equipment and location in Co</li> </ul>  | ervicing the building mments)                | 9.1  |                    | x feet                          | meters                              |  |
| f) Lowest adjacent (finished) grade next to buildir  | ig (LAG)                                     | <u>6</u> . <u>5</u>                                    |                    | × feet                          | _ meters                            |  |
| g) Highest adjacent (finished) grade next to buildi  | ng (HAG)                                     |  |                    | x feet                          | meters meters                       |  |
| <ul> <li>h) Lowest adjacent grade at lowest elevation of de<br/>structural support</li> </ul>  | eck or stairs, including                     | N/A  |                    | x feet                          | meters                              |  |
| SECTION D - SURVEYOR   | R, ENGINEER, OR ARC                          | HITECT CERT  | IFICAT             | ION                             |                                     |  |
| This certification is to be signed and sealed by a land s<br>I certify that the information on this Certificate represen<br>statement may be punishable by fine or imprisonment to             | ts my best efforts to inter-                 | pret the data av                                       | by law tailable. I | to certify elev<br>understand t | ation information.<br>hat any false |  |
| Were latitude and longitude in Section A provided by a   | licensed land surveyor?                      | ⊠Yes □N  | o [                | Check here                      | e if attachments.                   |  |
| Certifier's Name   | License Number<br>LS 2982                    |  |                    | ***                             |                                     |  |
| ANTONIO TRIGO (17.0077)  Title   | L9 5985                                      |  |                    |                                 |                                     |  |
| LAND SURVEYOR  |  |  |                    |                                 |                                     |  |
| Company Name   |  |  |                    |                                 | ace                                 |  |
| A.TRIGO & ASSOCIATES INC.  |  |  |                    |                                 | eal<br>ere                          |  |
| Address 2223 TRADE CENTER WAY  |  |  |                    |                                 |                                     |  |
| City<br>NAPLES   | State<br>Florida                             | ZIP Code<br>34109                                      |                    |                                 |                                     |  |
| Signature  | Date<br>02/05/2018                           | Telephone<br>(239) 594-844                             | 18                 |                                 |                                     |  |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.  |  |  |                    |                                 |                                     |  |
| Comments including type of equipment and location, per C2(e), if applicable)  A9b= SMART VENT MODEL #1540-520 CERTIFIED FOR 200 SQ INCHES EACH, C2e= A/C UNIT, POOL EQUIPMENT IS AT 6.6'  NAVD |  |  |                    |                                 | ENT IS AT 6.6'                      |  |
|  |  |  |                    |                                 |                                     |  |

## **ELEVATION CERTIFICATE**

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| IMPORTANT: In these spaces, copy the corresponding information   | FOR INSURANCE COMPANY USE  |  |
|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) of 464 WORTHINGTON ST  | Policy Number:   |  |
| City State MARCO ISLAND Florida  | ZIP Code<br>34145  | Company NAIC Number  |
| SECTION G - COMMUNITY IN   | FORMATION (OPTIONAL)   |  |
| The local official who is authorized by law or ordinance to administer the Sections A, B, C (or E), and G of this Elevation Certificate. Complete the used in Items G8–G10. In Puerto Rico only, enter meters. | ne community's floodplain mar<br>he applicable item(s) and sign  | nagement ordinance can complete below. Check the measurement         |
| G1. The information in Section C was taken from other document engineer, or architect who is authorized by law to certify elevidata in the Comments area below.)   | tation that has been signed an ration information. (Indicate the | nd sealed by a licensed surveyor, a source and date of the elevation |
| G2. A community official completed Section E for a building locat or Zone AO.  | ed in Zone A (without a FEMA                                     | N-issued or community-issued BFE)                                    |
| G3. The following information (Items G4–G10) is provided for cor   | nmunity floodplain manageme                                      | ent purposes.  |
| G4. Permit Number  G5. Date Permit Issue   |  | Pate Certificate of ompliance/Occupancy Issued                       |
| G7. This permit has been issued for: New Construction  | Substantial Improvement  |  |
| G8. Elevation of as-built lowest floor (including basement) of the building:   | 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  Community Name  | Title Podplan Telephone  | Coordinator  |
| Signature Sand   | Date   |  |
| S. L. Sec  | 2-15.1   | 8  |
| Comments (including type of equipment and location, per C2(e), if appli  | cable)   |  |
|  |  |  |
|  |  |  |
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|  |  | Check here if attachments.   |

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| IMPORTANT: In these spaces, copy the correspondent   | onding informatio                           | n from Section A.                             |                           | FOR INSURAN                      | ICE COMPANY USE                       |
|--|---|---|---------------------------|----------------------------------|---------------------------------------|
| Building Street Address (including Apt., Unit, Suite, 464 WORTHINGTON ST   | and/or Bldg. No.) o                         | or P.O. Route and E                           | Box No.                   | Policy Number:                   |                                       |
| City<br>MARCO ISLAND   | State<br>Florida                            | ZIP Code<br>34145                             |                           | Company NAIC                     | Number                                |
| SECTION E – BUILDING<br>FOR Z  |   | ORMATION (SUR<br>NE A (WITHOUT                |                           | REQUIRED)                        |                                       |
| For Zones AO and A (without BFE), complete Items complete Sections A, B, and C. For Items E1–E4, u enter meters.   | s E1–E5. If the Cer<br>se natural grade, if | tificate is intended t<br>available. Check th | o support a<br>ne measure | LOMA or LOMF<br>ment used. In Pu | R-F request,<br>uerto Rico only,      |
| <ul> <li>E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low</li> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul> |   | (LAG).  | now whethe                |                                  | above or below  below the HAG.        |
| <ul> <li>Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> </ul>  |   | fee   | t meter                   | rs above or                      | below the LAG.                        |
| E2. For Building Diagrams 6–9 with permanent flo<br>the next higher floor (elevation C2.b in   | od openings provid                          |   | _                         |                                  | 2122                                  |
| the diagrams) of the building is   |   |   | t mete                    |                                  | below the HAG.                        |
| E3. Attached garage (top of slab) is   |   |   | t mete                    | rs                               | below the HAG.                        |
| E4. Top of platform of machinery and/or equipmer servicing the building is   |   | fee   |                           | -                                | below the HAG.                        |
| E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes   |   |   |                           |                                  | e community's<br>nation in Section G. |
| SECTION F - PROPERTY   | OWNER (OR OWN                               | IER'S REPRESEN                                | TATIVE) C                 | ERTIFICATION                     |                                       |
| The property owner or owner's authorized represer community-issued BFE) or Zone AO must sign her   | ntative who comple<br>e. The statements i   | tes Sections A, B, a<br>in Sections A, B, an  | and E for Zond E are con  | one A (without a                 | FEMA-issued or of my knowledge.       |
| Property Owner or Owner's Authorized Representa  | ative's Name                                | 7.490   |                           |                                  |                                       |
| Address  |   | City  | Si                        | ate                              | ZIP Code                              |
| Signature  |   | Date  | Te                        | elephone                         |                                       |
| Comments   |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  |                                       |
|  |   |   |                           |                                  | here if attachments.                  |

## **BUILDING PHOTOGRAPHS**

## **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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|  | Expiration Date. November 50, 2010   |                           |                     |
|--|--------------------------------------|---------------------------|---------------------|
| IMPORTANT: In these spaces, co                             | FOR INSURANCE COMPANY USE            |                           |                     |
| Building Street Address (including A<br>464 WORTHINGTON ST | Apt., Unit, Suite, and/or Bldg. No.) | or P.O. Route and Box No. | Policy Number:      |
| City<br>MARCO ISLAND                                       | State<br>Florida                     | ZIP Code<br>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

### Photo One Caption FRONT VIEW 2/5/2018



Photo Tw

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

Continuation Page

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| MPORTANT: In these spaces, copy the corresponding information from Section A. |                                     |                           | FOR INSURANCE COMPANY USE |  |
|---|-------------------------------------|---------------------------|---------------------------|--|
| Building Street Address (including Ap<br>464 WORTHINGTON ST                   | ot., 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

Photo Three Caption LEFT SIDE VIEW 2/5/2018



Photo Fou

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

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| IMPORTANT. In the second                                 |                                    |                           |                     |
|--|------------------------------------|---------------------------|---------------------|
| IMPORTANT: In these spaces, copy                         | FOR INSURANCE COMPANY USE          |                           |                     |
| Building Street Address (including Ap 464 WORTHINGTON ST | t., 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                     | To any tune tune of |

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 VENT 2/5/2018

Photo Six