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

Conv	anna lle v	of this	Flevation	Certificate and a	Il attachments f	for $(1)$	official	(2) insurance	agent/company	and $(3)$	) building owner.
CODY					iii allaunnenis i		oniciai,	(2) insurance	ayeni/company	, anu (J	) Dullully Owner.

SECTION A – PROPERTY INFORMATION FOR INSURANCE COMPANY USE							
A1. Building Owner's Name Policy Number: FRISONE, VINCENT & LAURA Policy Number:							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.       Company NAIC Number:         1680 VILLA CT       Company NAIC Number:							
City State ZIP Code							
MARCO ISLAND Florida 34145							
A3. Property Description (Lot and Block Numbers, Tax Parcel Num LOT 21, BLOCK 279, MARCO BEACH UNIT 8 AS RECORDED IN	,	OUGH 68					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Acc	essory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat. 25° 55' 56.8992" Long81° 4	2' 12.9162" Horizontal Datur	n: 🗌 NAD 1927 🛛 🗙 NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is	s being used to obtain flood insur	ance.					
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 foot above	e adjacent grade N/A					
c) Total net area of flood openings in A8.b <u>N/A</u> sq in							
d) Engineered flood openings? $\Box$ Yes $ imes$ No							
A9. For a building with an attached garage:							
a) Square footage of attached garage654 sq ft							
b) Number of permanent flood openings in the attached garag	e within 1.0 foot above adjacent	grade 4					
c) Total net area of flood openings in A9.b 308 sq	in						
d) Engineered flood openings? X Yes No							
SECTION B – FLOOD INSURANCE							
	County Name	B3. State					
	LLIER	Florida					
B4. Map/Panel Number         B5. Suffix         B6. FIRM Index Date         B7. FIRM Effection	ve/	(Zone AO, use Base					
	12021 C         0837         H         05/16/2012         Revised Date 05/16/2012         AE         Flood Depth) 8.0' N.A.V.D.						
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 🛛 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:							

ELEVATION CERTIFICATE		Expiration Date: November 30, 2018				
IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and 1680 VILLA CT	/or Bldg. No.) or I	P.O. Rout	e and Box No.	Policy Number:		
-	state Iorida	ZIP Code 34145		Company NAIC Number		
SECTION C – BUILDING E	ELEVATION INF	ORMAT	ION (SURVEY RE	QUIRED)		
	ction Drawings* construction of t ), VE, V1–V30, V uilding diagram s vertica n items a) through er/Source: ame as that used lspace, or enclos ober (V Zones onl ervicing the build comments)	Build he buildin / (with BF pecified ir I Datum: <u>1</u> Datum: <u>1</u> h h) below for the Bf ure floor)	ing Under Construct g is complete. E), AR, AR/A, AR/A n Item A7. In Puerto NAVD 88 /.	Ction* ⊠ Finis AE, AR/A1–A30, o Rico only, enter		
			6.2	X feet		
<ul> <li>g) Highest adjacent (finished) grade next to build</li> <li>h) Lowest adjacent grade at lowest elevation of c structural support</li> </ul>		luding	<u> </u>	X feet	meters meters	
SECTION D – SURVEYO	R, ENGINEER,	OR ARC	HITECT CERTIFI	CATION		
This certification is to be signed and sealed by a land a I certify that the information on this Certificate represen- statement may be punishable by fine or imprisonment Were latitude and longitude in Section A provided by a	nts my best effort under 18 U.S. Co	s to interp ode, Secti	oret the data availal	ble. I understand	that any false re if attachments.	
Certifier's Name DAVID C.HOLMAN (17.0081)	License Nun PSM 6279	nber		11111111111111111111111111111111111111	C. HO	
Title LAND SURVEYOR Company Name A.TRIGO & ASSOCIATES INC. Address 2223 TRADE CENTER WAY		d C. han	Digitally signed by David C. Holman Date: 2018.11.15 12:49:23 -05'00'	Registered S	ATE OF	
City NAPLES	State Florida		ZIP Code 34109	Contract Con	urveyor &	
Signature Copy all pages of this Elevation Certificate and all attach	Date 11/08/2018	munity offi	Telephone (239) 594-8448 icial (2) insurance a			
Comments (including type of equipment and location, A9b= 4 SMART VENT MODEL #1540-520 CERTIFIE C2e= LOWEST EQUIPMENT SERVICING BUILDING POOL EQUIPMENT AT ELEV 5.84' N.A.V.D. CROWN OF ROAD OPPOSITE WEST PROPERTY L CROWN OF ROAD OPPOSITE EAST PROPERTY LI	per C2(e), if appli D FOR 200 SQ F B IS A/C UNIT AT INE IS AT ELEV.	cable) T EACH, ELEV 9.0 3.57' N.A	06' N.A.V.D.	<u></u>		

OMB No. 1660-0008

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

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPAN							
Building Street Address (including Apt., Unit, Suite, a 1680 VILLA CT	nd/or Bldg. No.)	or P.O. Route and	Box No.	Policy Number:			
City MARCO ISLAND	State Florida	ZIP Code 34145		Company NAIC Number			
SECTION E – BUILDING E FOR ZO		ORMATION (SU ONE A (WITHOUT		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.							
<ul> <li>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).</li> <li>a) Top of bottom floor (including basement,</li> </ul>							
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		fe	et 🗌 mete	rs above or below the HAG.			
crawlspace, or enclosure) is	· · · · · · · · · · · · · · · · · · ·						
E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in the diagrams) of the building is		fee					
E3. Attached garage (top of slab) is		fe	et 🗌 mete	rs above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is		fee	et 🗌 mete	rs 🗌 above or 🗌 below the HAG.			
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance?  Yes				ccordance with the community's certify this information in Section G.			
SECTION F – PROPERTY O		IER'S REPRESEN	TATIVE) CI	ERTIFICATION			
The property owner or owner's authorized representation community-issued BFE) or Zone AO must sign here.	ative who comple The statements	tes Sections A, B, in Sections A, B, a	and E for Zo nd E are cor	one A (without a FEMA-issued or rrect to the best of my knowledge.			
Property Owner or Owner's Authorized Representativ	ve's Name						
Address		City	St	ate ZIP Code			
Signature		Date	Te	elephone			
Comments							
				Check here if attachments.			

ELEVATION	CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US							
Building Street Address (including Apt., Unit, St 1680 VILLA CT	Policy Number:						
City MARCO ISLAND	State Florida	ZIP Code 34145		Company NAIC Number			
SECTIO	ON 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 floodplatte the applicable item(s) and	ain mar nd sign	agement ordinance can complete below. Check the measurement			
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)							
G2. A community official completed Section or Zone AO.	on E for a building loca	ated in Zone A (without a	a FEMA	A-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for co	ommunity floodplain mai	nageme	ent purposes.			
G4. Permit Number	G5. Date Permit Issu	led		Pate Certificate of ompliance/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)	[	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 Floodplain	Coord	linator			
Community Name City of Marco Isl	and	Telephone					
Signature		Date					
Comments (including type of equipment and lo	cation, per C2(e), if app	blicable)					
<b>REVIEWED</b> By kdefedericis at 1:31 pm, Nov 20, 2018							
				Check here if attachments.			

### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., 1680 VILLA CT	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1680 VILLA CT					
City	State	ZIP Code	Company NAIC Number			
MARCO ISLAND	Florida	34145				

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 11/08/2018



Photo Two Caption LEFT SIDE VIEW 11/08/2018

## **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 1680 VILLA CT	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 Three Caption REAR VIEW 11/08/2018



Photo Four Caption RIGHT SIDE VIEW 11/08/2018

1680 VILLA CT			
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number
If submitting more photographs than with: date taken; "Front View" and photographs must show the foundation	will fit on the preceding page "Rear View"; and, if require with representative example	e, affix the additional photogr ed, "Right Side View" and s of the flood openings or ver	raphs below. Identify all photographs "Left Side View." When applicable, nts, as indicated in Section A8.
		Tire	
Photo Five Caption TYPICAL VENT	11/00/2010		

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number:

**BUILDING PHOTOGRAPHS** 

**Continuation Page** 

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

Photo Six Caption

Photo Six

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