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.

SECTION A - PROPERTY INFO	RMATION		FOR INSU	RANCE COMPANY USE	
A1. Building Owner's Name ALAN D. & VICKY A. MYERS	Policy Num	nber:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.814 BLUEBONNET COURT			Company N	NAIC Number:	
City MARCO ISLAND	State Florida		ZIP Code 34145		
A3. Property Description (Lot and Block Numbers, Tax Parc LOT 7, BLOCK 229 OF MARCO BEACH UNIT SIX, PL			IER COUN	ITY, FLORIDA.	
A4. Building Use (e.g., Residential, Non-Residential, Addition	n, Accessory, etc.)	RESIDENTIAL			
A5. Latitude/Longitude: Lat. N 25°56'46.60" Long. W 81°43'47.78" Horizontal Datum: NAD 1927 X NAD 1983					
A6. Attach at least 2 photographs of the building if the Certifi	cate is being used to	o obtain flood insura	nce.		
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 crawlspa 	ce or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 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 472	sq ft				
b) Number of permanent flood openings in the attached	garage within 1.0 fo	ot above adiacent gr	ade	3	
c) Total net area of flood openings in A9.b 231	sq in	,	, ,		
	_ 34 111				
d) Engineered flood openings? Yes No					
SECTION B - FLOOD INSURA	ANCE RATE MAP	(FIRM) INFORMAT	ION	×	
B1. NFIP Community Name & Community Number	B2. County Name			B3. State	
CITY OF MARCO ISLAND 120426		COLLIER		Florida	
Number Date E	FIRM Panel Effective/ Revised Date 05/16/2012	B8. Flood Zone(s) AE	(Zoi	se Flood Elevation(s) ne AO, use Base od Depth) (N.A.V.D. 1988)	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
☐ FIS Profile 区 FIRM ☐ Community Determined ☐ Other/Source:					
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?					
Designation Date: CBRS OPA					
	200				

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or 814 BLUEBONNET COURT	Policy Number:			
City State	e ZIP	Code	Company NAIC Number	
MARCO ISLAND Flori	da 3414	15		
SECTION C – BUILDING ELE	EVATION INFORMAT	ION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construction	n Drawings* 🔲 Build	ding Under Constru	ction* X Finished Construction	
*A new Elevation Certificate will be required when co	nstruction of the building	ng is complete.		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build				
Benchmark Utilized: COL 14	Vertical Datum:	N.A.V.D. 1	988	
Indicate elevation datum used for the elevations in ite	ems a) through h) below	w.		
☐ NGVD 1929 区 NAVD 1988 ☐ Other/S	ource:			
Datum used for building elevations must be the same	e as that used for the B	FE.		
		0.2	Check the measurement used.	
a) Top of bottom floor (including basement, crawlsp.	ace, or enclosure floor)			
b) Top of the next higher floor		N/A	X feet meters	
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	N/A	X feet meters	
d) Attached garage (top of slab)		<u> </u>	X feet meters	
e) Lowest elevation of machinery or equipment serv	icing the building	9. 1	X feet meters	
(Describe type of equipment and location in Com	ments)			
f) Lowest adjacent (finished) grade next to building	(LAG)	<u> 6. 6 </u>		
g) Highest adjacent (finished) grade next to building	(HAG)	7. <u>7</u>	X feet meters	
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including	N/A	X feet	
SECTION D - SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIFI	CATION	
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to inter	pret the data availa	law to certify elevation information. ble. I understand that any false	
Were latitude and longitude in Section A provided by a lic		and the second second	Check here if attachments.	
Certifier's Name	License Number	- 1 1 1 1 1 1 1 1 1 1	MANUAL OF HOLM	
DAVID C. HOLMAN (18.0237)	PSM 6279	_	MINO O. HOLAN	
Title LAND SURVEYOR		Digitally signed		
Company Name	_ 0. 0. 0. 0.	by David C.	No 6270	
A. TRIGO & ASSOCIATES, INC.		Holman	STATE OF	
Address	IIOIIII	Date: 2019.07.3	H=20: 31A1E OF : 6=1	
2223 TRADE CENTER		08:28:10 -04'00'	TOPIDA OS	
City NAPLES	State Florida	ZIP Code 34109	No. 6279 STATE OF STATE OF ONLY ONLY	
Signature / 0 1/1/1	Date	Telephone	mummu	
Signature will will	07/29/2019	(239) 594-8448		
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community of	ficial, (2) insurance	agent/company, and (3) building owner.	
Comments (including type of equipment and location, per A9b. 3 SMART VENTS MODEL 1540-520, RATED AT C2e. LOWEST EQUIPMENT SERVICING BUILDING IS AIR CONDITIONER IS AT ELEV. 9.2' (N.A.V.D. 1 CROWN OF ROAD OPPOSITE WEST PROPERTY LINE CROWN OF ROAD OPPOSITE EAST PROPERTY LINE	200 SQ. FT. EACH S HOT WATER HEATE 988); POOL EQUIPME E = ELEV. 4.04' (N.A.V.	NT IS AT ELEV. 7. D. 1988)		

ELEVATION CERTIFICATE

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

IMPORTANT: In those spaces, copy the corre	enonding information fro	m Section A	FOR INSURANCE COMPANY USE
IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:
814 BLUEBONNET COURT			Siloy Marriage
	State	ZIP Code	Company NAIC Number
City MARCO ISLAND	Florida	34145	Company 14 to Humber
			\
SECTIO	N G - COMMUNITY INFO	RIMATION (OPTIONAL	.)
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, ent	Certificate. Complete the a	ommunity's floodplain n pplicable item(s) and si	nanagement ordinance can complete gn below. Check the measurement
G1. The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)	en from other documentationed by law to certify elevation	n that has been signed n information. (Indicate	and sealed by a licensed surveyor, the source and date of the elevation
G2. A community official completed Section or Zone AO.	on E for a building located i	n Zone A (without a FE	MA-issued or community-issued BFE)
G3. The following information (Items G4–	G10) is provided for commu	unity floodplain manage	ment purposes.
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of
18-69461			Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Sub	stantial Improvement	
G8. Elevation of as-built lowest floor (including	basement)		
of the building:		fe	et 🔝 meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	he building site:		et 🗌 meters Datum
G10. Community's design flood elevation:		fe	et 🗌 meters Datum
Local Official's Name	Tit	le	
		Floodplain coordinato	r
Community Name	Te	lephone	
City of Marco Island			
Signature	Da	te	
oignature .			
Comments (including type of equipment and loc	ation, per C2(e), if applicab	le)	
REVIEW	/ED		
By Kelli De	Federicis at 9:54 am,	Δμα 07 2019	
By Kelli Be	- Cacriois at 5.04 am,	Aug 07, 2013	

☐ Check here if attachments.

ELEVATION CERTIFICATE

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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. 814 BLUEBONNET COURT			Policy Number:			
City MAR	CO ISLAND	State Florida	ZIP Code 34145		Company NAIC No	umber
	SECTION E – BUILDING FOR ZO	ELEVATION INFOR	MATION (SURV A (WITHOUT B	/EY NOT SFE)	REQUIRED)	
comp	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.					
1	Provide elevation information for the following a the highest adjacent grade (HAG) and the lower of highest factors and the lower of highest factors and the lower of highest factors are the lower of highest factors and the lower of highest factors are the lower of highest factors and the lower of highest factors are the lower of highest factors are the lower of highest factors and the lower of highest factors are the lower of highest factors and the lower of highest factors are the lower of highest factors are the lower of highest factors are the lower of highest factors and the lower of highest factors are the lower of highest factors and high larger of high larger	and check the approprest adjacent grade (LA	iate boxes to sho G).	w whether	the elevation is ab	ove or below
	a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement,		leet	meters	s above or	below the HAG.
	crawlspace, or enclosure) is		feet	meters	above or	below the LAG.
1	For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provided i	n Section A Items	_		f Instructions),] below the HAG.
E3. /	Attached garage (top of slab) is		leet	meters	s above or	below the HAG.
E4.	Top of platform of machinery and/or equipment servicing the building is		feet	meters	above or	below the HAG.
E5. 2	Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes	lable, is the top of the	bottom floor elevan. The local office	ated in acc	cordance with the co ertify this information	ommunity's on in Section G.
	SECTION F - PROPERTY C	WNER (OR OWNER	S REPRESENTA	ATIVE) CE	RTIFICATION	
The p	property owner or owner's authorized represent nunity-issued BFE) or Zone AO must sign here	tative who completes s . The statements in Se	Sections A, B, an ections A, B, and	d E for Zoi E are corr	ne A (without a FEN ect to the best of m	/IA-issued or y knowledge.
Prop	erty Owner or Owner's Authorized Representat	ive's Name				
Addr	ess	Ci	ty	Sta	ite	ZIP Code
Signa	ature	Da	ite	Tel	ephone	
Comi	ments					
		¥				
					☐ Check here	e if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including A 814 BLUEBONNET COURT	pt., 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

Photo One Caption

FRONT VIEW 07/29/2019



Photo Two

Photo Two Caption

LEFT SIDE 07/29/2019

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including A 814 BLUEBONNET COURT	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

Photo Three Caption REAR VIEW 07/29/2019



Photo Four

Photo Four Caption

RIGHT SIDE VIEW 07/29/2019

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.		
, Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
State	ZIP Code	Company NAIC Number
	., Unit, Suite, and/or Bldg. No.)	., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. State ZIP Code

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

Photo Five Caption

TYPICAL VENT 07/29/2019

Photo Six

Photo Six Caption