

15-1327

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency
ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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 INFORMATION		FORM INSURANCE COMPANY USE	
A1. Building Owner's Name Robert W. & Terri W. Pike		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 595 Tripoli Court (Addition)		Company NAIC Number:	
City Marco Island		State FL	Zip Code 34145
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 7, Block 23, Marco Beach Unit 1, as recorded in PB 6, Pg(s) 9-16, Collier County, Florida			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat. N25°57'10.7" Long. W81°42'39.3" Horizontal Datum: _____ NAD 1927 <input checked="" type="checkbox"/> NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance			
A7. Building Diagram Number 1A			
A8. For a building with a crawspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawspace or enclosure(s) 0 sq ft		a) Square footage of attached garage 564 sq ft	
b) Number of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	
c) Total net area of flood openings in A8.b 0 sq in		c) Total net area of flood openings in A9.b 0 sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SECTION B- FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number CITY OF MARCO ISLAND 120426		B2. County Name COLLIER	
		B3. State FLORIDA	
B4. Map/Panel Number 12021C0829	B5. Suffix H	B6. FIRM Index Date 5/16/2012	B7. FIRM Panel Effective/ Revised Date 5/16/2012
		B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 7
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
SECTION C- BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction			
C2. Elevations -Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with BFE), AR, ARIA, AR/AE, AR/A1 - A30, AR/AH, AR/AO. Complete Items C2.a -h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. A new Elevation Certificate will be required when construction of the building is complete.			
Benchmark Utilized: AA7625 Vertical Datum: NAVD88			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
Datum used for building elevations must be the same as that used for the BFE. Check the measurement used.			
a) Top of bottom floor (including basement, crawspace, or enclosure floor)	7.3	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
b) Top of the next higher floor	N.A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
c) Bottom of the lowest horizontal structural member (V zones only)	N.A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
d) Attached garage (top of slab)	6.5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
e) Lowest elevation of machinery of equipment servicing the building	6.8	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	6.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	6.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N.A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	

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SECTION D- SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be Punishable by fine or imprisonment under 18 U.S. Code, Section 1001.				
<input type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Certifier's Name John Pacetti, PSM		License Number 6916		
Title P.S.M.		Company Name Marco Surveying & Mapping, LLC		
Address 950 N. Collier Blvd., #412		City Marco Island	State FL	Zip Code 34145
Signature 		Date 3/4/16	Telephone 239-289-0026	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; display: flex; align-items: center; justify-content: center;"> PLACE SEAL HERE </div>				
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable) A9a is derived from the Collier County Property Appraiser's website and field measurements. C2a is the front door threshold, there was no access to the structure. C2d is the garage door threshold. C2e is the A/C pad (S. side). Property is subject to a City of Marco Island minimum floor elevation of 9.0' NAVD88. Information on this certificate applies only to the addition on the South side of the structure.				
Signature 		Date 3/4/16		
SECTION E- BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)				
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.				
E.1 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)				
a) Top of bottom floor (including basement, crawlspace or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG				
b) Top of bottom floor (including basement, crawlspace or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG				
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of instruction), the next higher floor (elevation C2.b in the diagrams) of the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG				
E3. Attached Garage (top of slab) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG				
E4. Top of platform of machinery and / or equipment servicing the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG				
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.				
SECTION F -PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION				
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.				
Property Owner or Owner's Authorized Representative's Name:				
Address				
		City	State	ZIP Code
Signature		Date	Telephone	
Comments				
<input type="checkbox"/> Check here if attachments.				

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4 -G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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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 Kelli Defedericis Title Floodplain Coordinator

Community Name City of Marco IS. Telephone _____

Signature [Signature] Date 3-14-16

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

Continuation Page

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FORM INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 595 Tripoli Court			Policy Number:
City Marco Island	State FL	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.



