## 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.

| A1. Building Owner's Name Policy Number:  |                                 |  |  |  |
|---|---------------------------------|--|--|--|
| KUTZKE, JEFFREY   |                                 |  |  |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC 122 SAXON ST   | Number:                         |  |  |  |
| City State ZIP Code MARCO ISLAND Florida 34145  |                                 |  |  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 4, BLOCK 787, MARCO BEACH UNIT 25 REPLAT                                   |                                 |  |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL  |                                 |  |  |  |
| A5. Latitude/Longitude: Lat. 25° 56' 5.136" Long81° 42' 43.1886" Horizontal Datum: NAD 1927   | NAD 1983                        |  |  |  |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.   |                                 |  |  |  |
| A7. Building Diagram Number1B   |                                 |  |  |  |
| A8. For a building with a crawlspace or enclosure(s):   |                                 |  |  |  |
| a) Square footage of crawlspace or enclosure(s) sq ft   |                                 |  |  |  |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade  | 0                               |  |  |  |
| c) Total net area of flood openings in A8.b sq in   |                                 |  |  |  |
| d) Engineered flood openings?   |                                 |  |  |  |
| A9. For a building with an attached garage:   |                                 |  |  |  |
| a) Square footage of attached garage 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 402.2 sq in   |                                 |  |  |  |
| d) Engineered flood openings? X Yes No  |                                 |  |  |  |
|   |                                 |  |  |  |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   | 0                               |  |  |  |
|   | . State<br>rida                 |  |  |  |
|   | ood Elevation(s)<br>O, use Base |  |  |  |
|   | 8.0'                            |  |  |  |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  [ FIS Profile X FIRM Community Determined 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: CBRS  OPA   |                                 |  |  |  |
| 46.00 - 0   |                                 |  |  |  |

## **ELEVATION CERTIFICATE**

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| IMPORTANT: In these spaces, copy the corresponding   | information from Sec   | tion A.   | FOR INSURANCE COMPANY USE   |
|--|--|---|---|
| Building Street Address (including Apt., Unit, Suite, and/or 122 SAXON ST  | Bldg. No.) or P.O. Rou   | te and Box No.  | Policy Number:  |
| City State MARCO ISLAND Flori  |  | Code<br>I5  | Company NAIC Number   |
| SECTION C – BUILDING ELE   | VATION INFORMAT  | ION (SURVEY RE  | QUIRED)   |
| C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co   |  | ding Under Constru                                    | ction* X Finished Construction  |
| C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Note that Complete Items C2.a–h below according to the build Benchmark Utilized: COL 12  Indicate elevation datum used for the elevations in item NGVD 1929 NAVD 1988 Other/S   | /E, V1–V30, V (with BF<br>ing diagram specified in<br>Vertical Datum:<br>ems a) through h) below | FE), AR, AR/A, AR/<br>n Item A7. In Puerto<br>NAVD 88 | AE, AR/A1–A30, AR/AH, AR/AO.  Rico only, enter meters.                    |
| Datum used for building elevations must be the same  |  | FE.   | Ohanis the management and   |
| a) Top of bottom floor (including basement, crawlspa   | ace, or enclosure floor)   |   | Check the measurement used.   |
| b) Top of the next higher floor  |  | <u> </u>  | x feet meters   |
| c) Bottom of the lowest horizontal structural member   | (V Zones only)   | <u> </u>  | x feet meters   |
| d) Attached garage (top of slab)   |  | 7. <u>2</u>   | X feet meters   |
| <ul> <li>e) Lowest elevation of machinery or equipment serv<br/>(Describe type of equipment and location in Common common</li></ul> | icing the building<br>ments)   | 9.0   | X feet meters   |
| f) Lowest adjacent (finished) grade next to building   | (LAG)  | <u>6</u> . <u>6</u>                                   | X feet meters   |
| g) Highest adjacent (finished) grade next to building  | (HAG)  | <u> </u>  | x feet meters   |
| <ul> <li>h) Lowest adjacent grade at lowest elevation of decl<br/>structural support</li> </ul>  | or stairs, including   | 0.  | x feet meters   |
| SECTION D – SURVEYOR,  | ENGINEER, OR ARC   | HITECT CERTIFI  | CATION  |
| This certification is to be signed and sealed by a land sun<br>I certify that the information on this Certificate represents<br>statement may be punishable by fine or imprisonment und  | my best efforts to inter-  | oret the data availa                                  | law to certify elevation information.<br>ble. I understand that any false |
| Were latitude and longitude in Section A provided by a lic   | ensed land surveyor?   | ⊠Yes □No  | ○ Check here if attachments.  |
| Certifier's Name<br>ANTONIO TRIGO (16.0188)  | License Number<br>LS 2982  |   |   |
| Title<br>LAND SURVEYOR   | 20   |   |   |
| Company Name A.TRIGO & ASSOCIATES INC,   |  |   | Place<br>Seal   |
| Address<br>2223 TRADE CENTER WAY   |  |   | Here  |
| City<br>NAPLES   | State<br>Florida   | ZIP Code<br>34109                                     |   |
| Signature  | Date<br>05/12/2017   | Telephone<br>(239) 594-8448                           |   |
| Copy all pages of this Elevation Certificate and all attachmen   | nts for (1) community of   | ficial, (2) insurance                                 | agent/company, and (3) building owner.                                    |
| Comments including type of equipment and location, per A9b= SMART VENT MODEL #1540-520 CERTIFIED FOI IS AT 6.6 NAVD  |  | e= HOT WATER H  | HEATER, POOL EQUIPMENT PAD  |
|  |  |   |   |

## **ELEVATION CERTIFICATE**

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| IMPORTANT: In these spaces, copy the correspondi  | ng information from                           | Section A.              | FOR INSURANCE COMPANY USE  |
|---|---|-------------------------|--|
| Building Street Address (including Apt., Unit, Suite, and/<br>122 SAXON ST  | or Bldg. No.) or P.O.                         | Route and Box No.       | Policy Number:   |
|   |   | ZIP Code<br>34145       | Company NAIC Number  |
| SECTION E – BUILDING ELE<br>FOR ZONE  | VATION INFORMA<br>AO AND ZONE A (             |                         | REQUIRED)  |
| For Zones AO and A (without BFE), complete Items E1–complete Sections A, B,and C. For Items E1–E4, use na enter meters.   | tural grade, if availab                       | le. Check the measure   | ment used. In Puerto Rico only,                                  |
| <ul><li>E1. Provide elevation information for the following and of<br/>the highest adjacent grade (HAG) and the lowest ad<br/>a) Top of bottom floor (including basement,</li></ul> |   | boxes to show whethe    | _  |
| <ul><li>crawlspace, or enclosure) is</li><li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li></ul>   |   |                         |  |
| E2. For Building Diagrams 6–9 with permanent flood op the next higher floor (elevation C2.b in  | enings provided in Se                         | ection A Items 8 and/or |  |
| the diagrams) of the building is  E3. Attached garage (top of slab) is  |   |                         |  |
| E4. Top of platform of machinery and/or equipment servicing the building is   |   |                         |  |
| E5. Zone AO only: If no flood depth number is available   |   | om floor elevated in ac |  |
| SECTION F - PROPERTY OWN  | ER (OR OWNER'S R                              | EPRESENTATIVE) CE       | RTIFICATION  |
| The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The  | who completes Sect<br>e statements in Section | ions A, B, and E for Zo | ne A (without a FEMA-issued or rect to the best of my knowledge. |
| Property Owner or Owner's Authorized Representative's   | Name  | 1                       |  |
| Address   | City  | Sta                     | ate ZIP Code   |
| Signature   | Date  | Te                      | lephone  |
| Comments  |   |                         | e e jejn jan e   |
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|   |   |                         | Charle have 'S attack  |
|   |   |                         | Check here if attachments.                                       |

# **ELEVATION CERTIFICATE**

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| MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE  |  |   |   |  |  |
|--|--|---|---|--|--|
| Building Street Address (including Apt., Unit, State 122 SAXON ST  | uite, 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   |  |  |
| SECTION  | ON G - COMMUNITY INFO  | RMATION (OPTIONAL)  |   |  |  |
| 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 a                                    | community's floodplain ma<br>applicable item(s) and sign  | nagement ordinance can complete<br>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 documentation<br>and by law to certify elevation | on that has been signed a<br>on information. (Indicate th | nd sealed by a licensed surveyor,<br>e source and date of the elevation |  |  |
| G2. A community official completed Sect or Zone AO.  | ion E for a building located                                   | in Zone A (without a FEM.                                 | A-issued or community-issued BFE)                                       |  |  |
| G3. The following information (Items G4-   | -G10) is provided for comm                                     | unity floodplain managem                                  | ent purposes.   |  |  |
| G4. Permit Number  | G5. Date Permit Issued   |   | Date Certificate of<br>Compliance/Occupancy Issued                      |  |  |
| 16-06297   |  |   | 4000  |  |  |
| G7. This permit has been issued for:   | New Construction Su  | bstantial Improvement                                     |   |  |  |
| 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  Kelli Decedericis   | Ti   | tle Floodola  | on Condinator   |  |  |
| Community Name  City & Marco Ts  | Te   | elephone  |   |  |  |
| Signature  | D  | ate   |   |  |  |
| Kaleton  |  |   |   |  |  |
| Comments (including type of equipment and lo   | cation, per C2(e), if applica                                  | ble)  |   |  |  |
|  |  |   |   |  |  |
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|  |  |   |   |  |  |
|  |  |   |   |  |  |
|  |  |   | Check here 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 Apt., 122 SAXON ST                          | 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 5/12/2017

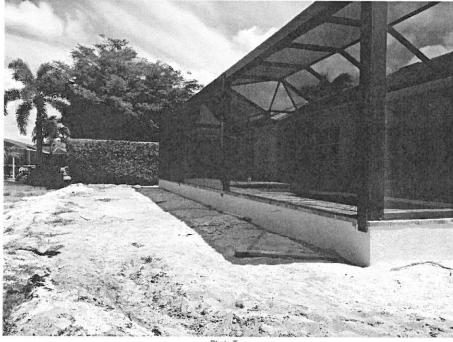


Photo Two Caption REAR VIEW 5/12/2017

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

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| 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.  122 SAXON ST |         |       | FOR INSURANCE COMPANY USE Policy 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.

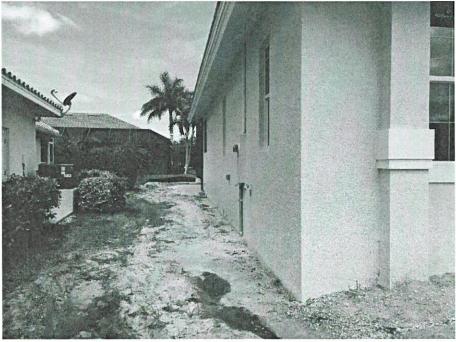


Photo Three

Photo Three Caption LEFT SIDE VIEW 5/12/2017

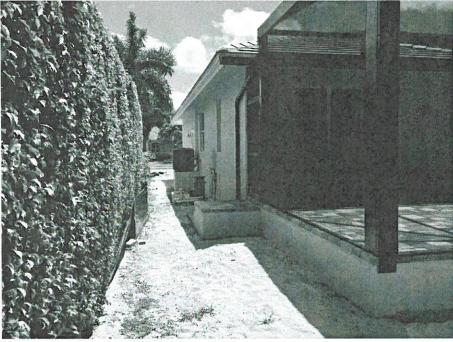


Photo Four

Photo Four Caption RIGHT SIDE VIEW 5/12/2017

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

### **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 A 122 SAXON ST                             | 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.

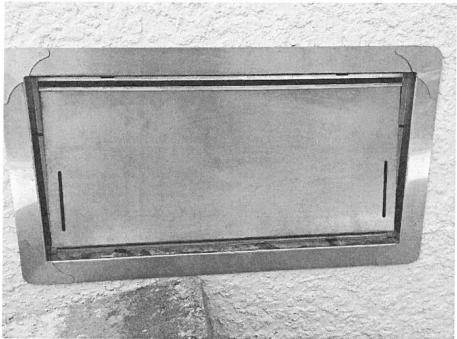


Photo Five

Photo Five Caption