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

<u></u>	/ all manage	af their		Contificate and		5 11		· · · · · · · · · · · · · · · · · · ·	(0) is a summary of a			<ol><li>building owner.</li></ol>
U.OD	v all nanes	OF THIS	Flevalion	Centificate and a	II allachmenis	IOF CL	1 COMMUNIA	/ ollicial	(Z) insurance	adeni/company	and La	n nullaina awner

		TION A – PROPERTY		. ,			URANCE COMPANY USE	
A1. Building Owner's Name						Policy Nu		
BRE SE HOLDINGS LLC								
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:							y NAIC Number:	
1089 N. COLLIER DLVD. (BLDG. "A")								
City State ZIP Code								
MARCO ISLAN	MARCO ISLAND Florida 34145							
	i (	nd Block Numbers, Ta H, RANGE 26 EAST, (			5 I ·	c.)		
A4. Building Use (	e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) COMMERC	IAL		
A5. Latitude/Longit	ude: Lat. 2	5°57'1407"	Long. 8	1°43'22.97"	Horizonta	Datum: 🗌 NA	D 1927 🛛 NAD 1983	
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	used to obtain flood	d insurance.		
A7. Building Diagra	am Number	1A 🔽						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)			N/A sq ft			
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosur	e(s) within 1.0 foot	above adjacent	grade N/A	
c) Total net ar	ea of flood o	penings in A8.b		N/A sq ir	ı			
d) Engineered	flood openir	ngs? 🗌 Yes 🖂 N	١o					
A9. For a building v	vith an attach	ned garage:						
a) Square foot	age of attach	ned garage		N/A sq fl	t			
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above adj	acent grade N/A	A	
c) Total net are	ea of flood o	penings in A9.b		N/A sq	in			
d) Engineered	flood openin	lgs? □ Yes ⊠ N	No					
	SE	ECTION B – FLOOD	INSURA		MAP (FIRM) INF	ORMATION		
B1. NFIP Commun	ity Name & 0	Community Number		B2. County	Name		B3. State	
CITY OF MARCO	ISLAND			COLLIER			Florida 🔽	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood (Zone AO,	d Elevation(s) use Base Flood Depth)	
12021C828	н	05-16-2012	05-16-	6-2012 AE 8 F		8 FEET	FEET	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
☐ FIS Profile								
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 I	Date: N/A		CBRS					

OMB No.	1660-0	0008		
Expiration	Date:	November	30,	2022

ELEVATION CERTIFICATE	Expiration Date: November 30, 2022					
IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit,	Policy Number:					
City	State 💌	ZIP Code	Company NAIC Number			
SECTION C – BU	JILDING ELEVATION INFOR	MATION (SURVEY F	REQUIRED)			
	Construction Drawings*	Building Under Constr uilding is complete. th BFE), AR, AR/A, AF fied in Item A7. In Pue tum: <u>NAVD 88</u> below.	ruction* 🛛 Finished Construction R/AE, AR/A1–A30, AR/AH, AR/AO.			
<ul> <li>h) Lowest adjacent grade at lowest ele structural support</li> </ul>		ng	5.4 🗙 feet 🗌 meters			
	URVEYOR, ENGINEER, OR		FICATION			
This certification is to be signed and sealed I certify that the information on this Certificat statement may be punishable by fine or imp Were latitude and longitude in Section A pro	by a land surveyor, engineer, o te represents my best efforts to risonment under 18 U.S. Code,	r architect authorized b interpret the data avai Section 1001.	by law to certify elevation information.			
Certifier's Name ANTHONY MALTESE Title SURVEYOR & MAPPER Company Name AMERICAN LAYOUT AND LAND SURVEY	License Number LS 7020		THONY MAL Prove Number Scal State of Here			
Address 5125 ADANSON STREET City	State	ZIP Code	STATE OF Bere Signal Surveyor and			
ORLANDO	Florida	32804	**********			
Signature	Date 6-29-2020	Telephone 844-787-8399	Ext.			
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 C-2 E- ELECTRIC TRANSFORMER PAD C-2 H, LOADING DOCK	location, per C2(e), if applicabl	e)				

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/c	r Bldg. No.) or P.O. Route a	nd Box No.	Policy Number:	
City Sta	ate ZIP Coo	e	Company NAIC Number	
SECTION E – BUILDING ELE FOR ZONE	ATION INFORMATION ( AO AND ZONE A (WITHO		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 or enter meters.				
<ul> <li>E1. Provide elevation information for the following and cl the highest adjacent grade (HAG) and the lowest ad a) Top of bottom floor (including basement,</li> </ul>	neck the appropriate boxes t jacent grade (LAG).	o show whethe	r the elevation is above or below	
<ul> <li>b) Top of bottom floor (including basement,</li> <li>b) Top of bottom floor (including basement,</li> </ul>	[	feet 🗌 meter	above or below the HAG.	
crawlspace, or enclosure) is		feet meter		
E2. For Building Diagrams 6–9 with permanent flood ope the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Section A	feet meter		
E3. Attached garage (top of slab) is		feet 🗌 meter	s above or below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is	□	feet 🗌 meter	s 🗌 above or 🗌 below the HAG.	
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance?  Yes  I			cordance with the community's certify this information in Section G.	
SECTION F – PROPERTY OWNE	R (OR OWNER'S REPRES	ENTATIVE) CE	RTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sections A, statements in Sections A, E	B, and E for Zo , and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.	
Property Owner or Owner's Authorized Representative's	Name			
Address	City	Sta	ate ZIP Code	
Signature	Date	Те	lephone	
Comments				
			Check here if attachments.	

**ELEVATION CERTIFICATE** 

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, S	No. Policy Number:						
City	State ZIP Code	Company NAIC Number					
SECTIO	ON G - COMMUNITY INFORMATION (OPTI	ONAL)					
Sections A, B, C (or E), and G of this Elevation	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.						
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation						
G2. A community official completed Sect or Zone AO.	ion E for a building located in Zone A (withou	t a FEMA-issued or community-issued BFE)					
G3. The following information (Items G4-	-G10) is provided for community floodplain m	anagement purposes.					
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued					
G7. This permit has been issued for:	] New Construction 🗌 Substantial Improver	nent					
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet metersDatum					
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						
Community Name	Telephone						
Signature	Date						
Comments (including type of equipment and lo	cation, per C2(e), if applicable)						
		Check here if attachments.					

**ELEVATION CERTIFICATE** 

	BUILDING P	HOTOGRAPHS	OMB No. 1660-0008
ELEVATION CERTIFICATE	See Instructi	ions for Item A6.	Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the corr	esponding informa	tion from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, S	uite, and/or Bldg. No	.) or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
If using the Elevation Certificate to obtain instructions for Item A6. Identify all photograp "Left Side View." When applicable, photogra vents, as indicated in Section A8. If submitting	hs with date taken; " aphs must show the	Front View" and "Rear View"; a foundation with representative	and, if required, "Right Side View" and e examples of the flood openings or
Photo One Caption	Ph	ioto One	Clear Photo One
- Then by the same			

Photo Two Caption

FEMA Form 086-0-33 (12/19)

Clear Photo Two

ELEVATION CERTIFICATE	BUILDING PHOTOGRAPHS Continuation Page	OMB No. 1660-0008 Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the	e corresponding information from Section A.	FOR INSURANCE COMPANY USE
	Jnit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
City	State ZIP Code	Company NAIC Number
with: date taken; "Front View" and "	vill fit on the preceding page, affix the additional photogon Rear View"; and, if required, "Right Side View" and with representative examples of the flood openings or ver	"Left Side View." When applicable,
	Photo Three	
	Photo Three	
Photo Three Caption		Clear Photo Three
	Photo Four	
	Photo Four	
Photo Four Caption		Clear Photo Four