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 INFORMATION	FOR INSURANCE COMPANY USE			
A1. Building Owner's Name Carl H. Shusterman & Marilyn H. Shusterman				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1260 North Collier Boulevard	Company NAIC Number:			
City State Marco Island Florida	ZIP Code 34145			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 15, Block 118, Marco Beach Unit 4, as recorded in PB 6, Pg(s) 32, Collier County, Florida				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential				
A5. Latitude/Longitude: Lat. N25°57'22.1" Long. W81°42'58.8" Horizontal Da	um: ☐ NAD 1927 🗵 NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood ins	urance.			
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 abo	ve adjacent grade0			
c) Total net area of flood openings in A8.b sq in				
d) Engineered flood openings? ☐ Yes ☒ No				
A9. For a building with an attached garage:				
a) Square footage of attached garage411 sq ft				
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjace	nt grade3			
c) Total net area of flood openings in A9.b 232 sq in				
d) Engineered flood openings? Yes No				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFOR	AATION			
B1. NFIP Community Name & Community Number B2. County Name	B3. State			
CITY OF MARCO ISLAND 120426 COLLIER	Florida			
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel Effective/	` ´ (Zone AO, use Base ` ´			
12021C0829 H 05/16/2012 Revised Date 05/16/2012 AE	Flood Depth) 8			
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 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 DPA				

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or 1260 North Collier Boulevard	Policy Number:			
City State Marco Island Flori		Code 45	Company NAIC Number	
SECTION C – BUILDING ELE	EVATION INFORMAT	TION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, 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. Benchmark Utilized: DN 3768 Vertical Datum: NAVD 88 Indicate elevation datum used for the elevations in items a) through h) below.				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the same		BFE.		
 a) Top of bottom floor (including basement, crawlspane) b) Top of the next higher floor c) Bottom of the lowest horizontal structural members d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Common Lowest adjacent (finished) grade next to building g) Highest adjacent (finished) grade next to building h) Lowest adjacent grade at lowest elevation of declaration support 	ace, or enclosure floor (V Zones only) icing the building ments) (LAG) (HAG)		X feet meters	
SECTION D – SURVEYOR,	ENGINEER, OR ARG	CHITECT CERTIF	CATION	
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. Were latitude and longitude in Section A provided by a licensed land surveyor?				
Certifier's Name John Pacetti Title Professional Surveyor and Mapper Company Name Marco Surveying & Mapping, LLC Address 3825 Beck Boulevard, Suite 725 City	License Number 6916	ZIP Code	No. 6916 Polylacette State of Plonton FLORIDA Ono/ Survey Ono/ S	
Naples	Florida	34114		
Signature Digitally signed by John Pacetti Date: 2019.07.16 16:07:02 -04'00'	Date 07/11/2019	Telephone (239) 389-0026		
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 location, per C2(e), if applicable) A9a Square footage was derived from the Collier County Property Appraiser's website. C2a is the front door threshold as there was no access to the structure. C2e is the A/C pad (E. side). Local jurisdictions may have elevation requirements more restrictive than the base flood elevation shown hereon, consult applicable building department regarding any design decisions. According to the Collier County Property Appraiser, this structure was built in 1968. WO #19-529, ds/sc, FB #186, PG #29, 07/11/2019				

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MPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and 1260 North Collier Boulevard	l/or Bldg. No.) or P.O. Rou	ute and Box No.	Policy Number:	
•	State ZIP Florida 341	Code 45	Company NAIC Number	
SECTION E – BUILDING EL FOR ZONE	EVATION INFORMATION AND ZONE A (WIT		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.				
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).				
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, 		☐ feet ☐ meter	s above or below the HAG.	
crawlspace, or enclosure) is	·	☐ feet ☐ meter	s above or below the LAG.	
E2. For Building Diagrams 6–9 with permanent flood o the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided in Section	on A Items 8 and/or		
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 availabl floodplain management ordinance? Yes				
SECTION F - PROPERTY OW	NER (OR OWNER'S REP	RESENTATIVE) CE	RTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	ve who completes Section ne statements in Sections	s A, B, and E for Zo A, B, 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	Te	lephone	
Comments				
			Check here if attachments.	

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, St 1260 North Collier Boulevard	o. Policy Number:				
City Marco Island	State Florida	ZIP Code 34145	Company NAIC Number		
SECTIO	N G – COMMUNITY II	NFORMATION (OPTION	IAL)		
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 Zone AO.	on E for a building loca	ated in Zone A (without a	FEMA-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for co	ommunity floodplain man	agement purposes.		
G4. Permit Number	G5. Date Permit Issu	ued	G6. Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction] Substantial Improveme	nt		
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					
G10. Community's design flood elevation:] feet		
Local Official's Name		Title			
Community Name		Telephone			
Signature Date					
Comments (including type of equipment and loc	cation, per C2(e), if app	olicable)			
			Check here if attachments.		

BUILDING PHOTOGRAPHS

OMB No. 1660-0008

See Instructions for Item A6. Expiration Date: November 30, 2018

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. 1260 North Collier Boulevard			Policy Number:
City	State	ZIP Code	Company NAIC Number
Marco Island	Florida	34145	1111

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 (S) on 07/11/2019

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Photo Two

Photo Two Caption: Left Side View (W) on 07/11/2019

BUILDING PHOTOGRAPHS

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Continuation Page

			-
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. 1260 North Collier Boulevard			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 (N) on 07/11/2019

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Photo Four

Photo Four Caption: Right Side View (E) with (3) Flood Openings & A/C Pad on 07/11/2019

BUILDING PHOTOGRAPHS

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MPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Ur 1260 North Collier Boulevard	nit, 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 with: date taken; "Front View" and "R photographs must show the foundation w	I fit on the preceding page, a ear View"; and, if required, ith representative examples o	affix the additional photogra , "Right Side View" and " of the flood openings or vent	aphs below. Identify all photographs Left Side View." When applicable, ss, as indicated in Section A8.	
	Photo Fiv	/e		
Photo Five Caption				
Photo Six Caption	Photo Si	ix		
r noto six caption				

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

ELEVATION CERTIFICATE

Replaces all previous editions.

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