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

C		- 1 + 1		Cartificate	المام ا	بمنعم معرجا ممنيا م	fan / A		(afficial	(0) :		and (C	بم بمعالمات ما (د	
CODV	all pages		Elevation	Certificate a	nu ai	allachments) community	y onicial,	(Z) Insuran	ce agent/company	, and (S	o priibilioa (c	wher.

					ty official, (2) filsula			
		TION A – PROPERTY	INFOR	MATION			RANCE COMPANY USE	
A1. Building Owner's Name Policy Number: JOSEPH N DISCIULLO Policy Number:						Jer:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 110 S SEAS CT Company NAIC Number:							AIC Number:	
City				State		ZIP Code		
MARCO ISLAN	۱D			Florida		34145		
		nd Block Numbers, Ta LOT 2 OR 1781 PG 2		Number, Le	gal Description, etc	c.)		
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longi	tude: Lat. 2	5°56'23".2485N	Long. 8	1°43'13".6784	4W Horizontal	Datum: 🗌 NAD 1	927 🗙 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	1B						
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	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A	
c) Total net ar	ea of flood or	penings in A8.b		N/A sq ir	1			
d) Engineerec	l flood openir	ngs? 🗌 Yes 🖂 N	No					
A9. For a building v	vith an attach	ned garage:						
a) Square foot	a) Square footage of attached garage 384.00 sq ft							
b) Number of	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 80							
c) Total net ar	c) Total net area of flood openings in A9.b 80.00 sq in							
d) Engineered	d) Engineered flood openings?							
	SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number B2. County Name B3. State								
MARCO ISLAND, (JITY OF / 12	20426		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 E (Zone AO, us	levation(s) e Base Flood Depth)	
12021C/0828	Н	05-16-2012	05-16-2		AE	8'		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
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:							
			22.10					

ELEVATION CERTIFICATE		Expiration Date: November 30, 2018			
IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/o 110 S SEAS CT	r Bldg. No.) or P.O.	Route and Box No.	Policy Number:		
City Sta MARCO ISLAND Flo	ate orida	ZIP Code 34145	Company NAIC Number		
SECTION C – BUILDING EL	EVATION INFOR	MATION (SURVEY R	REQUIRED)		
 C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when on C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build Benchmark Utilized: 1122-44 Indicate elevation datum used for the elevations in item in the integration of the elevation in the integration of the elevation in the integration of the elevation of the elevation in the integration of the elevation of the elevation in the integration of the elevation of the elevation in the integration of the elevation of t	construction of the b VE, V1–V30, V (w Iding diagram speci Vertical Da	th BFE), AR, AR/A, AF fied in Item A7. In Puer tum: <u>NAVD 88</u>	R/AE, AR/A1–A30, AR/AH, AR/AO.		
🗌 NGVD 1929 🔀 NAVD 1988 🗍 Other/					
 Datum used for building elevations must be the sam a) Top of bottom floor (including basement, crawls) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Conf) f) Lowest adjacent (finished) grade next to building g) Highest adjacent grade at lowest elevation of de 	ne as that used for pace, or enclosure er (V Zones only) rvicing the building nments) g (LAG) g (HAG)	floor)	Check the measurement used. 8.90 \checkmark feet meters N/A feet meters N/A feet meters 6.50 \checkmark feet meters 8.80 \checkmark feet meters 6.40 \checkmark feet meters 6.70 \checkmark feet meters 8.20 \ltimes feet meters		
structural support					
SECTION D – SURVEYOR					
This certification is to be signed and sealed by a land sull certify that the information on this Certificate represent statement may be punishable by fine or imprisonment un. Were latitude and longitude in Section A provided by a li	s my best efforts to nder 18 U.S. Code,	interpret the data avail Section 1001.	y law to certify elevation information. lable. I understand that any false		
Certifier's Name JOHN J. HILTON Title PROFESSIONAL SURVEYOR AND MAPPER Company Name HOLE MONTES, INC. Address 950 ENCORE WAY City NAPLES	License Number LS 6278 State Florida	ZIP Code 34110	NO. 6278 STATE OF 15 SUNVEYOR		
Signature	Date 09-09-2019	Telephone (239) 254-2000	Ext.		
Copy all pages of this Elevation Certificate and all attachme	ents for (1) commun	ity official, (2) insurance	agent/company, and (3) building owner.		
Comments (including type of equipment and location, per c2.e THE LOWEST MACHINERY SERVICING THE BUI c2.h ELEVATION IS AT THE POOL DECK FLOOD OPENINGS ARE SLITS IN THE GARAGE DOC OPENING IS ASSIGINED TO EACH OPENING.	ILDING IS AN AIR	CONDITIONER.	AIN COORDINATOR 1SQ INCH OF		

OMB No. 1660-0008

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

ELEVATION CERTIFICATE			Expiration Date: November 30, 2018			
IMPORTANT: In these spaces, copy the corresp	onding informatic	on from Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite 110 S SEAS CT	, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:			
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number			
SECTION E – BUILDING FOR Z	ELEVATION INF	FORMATION (SURVEY NO DNE A (WITHOUT BFE)	T REQUIRED)			
For Zones AO and A (without BFE), complete Item complete Sections A, B,and C. For Items E1–E4, u enter meters.	is E1–E5. If the Cel use natural grade, it	rtificate is intended to support f available. Check the measur	a LOMA or LOMR-F request, rement used. In Puerto Rico only,			
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement,			er the elevation is above or below			
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet met				
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flo	ood openings provid	feet met				
the next higher floor (elevation C2.b in the diagrams) of the building is		feet met				
E3. Attached garage (top of slab) is		feet 🗌 met	ers above or below the HAG.			
E4. Top of platform of machinery and/or equipmer servicing the building is	nt	feet 🗌 met	ers 🗌 above or 🗌 below the HAG.			
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes			accordance with the community's t certify this information in Section G.			
SECTION F – PROPERTY	OWNER (OR OW	NER'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 Representa	ative's Name					
Address		City S	State ZIP Code			
Signature		Date 1	elephone			
Comments						
			Check here if attachments.			

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

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St 110 S SEAS CT	Policy Number:			
City MARCO ISLAND	State Florida	ZIP Code 34145		Company NAIC Number
			L	
SECTIO	ON G – COMMUNITY I	NFORMATION (OPTIO	NAL)	
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 t	he community's floodpla he applicable item(s) ar	ain mana nd sign l	agement ordinance can complete below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)				
G2. A community official completed Secti or Zone AO.	on E for a building loca	ted in Zone A (without a	a FEMA	-issued or community-issued BFE)
G3. The following information (Items G4–	G10) is provided for co	mmunity floodplain mar	nageme	nt purposes.
G4. Permit Number	G5. Date Permit Issu	ed		ate Certificate of ompliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improveme	ent	
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 t	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 loc	cation, per C2(e), if app	licable)		
				Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt. 110 S SEAS CT	Policy Number:		
City	State	ZIP Code	Company NAIC Number
MARCO ISLAND	Florida	34145	

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 Caption FRONT VIEW 10/2/19

Clear Photo One



Photo Two Caption REAR VIEW 9/9/19

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 110 S SEAS CT	Policy Number:		
City MARCO ISLAND	State Florida	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.



Photo Three Caption LEFT VIEW 9/9/19

Clear Photo Three



Photo Four Caption RIGHT VIEW 9/9/19

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

Replaces all previous editions.

Clear Photo Four