

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077  
Expires July 31, 2002

Permit # 000448

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME CALVIN & DORIS WALLACE			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 115 STARFISH COURT			Company NAIC Number	
CITY MARCO ISLAND	STATE FL	ZIP CODE 34145		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 9, BLOCK 166, MARCO BEACH UNIT NO. 5				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -###" or ##.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120067 COLLIER COUNTY		B2. COUNTY NAME COLLIER COUNTY		B3. STATE FL	
B4. MAP AND PANEL NUMBER 0804	B5. SUFFIX D	B6. FIRM INDEX DATE 07/20/98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 06/03/86	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
Datum NGVD '29 Conversion/Comments \_\_\_\_\_  
Elevation reference mark used COL 11 Does the elevation reference mark used appear on the FIRM?  Yes  No

a) Top of bottom floor (including basement or enclosure)	<u>10.1</u> FT
b) Top of next higher floor	_____ FT
c) Bottom of lowest horizontal structural member (V zones only)	_____ FT
d) Attached garage (top of slab)	<u>8.1</u> FT
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>10.0</u> FT
f) Lowest adjacent (finished) grade (LAG)	<u>7.8</u> FT
g) Highest adjacent (finished) grade (HAG)	<u>8.0</u> FT
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>4</u>
i) Total area of all permanent openings (flood vents) in C3.h	<u>972</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

FL PSM 5762  
11/10/00

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 in Sections A, B, and C 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.

CERTIFIER'S NAME: DAVID S. DAGOSTINO, PSM LICENSE NUMBER: FL PSM 5762

TITLE: Professional Surveyor & Mapper COMPANY NAME: Dagostino & Wood, Inc.

ADDRESS: 5051 Castello Drive Suite 220 CITY: Naples STATE: FL ZIP CODE: 34103

SIGNATURE: \_\_\_\_\_ DATE: 11/10/00 TELEPHONE: (941) 434-5676