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 Nathan W. Smith & Amy J. Smith Policy Number:					ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 848 Swan Drive					AIC Number:	
City Marco Island		State Florida		ZIP Code 34145		
A3. Property Description (Lot and Block Nu Lot 17, Block 342, Marco Beach Unit 10, a		. 0				
A4. Building Use (e.g., Residential, Non-Re	esidential, Addition,	Accessory, etc.)	Residential			
A5. Latitude/Longitude: Lat. N25°54'54.5'	Long. <u>W</u>	81°43'29.5"	Horizontal Datum	: NAD 1	927 X NAD 1983	
A6. Attach at least 2 photographs of the bu	uilding if the Certifica	ate is being used to	obtain flood insura	nce.		
A7. Building Diagram Number1B						
A8. For a building with a crawlspace or end	closure(s):					
a) Square footage of crawlspace or er	nclosure(s)	0 sq ft				
b) Number of permanent flood opening	gs in the crawlspace	or enclosure(s) wi	thin 1.0 foot above	adjacent gra	ade0	
c) Total net area of flood openings in A	\8.b <u> </u>	η in				
d) Engineered flood openings?	∕es ⊠ No					
A9. For a building with an attached garage						
a) Square footage of attached garage	626 s	q ft				
b) Number of permanent flood opening	gs in the attached ga	arage within 1.0 foo	ot above adjacent g	rade	4	
c) Total net area of flood openings in A	49.b 800 *	sq in				
d) Engineered flood openings?	Yes No					
SECTION B -	- FLOOD INSURAI	NCE RATE MAP	(FIRM) INFORMA	TION		
B1. NFIP Community Name & Community Number B2. County Name B3. State CITY OF MARCO ISLAND 120426 COLLIER B3. State						
B4. Map/Panel B5. Suffix B6. FIRI Date	Eff	RM Panel ective/ evised Date	B8. Flood Zone(s)	(Zoi	se Flood Elevation(s) ne AO, use Base nd Depth)	
12021C0836 H 05/16/20			AE	9	ou Deputy	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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						

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

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or 848 Swan Drive	Policy Number:			
City State		Code	Company NAIC Number	
Marco Island Flori		145		
SECTION C – BUILDING ELE		•	,	
*A new Elevation Certificate will be required when co		ding 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 3773 Vertical Datum: NAVD 88				
Indicate elevation datum used for the elevations in ite				
□ NGVD 1929 □ NAVD 1988 □ Other/S		Ovv.		
Datum used for building elevations must be the same		BFE.	Check the measurement used.	
a) Top of bottom floor (including basement, crawlspa	ace, or enclosure floo	r) 10.1		
b) Top of the next higher floor	2007 01 0110100010 0 1100	N/A		
c) Bottom of the lowest horizontal structural member	r (V Zones only)	N/A		
d) Attached garage (top of slab)	(7.7		
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Comi	icing the building ments)	<u> </u>	X feet meters	
f) Lowest adjacent (finished) grade next to building	(LAG)	<u>6</u> . <u>4</u>	x feet meters	
g) Highest adjacent (finished) grade next to building	(HAG)	6.8	x feet meters	
h) Lowest adjacent grade at lowest elevation of decl structural support	c or stairs, including	N/A	x feet meters	
SECTION D – SURVEYOR,	ENGINEER, OR AF	RCHITECT CERTIF	ICATION	
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und	my best efforts to inte	erpret the data availa	y law to certify elevation information. able. 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	License Number		22.444.02	
John Pacetti	6916		P PACA	
Title Professional Surveyor and Mapper			SOFERT IF ICA	
Company Name Marco Surveying & Mapping, LLC			Dely acette	
Address 3825 Beck Boulevard, Suite 725				
City Naples	State Florida	ZIP Code 34114	- "no/ Surveyo"	
Signature John Pacetti Digitally signed by John Pacetti Date: 2019.10.30 12:01:53 -04'00'	Date 10/25/2019	Telephone (239) 389-0026		
Copy all pages of this Elevation Certificate and all attachmen	nts 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 architectural design plans. A9b are SmartVent model#1540-510 certified to cover 200 sq/ff each. C2a is the front door threshold as there was no access to the structure. C2e is the A/C pad (S. side). Local jurisdictions may have elevation requirements more restrictive than the base flood elevation shown hereon, consult applicable building department regarding any design decisions.				
WO #19-394, ds/sc, FB #192, PG #32, 10/25/2019				

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE C	OMPANY USE			
Building Street Address (including Apt., Unit, Suite, an 848 Swan Drive	Policy Number:				
,	State		Code	Company NAIC Num	ber
	Florida	3414			
SECTION E – BUILDING EL FOR ZON	EVATION INF E AO AND ZO			REQUIRED)	
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.					
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,	d check the app adjacent grade	ropriate box (LAG).	es to show whethe	r the elevation is abov	e or below
crawlspace, or enclosure) is			☐ feet ☐ meter	s above or b	elow the HAG.
 Top of bottom floor (including basement, crawlspace, or enclosure) is 	·		☐ feet ☐ meter	s above or b	elow the LAG.
E2. For Building Diagrams 6–9 with permanent flood of	openings provid	ed in Sectio	n A Items 8 and/or	9 (see pages 1-2 of I	nstructions),
the next higher floor (elevation C2.b in the diagrams) of the building is			☐ feet ☐ meter	s above or b	elow the HAG.
E3. Attached garage (top of slab) is			☐ feet ☐ meter	s above or b	elow the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is			☐ feet ☐ meter	s above or b	elow the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	ole, is the top of No Unk	the bottom to nown. The	floor elevated in ac local official must (cordance with the com certify this information	nmunity's in Section G.
SECTION F - PROPERTY OW	NER (OR OWN	IER'S REPF	RESENTATIVE) CE	ERTIFICATION	
The property owner or owner's authorized representation community-issued BFE) or Zone AO must sign here. T	ive who comple he statements i	tes Sections in Sections	s A, B, and E for Zo A, B, and E are cor	ne A (without a FEMA rect to the best of my l	knowledge.
Property Owner or Owner's Authorized Representative	e's Name				
Address		City	St	ate Z	IP Code
Signature		Date	Te	lephone	
Comments					
				Check here if	fattachments

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the co	orresponding informatio	n from Section A.	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit 848 Swan Drive	Policy Number:			
City Marco Island	State Florida	ZIP Code 34145	Company NAIC Number	
SEC	TION G – COMMUNITY I	NFORMATION (OPTIONAL)		
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 So or Zone AO.	ection E for a building loca	ated in Zone A (without a FEN	//A-issued or community-issued BFE)	
G3. The following information (Items C	64-G10) is provided for co	ommunity floodplain manager	ment purposes.	
G4. Permit Number	G5. Date Permit Issu	G6.	Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	☐ New Construction ☐	Substantial Improvement		
G8. Elevation of as-built lowest floor (include of the building:	ding basement) ——	fee	et meters Datum	
G9. BFE or (in Zone AO) depth of flooding	at the building site:	fee	et meters Datum	
G10. Community's design flood elevation:		fee	et meters Datum	
Local Official's Name		Title Floodplain Coordinate	ur .	
Community Name City of Marco Island		Telephone		
Signature		Date		
Comments (including type of equipment and location, per C2(e), if applicable)				
	REVIEWED y Kelli DeFedericis	at 4:45 pm, Oct 31, 20	19	
			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. 848 Swan Drive			Policy Number:
City Marco Island	State Florida	ZIP Code 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 (E) on 10/25/2019

ELEVATION CERTIFICATE



Photo Two

Photo Two Caption: Left Side View (S) with A/C Pad on 10/25/2019

BUILDING PHOTOGRAPHS

Continuation Page

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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.			Policy Number:
848 Swan Drive			
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 (W) on 10/25/2019

ELEVATION CERTIFICATE



Photo Four

Photo Four Caption: Right Side View (N) on 10/25/2019

BUILDING PHOTOGRAPHS

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ELEVATION CERTIFICATE	Continua	tion Page	Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit,	o. Policy Number:		
848 Swan Drive			
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 : Left Side View (S) A/C Pad on 10/25/2019



Photo Six

Photo Six Caption Vent View on 10/28/2019

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