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

Copy all pages of this Elevation Certificate and all attachments for ((1) communit	v official (2) incurance	agont/company and	(2) building owner
		y onicial, (Z) insulance a	agent/company, and	(3) building owner.

						ANCE COMPANY USE
A1. Building Owner's Name						
A1. Building Owner's Name Policy Number: STEVE & KATHLEEN STARK Policy Number:						
A2. Building Street Addres Box No.	s (including Apt., Unit, Suit	te, and/or	r Bldg. No.) o	r P.O. Route and	Company N	AIC Number:
1066 DILL COURT						
City			State		ZIP Code	
MARCO ISLAND			Florida		34145	
A3. Property Description (MARCO BEACH UNIT SE				gal Description, etc	:.)	
A4. Building Use (e.g., Re	sidential, Non-Residential,	Addition,	, Accessory, e	etc.) RESIDEN	ΓIAL	
A5. Latitude/Longitude: L	at. 25°56'03.14998"N	Long. 8	1°43'17.7585	1"W Horizontal	Datum: 🗌 NAD 1	927 🗙 NAD 1983
A6. Attach at least 2 photo	ographs of the building if th	e Certific	ate is being ι	sed to obtain flood	l insurance.	
A7. Building Diagram Num	iber <u>1B</u>					
A8. For a building with a c	rawlspace or enclosure(s):					
a) Square footage of	crawlspace or enclosure(s)			N/A sq ft		
b) Number of permane	ent flood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net area of flo	od openings in A8.b		N/A sq ir			
d) Engineered flood o	penings? 🗌 Yes 🖂 I	No				
A9. For a building with an a	attached garage:					
a) Square footage of a	attached garage		554.00 sq ft			
b) Number of permane	ent flood openings in the at	tached g	arage within	1.0 foot above adja	acent grade 4	
c) Total net area of flo	od openings in A9.b		468.00 sq	in		
d) Engineered flood o	penings? 🖂 Yes 🗌 N	No				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Nam	•		B2. County	Name		B3. State
CITY OF MARCO ISLAND	120426		COLLIER			Florida
B4. Map/Panel B5. Su Number	uffix B6. FIRM Index Date	Effe	RM Panel	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12021C/0836 H	05-16-2012	Rev 05-16-2	vised Date 2012	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:						
_						

ELEVATION CERTIFICATE 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: 1066 DILL COURT Citv State ZIP Code Company NAIC Number MARCO ISLAND Florida 34145 SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Construction Drawings* Building Under Construction* C1. Building elevations are based on: **X** 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: 1120/77 Vertical Datum: NAVD 88 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 X NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. 9.20 × feet meters a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 22.90 ∣ × feet meters b) Top of the next higher floor N/A feet meters c) Bottom of the lowest horizontal structural member (V Zones only) 6.40 × feet meters d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building 9.20 ∣ × feet meters (Describe type of equipment and location in Comments) 5.70 ⊠ feet meters f) Lowest adjacent (finished) grade next to building (LAG) 7.70 g) Highest adjacent (finished) grade next to building (HAG) |×| feet meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including 6.00 × feet meters structural support 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 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. ⊠ Yes □ No Were latitude and longitude in Section A provided by a licensed land surveyor? Check here if attachments. Professional Surveyor on Surve License Number Certifier's Name LS 6278 JOHN J. HILTON Title PROFESSIONAL SURVEYOR AND MAPPER **Company Name** HOLE MONTES, INC. Address 950 ENCORE WAY ZIP Code City State Digitally signed by John Hilton NAPLES Florida 34110 DN: cn=John Hilton, o=Hole Montes, ou=Survey Department, email=johnhilton@hmeng.com, Date Ext. Signature Telephone C=US Date: 2019.11.14 15:01:33 -05'00' 11-12-2019 (239) 254-2000 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) C2.e) is an air conditioner. FLOOD VENTS ARE SMART VENT MODEL 1540-520 PROVIDING 200 SQ. FT. OF COVERAGE PER VENT.

OMB No. 1660-0008

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

IMPORTANT: In these spaces, copy the correspondence	nding informatior	n from Sec	tion A.	FOR INSURANCE	COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1066 DILL COURT			Policy Number:		
City MARCO ISLAND	State Florida	ZIP (3414	Code I5	Company NAIC Nu	umber
SECTION E – BUILDING FOR ZO	ELEVATION INFO			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 a the highest adjacent grade (HAG) and the lower	nd check the approsimation of the second state	opriate box (LAG).	es to show whethe	er the elevation is abo	ove or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is			🗌 feet 🗌 mete	rs 🗌 above or 🗌] below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is			feet mete	rs 🗌 above or 🗌	below the LAG.
E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provide	ed in Sectio	n A Items 8 and/or		f Instructions),
E3. Attached garage (top of slab) is			feet mete		below the HAG.
 E4. Top of platform of machinery and/or equipment servicing the building is 			feet mete		below the HAG.
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance?			floor elevated in ad		ommunity's
SECTION F – PROPERTY O	WNER (OR OWNI	ER'S REPP	RESENTATIVE) C	ERTIFICATION	
The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here.	ative who complete . The statements ir	es Sections	A, B, and E for Zo A, B, and E are co	one A (without a FEN rrect to the best of m	/A-issued or y knowledge.
Property Owner or Owner's Authorized Representati	ve's Name				
Address		City	S	tate	ZIP Code
Signature		Date	Te	elephone	
Comments					
				Check here	e if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008 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. 1066 DILL COURT			Policy Number:		
	State	ZIP Code		Company NAIC Number	
MARCO ISLAND	Florida	34145			
SECTION	ON G – COMMUNII	Y INFORMATION (OPTIC	DNAL)		
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevatior used in Items G8–G10. In Puerto Rico only, er	n Certificate. Comple				
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 Sect or Zone AO.	ion E for a building l	ocated in Zone A (without	a FEM/	A-issued or community-issued BFE)	
G3. The following information (Items G4-	-G10) is provided fo	r community floodplain ma	inageme	ent purposes.	
G4. Permit Number	G5. Date Permit	lssued		Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction	Substantial Improvem	ient		
G8. Elevation of as-built lowest floor (includin of the building:	g basement)		feet	meters Datum	
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 Floodplain Coordinator					
Community Name City of Marco Islan	d	Telephone			
Signature		Date			
Comments (including type of equipment and lo	cation, per C2(e), if	applicable)			
REVIEWED					
		May 20, 2010			
By Kelli DeFed	dencis al 3.55 p	om, Nov 20, 2019			
				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 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. 1066 DILL COURT			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 11-12-19

Clear Photo One



Photo Two Caption REAR VIEW 11-12-19

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008 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. 1066 DILL COURT			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 11-12-19

Clear Photo Three



Photo Four Caption RIGHT VIEW 11-12-19