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 INSU	RANCE COMPANY USE	
A1. Building Owner's Name DR Place, LLC				Policy Nun	nber:	
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 830 Fairlawn Court 				. Route and	Company I	NAIC Number:
City Marco Island			State Florida	_	ZIP Code 34145	
A3. Property Description (Lot a Lot 18, Block 27, MARCO BEA				escription, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longitude: Lat. N	25°57'32.9" Lo	ong. V	V81°42'52.3"	Horizontal Datum	: NAD	1927 × NAD 1983
A6. Attach at least 2 photograp	hs of the building if the C	Certific	cate is being used to			
A7. Building Diagram Number	1B					
A8. For a building with a crawls	pace or enclosure(s):					
a) Square footage of crawl	space or enclosure(s)		N/A sq ft			
b) Number of permanent flo	ood openings in the craw	Ispac	e or enclosure(s) w	rithin 1.0 foot above	adjacent gr	ade N/A
c) Total net area of flood or	penings in A8.b N/A	s	sq in			
d) Engineered flood opening	gs? 🗌 Yes 🗵 No					
A9. For a building with an attached garage:						
a) Square footage of attached garage 720 sq ft						
	h) Number of permanent fleed engines in the attached engines in the					
a) Total not one offered annion in AO.						
d) Engineered flood openings? Yes No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number City if Marco Island 120426		B2. County Name Collier			B3. State Florida	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Ef	RM Panel fective/	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base
12021C 0829 H	05/16/2012		evised Date /2012	AE	8.0'	od Depth)
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 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 OPA						
			(C.C.C.C.C.)			

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Building Street Address (including Apt., Unit 830 Fairlawn Court	t, Suite, and/or Bldg. No.) or P.O. Ro	ute and Box No.	Policy Number:	
City Marco Island	211 0000		Company NAIC Number	
SECTION C - B	UILDING ELEVATION INFORMA	TION (SURVEY R	EQUIRED)	
*A new Elevation Certificate will be red C2. Elevations – Zones A1–A30, AE, AH, Complete Items C2.a–h below accord Benchmark Utilized: COL 16 Indicate elevation datum used for the complete Indicate Place Indicate Indica	A (with BFE), VE, V1–V30, V (with E ing to the building diagram specified Vertical Datum elevations in items a) through h) below the Control of the control	ing is complete. BFE), AR, AR/A, AR/ in Item A7. In Puert : N.A.V.D. 1988 ow.	/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.	
Datum used for building elevations mu	ist be the same as that used for the I	BFE.	Check the measurement used	
a) Top of bottom floor (including base	ment, crawlspace, or enclosure floor	9.0		
b) Top of the next higher floor		N/A		
c) Bottom of the lowest horizontal stru	uctural member (V Zones only)	N/A	X feet meters	
d) Attached garage (top of slab)	,	6,6	X feet meters	
e) Lowest elevation of machinery or e (Describe type of equipment and lo	equipment servicing the building ocation in Comments)	9. 0	X feet meters	
f) Lowest adjacent (finished) grade n	ext to building (LAG)	6.6	x feet meters	
g) Highest adjacent (finished) grade n	ext to building (HAG)	7. 0	x feet meters	
 h) Lowest adjacent grade at lowest el structural support 	evation of deck or stairs, including	N/A.	∑ feet ☐ meters	
SECTION D -	SURVEYOR, ENGINEER, OR ARC	CHITECT CERTIFI	CATION	
This certification is to be signed and sealed I certify that the information on this Certifica statement may be punishable by fine or imp	ate represents my best efforts to inte	roret the data availa	law to certify elevation information ble. I understand that any false	
Were latitude and longitude in Section A pr			Check here if attachments	
Certifier's Name Kenneth Sarrio	License Number 6348			
Title Professional Surveyor and Mapper				
Company Name Benchmark Land Services, Inc.			Mace /	
Address	77-74		- Vere \$ 7 (0)	
1807 J&C Blvd.			0	
City Naples	State Florida	ZIP Code 34109	#6348	
Signature h	Date 03/27/2017	Telephone (239) 591-0778		
Copy all pages of this Elevation Certificate an	d all attachments for (1) community of	ficial, (2) insurance a	gent/company, and (3) building own	
Comments (including type of equipment and Item in C2.e) is A/C equipment. Elevation of	d location, per C2(e), if applicable)			

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. Policy Number: 830 Fairlawn Court City State ZIP Code Company NAIC Number Marco Island Florida 34145 SECTION G - COMMUNITY INFORMATION (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. 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.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. G3. The following information (Items G4–G10) is provided for community floodplain management purposes. G4. Permit Number G5. Date Permit Issued 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 (including basement) of the building: 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 Community Name Signature Date Comments (including type of equipment and location, per C2(e), if applicable) Mechanical Egvip. is on a stand to bring it to 9' Nava KD Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008 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 830 Fairlawn Court	or Bldg. No.) or P.O. Ro	ute and Box No.	Policy Number:		
Marco Island Flo	orida 341	W. 1815	Company NAIC Number		
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATION AO AND ZONE A (WI	ON (SURVEY NOT THOUT BFE)	REQUIRED)		
For Zones AO and A (without BFE), complete Items E1–I complete Sections A, B,and C. For Items E1–E4, use nat enter meters.	E5. If the Certificate is in tural grade, if available.	ntended to support a Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,		
 E1. Provide elevation information for the following and cl the highest adjacent grade (HAG) and the lowest adjacent floor (including basement, 	heck the appropriate bo jacent grade (LAG).	xes to show whether	r the elevation is above or below		
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			
E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Section	on A Items 8 and/or			
E3. Attached garage (top of slab) is		☐ feet ☐ meters			
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ meters	s above or below the HAG.		
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes N	is the top of the bottom to Unknown. The	floor elevated in acc			
SECTION F - PROPERTY OWNE	R (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	who completes Sections	s A B and F for Zor	as A (without a FEMA issued or		
Property Owner or Owner's Authorized Representative's Name					
Address	City	Sta	te ZIP Code		
Signature	Date	Tel	ephone		
Comments					
			ē.		
			,		
			☐ Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 830 Fairlawn 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 One Caption SIDE VIEW: 03/27/2017



Photo Two

Photo Two Caption SIDE VIEW: 10/07/2016

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

		Expiration bato. November 50, 2010	
IMPORTANT: In these spaces, copy the corresponding information from Section A.			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 830 Fairlawn Court			
State	ZIP Code	Company NAIC Number	
Florida	34145	The state of the s	
	t., Unit, Suite, and/or Bldg. No.) State	t., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. State ZIP Code	

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: 10/07/2016



Photo Two Caption REAR VIEW: 10/07/2016