

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0008
Expiration: 11/30/2018

Copy all pages of this Elevation Certificate and all attachments to (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name
LEN CHARDO Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
686 HERNANDO DRIVE Company NAIC Number:

City **MARCO ISLAND** State **FL** Zip Code **34145**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 3, BLOCK 367, MARCO BEACH UNIT 11

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENCE**

A5. Latitude/Longitude: Lat. **25.953912** Long. **-81.736752** Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance

A7. Building Diagram Number **1b**

A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s) N/A sq ft
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade
 c) Total net area of flood openings in A8.b N/A sq in N/A sq in ⁴
 d) Engineered flood openings? Yes No Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number **CITY OF MARCO ISLAND 120426** B2. County Name **COLLIER** B3. State **FL**

B4. Map/Panel Number 12021C 0828	B5. Suffix H	B6. FIRM Index Date 5/16/2012	B7. FIRM Panel Effective/ Revised Date 5/16/2012	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 8.0
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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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

C2. Elevations -Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with BFE), AR, ARIA, 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.
 A new Elevation Certificate will be required when construction of the building is complete.

Benchmark Utilized: **COL 15** Vertical Datum: **2.58**

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **9.1** feet feet meters
 b) Top of the next higher floor **N/A** feet feet meters
 c) Bottom of the lowest horizontal structural member (V zones only) **N/A** feet feet meters
 d) Attached garage (top of slab) **7.1** feet feet meters
 e) Lowest elevation of machinery of equipment servicing the building **9.1** feet feet meters
 f) Lowest adjacent (finished) grade next to building (LAG) **6.4** feet feet meters
 g) Highest adjacent (finished) grade next to building (HAG) **6.8** feet feet meters
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **N/A** feet feet meters

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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.

Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?
 Yes No

Certifier's Name
WILLIAM A. MACRIDES

License Number
PLS 5621

Title
PROFESSIONAL LAND SURVEYOR

Company Name
NAPLES LAND SURVEYS

Address
6101 LANCEWOOD WAY

City State Zip Code
NAPLES FL 34116

Signature


Date
3/23/14

Telephone
239-353-9300



Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable):"

**CENTERLINE ELEV = 4.0
POOL EQUIPT PAD 6.9**

C2e - LOWEST EQUIPMENT SERVICING THE BUILDING IS THE AC OUTSIDE THE RESIDENCE

Signature


Date
3/23/14

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

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.

E.1 Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the Highest adjacent grade (HAG) and the lowest adjacent grade (LAG)

- a) Top of bottom floor (including basement, crawlspace or enclosure) is _____ feet meters above or below the HAG
 - b) Top of bottom floor (including basement, crawlspace or enclosure) is _____ feet meters above or below the HAG
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of instruction), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG
- E3. Attached Garage (top of slab) is _____ feet meters above or below the HAG
- E4. Top of platform of machinery and / or equipment servicing the building is _____ feet meters above or below the HAG
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance.
 Yes No Unknown. The local official must certify this information in Section G.

SECTION F -PROPERTY OWNER (OR OWNER'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 Representative's Name:

Address

Signature

Comments

City

State

ZIP Code

Date

Telephone

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.

- 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 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 15-5272 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 Kelli Pedericis Title Floodplain Coordinator

Community Name City of Manó Island Telephone _____

Signature [Signature] Date 3-31-16

Comments _____

BUILDING PHOTOGRAPHS

See instructions for Item A6

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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. 686 HERNANDO DRIVE		Policy Number:	
City MARCO ISLAND	State FL 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.



FRONT



LEFT



REAR



RIGHT



PICTURES TAKEN 3/23/2016

