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

| Conv | anna lle v | of this | Flevation | Certificate and a | Il attachments f  | for $(1)$ | official | (2) insurance | agent/company | and $(3)$ | ) building owner. |
|------|------------|---------|-----------|-------------------|-------------------|-----------|----------|---------------|---------------|-----------|-------------------|
| CODY |            |         |           |                   | iii allaunnenis i |           | oniciai, | (2) insurance | ayeni/company | , anu (J  | ) Dullully Owner. |

|  |   |   |          | ( ) <b>,</b>           |                      |               | RANCE COMPANY USE                        |  |
|--|---|---|----------|------------------------|----------------------|---------------|--|--|
| A1. Building Owne  |   | ION A – PROPERTY                                | INFUR    | MATION                 |                      | Policy Num    |  |  |
|  | ALLAN P. DEMPSEY and KATHLEEN S. DEMPSEY  |   |          |                        |                      |               |  |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:           |   |   |          |                        |                      |               |  |  |
| 137 HOLLYHOCK COURT  |   |   |          |                        |                      |               |  |  |
| City State ZIP Code  |   |   |          |                        |                      |               |  |  |
| Marco Island   |   |   |          | Florida                |                      | 34145         |  |  |
|  |   | d Block Numbers, Tax<br>Unit 2, Plat Book 6, Pa |          | -                      | -                    |               |  |  |
| A4. Building Use (   | e.g., Resident  | ial, Non-Residential, A                         | ddition  | , Accessory, etc.)     | Residential          |               |  |  |
| A5. Latitude/Longit  | ude: Lat.   | N 25°56'33.9"                                   | _ong     | W 81°41'30.9"          | Horizontal Datur     | n: 🗌 NAD 1    | 1927 🛛 NAD 1983                          |  |
| A6. Attach at least  | 2 photograph  | is of the building if the                       | Certific | ate is being used to   | obtain flood insur   | ance.         |  |  |
| A7. Building Diagra  | m Number  | 1A  |          |                        |                      |               |  |  |
| A8. For a building   | with a crawlsp  | ace or enclosure(s):                            |          |                        |                      |               |  |  |
| a) Square foot   | age of crawls   | pace or enclosure(s)                            |          | N/A sq ft              |                      |               |  |  |
| b) Number of   | permanent flo   | od openings in the cra                          | wlspac   | e or enclosure(s) w    | ithin 1.0 foot above | e adjacent gr | ade N/A                                  |  |
| c) Total net ar  | ea of flood op  | enings in A8.bN                                 | A s      | q in                   |                      |               |  |  |
| d) Engineered  | flood opening   | gs? 🗌 Yes 🖂 No                                  | C        |                        |                      |               |  |  |
| A9. For a building v   | vith an attach  | ed garage:                                      |          |                        |                      |               |  |  |
| a) Square foot   | a) Square footage of attached garage 753 sq ft  |   |          |                        |                      |               |  |  |
| b) Number of   | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 4     |   |          |                        |                      |               |  |  |
| c) Total net are   | c) Total net area of flood openings in A9.b 512 sq in   |   |          |                        |                      |               |  |  |
| d) Engineered  | flood opening   | gs? 🛛 Yes 🗍 N                                   | 0        | -                      |                      |               |  |  |
|  |   |   |          |                        |                      |               |  |  |
|  | SE  | CTION B – FLOOD IN                              | ISURA    | NCE RATE MAP           | (FIRM) INFORMA       | TION          |  |  |
| B1. NFIP Communi   |   |   |          | B2. County Name        |                      |               | B3. State                                |  |
| MARCO  | MARCO ISLAND 120426 COLLIER Florida   |   |          |                        |                      |               |  |  |
| B4. Map/Panel<br>Number  | B5. Suffix  | B6. FIRM Index<br>Date                          | E        | IRM Panel<br>ffective/ | B8. Flood Zone(s     | (Zo           | se Flood Elevation(s)<br>ne AO, use Base |  |
| 12021C 0829  | Н   | 05/16/2012                                      |          | evised Date<br>/2012   | AE                   |               | od Depth)<br>(N.A.V.D. 1988)             |  |
| B10. Indicate the s  | 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 [  | Designation Date:   |   |          |                        |                      |               |  |  |
|  |   |   |          |                        |                      |               |  |  |
|  |   |   |          |                        |                      |               |  |  |

| ELEVATION CERTIFICATE  |   |   | OMB No. 1660-0008<br>Expiration Date: November 30, 2018  |
|--|---|---|--|
| IMPORTANT: In these spaces, copy the   | corresponding information from Se   | ction A.  | FOR INSURANCE COMPANY USE  |
| Building Street Address (including Apt., Un<br>137 HOLLYHOCK COURT   | nit, Suite, and/or Bldg. No.) or P.O. Rou   | ite and Box No.                                     | Policy Number:   |
| City<br>Marco Island   | State ZIP<br>Florida 341  | Code<br>45  | Company NAIC Number  |
| SECTION C -  | BUILDING ELEVATION INFORMA  | TION (SURVEY F                                      | REQUIRED)  |
| *A new Elevation Certificate will be re<br>C2. Elevations – Zones A1–A30, AE, AF<br>Complete Items C2.a–h below accor<br>Benchmark Utilized: <u>NGS BM -</u><br>Indicate elevation datum used for the  | equired when construction of the buildi<br>A, A (with BFE), VE, V1–V30, V (with B<br>rding to the building diagram specified<br><u>COL 11</u> Vertical Datum:<br>e elevations in items a) through h) belo | FE), AR, AR/A, AI<br>in Item A7. In Pue<br>4.62 N.A | R/AE, AR/A1–A30, AR/AH, AR/AO.<br>rto Rico only, enter meters.   |
| □ NGVD 1929 ⊠ NAVD 19<br>Datum used for building elevations n  | nust be the same as that used for the E   | SEE   |  |
| C C  | sement, crawlspace, or enclosure floor  |   |  |
| c) Bottom of the lowest horizontal st  | tructural member (V Zones onlv)   | <u> </u>  |  |
| d) Attached garage (top of slab)   |   | <u> </u>  |  |
| e) Lowest elevation of machinery or<br>(Describe type of equipment and   | r equipment servicing the building location in Comments)  | <u> </u>  | X feet meters  |
| f) Lowest adjacent (finished) grade  | next to building (LAG)  | <u>     6</u> . <u>3    </u>                        | X feet meters  |
| g) Highest adjacent (finished) grade   | e next to building (HAG)  | <u> </u>  | x feet meters  |
| <ul> <li>h) Lowest adjacent grade at lowest<br/>structural support</li> </ul>  | elevation of deck or stairs, including  | <u> </u>  | X feet meters  |
| SECTION D -  | - SURVEYOR, ENGINEER, OR AR   | CHITECT CERTI                                       | FICATION   |
| This certification is to be signed and seal<br>I certify that the information on this Certifi<br>statement may be punishable by fine or in   | icate represents my best efforts to inte  | rpret the data avai                                 | by law to certify elevation information.<br>Iable. I understand that any false   |
| Were latitude and longitude in Section A   | provided by a licensed land surveyor?   | 🛛 Yes 🗌 No  | Check here if attachments.   |
| Certifier's Name<br>David C. Holman  | License Number<br>PSM 6279  |   | David C. Homan,  |
| Title<br>Professional Land Surveyor  |   |   | Preserver and the second secon |
| Company Name<br>David C. Holman, P.S.M., L.L.C.  |   |   | Date: No.7/13/2017   |
| Address<br>8384 Laurel Lakes Boulevard   |   |   | Provent of OR Provent of the   |
| City<br>Naples   | State<br>Florida  | ZIP Code<br>34119                                   | P.S. NurNey 0279   |
| Signature wid Cliff  | Date<br>07/13/2017  | Telephone<br>(239) 289-6210                         | <b>B</b>   |
| Copy all pages of this Elevation Certificate   | and all attachments for (1) community o   | fficial, (2) insurance                              | e agent/company, and (3) building owner.   |
| Comments (including type of equipment a<br>1. The lowest elevation of machinery or e<br>2. Centerline of road elevation at the Nort<br>3. Centerline of road elevation at the Sour<br>4. Vents (4) are Smart Vent model 1540-5<br>5. Pool equipment at elevation 7.5 | equipment servicing the building is a co<br>thwest property line extended = 4.23' (I<br>theast property line extended = 4.30' (I  | N.A.V.D. 1988).                                     | ner pad  |

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

| ELEVATION CERTIFICATE  |   |  | Expiration Date: November 30, 2018   |  |  |  |  |
|--|---|--|--|--|--|--|--|
| IMPORTANT: In these spaces, copy the correspo  | onding informatic                           | on from Section A.   | FOR INSURANCE COMPANY USE  |  |  |  |  |
| Building Street Address (including Apt., Unit, Suite, 137 HOLLYHOCK COURT  | and/or Bldg. No.)                           | or P.O. Route and Box No.  | Policy Number:   |  |  |  |  |
| City<br>Marco Island   | State<br>Florida                            | ZIP Code<br>34145  | Company NAIC Number  |  |  |  |  |
| SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)<br>FOR ZONE AO AND ZONE A (WITHOUT BFE)   |   |  |  |  |  |  |  |
| For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.   | s E1–E5. If the Cer<br>se natural grade, if | rtificate is intended to support<br>f available. Check the measu | t a LOMA or LOMR-F request,<br>rement used. In Puerto Rico only,             |  |  |  |  |
| <ul> <li>E1. Provide elevation information for the following<br/>the highest adjacent grade (HAG) and the lower<br/>a) Top of bottom floor (including basement,</li> </ul> |   |  | ner the elevation is above or below  |  |  |  |  |
| <ul> <li>b) Top of bottom floor (including bacement,</li> <li>b) Top of bottom floor (including basement,</li> </ul>   | ·   | feet met   | ers above or below the HAG.  |  |  |  |  |
| crawlspace, or enclosure) is   | ·   | feet met   | ers above or below the LAG.  |  |  |  |  |
| E2. For Building Diagrams 6–9 with permanent floot<br>the next higher floor (elevation C2.b in   | od openings provid                          | led in Section A Items 8 and/                                    | or 9 (see pages 1–2 of Instructions),  |  |  |  |  |
| the diagrams) of the building is   | ·   | feet met   | ers above or below the HAG.  |  |  |  |  |
| E3. Attached garage (top of slab) is   | ·   | feet met   | ers above or below the HAG.  |  |  |  |  |
| E4. Top of platform of machinery and/or equipmen servicing the building is   | .t  | feet met   | ers above or below the HAG.  |  |  |  |  |
| E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes   |   |  | accordance with the community's<br>at certify this information in Section G. |  |  |  |  |
| SECTION F – PROPERTY (   |   | NER'S REPRESENTATIVE)  | CERTIFICATION  |  |  |  |  |
| The property owner or owner's authorized represen community-issued BFE) or Zone AO must sign here  | itative who comple<br>e. The statements     | tes Sections A, B, and E for 2<br>in Sections A, B, and E are c  | Zone A (without a FEMA-issued or orrect to the best of my knowledge.         |  |  |  |  |
| Property Owner or Owner's Authorized Representa  | tive's Name                                 |  |  |  |  |  |  |
| Address  |   | City   | State ZIP Code   |  |  |  |  |
| Signature  |   | Date   | Telephone  |  |  |  |  |
| Comments   |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
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|  |   |  |  |  |  |  |  |
|  |   |  | Check here 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, S<br>137 HOLLYHOCK COURT  | Policy Number:                                       |                           |   |  |  |  |  |
| City<br>Marco Island   | Company NAIC Number                                  |                           |   |  |  |  |  |
| SECTIO   | ON G – COMMUNITY IN                                  | FORMATION (OPTION         | I   |  |  |  |  |
| The local official who is authorized by law or or<br>Sections A, B, C (or E), and G of this Elevation<br>used in Items G8–G10. In Puerto Rico only, er | dinance to administer th<br>Certificate. Complete th | e community's floodplain  | management ordinance can complete   |  |  |  |  |
|  |  |                           | ed and sealed by a licensed surveyor,<br>the source and date of the elevation |  |  |  |  |
| G2. A community official completed Sect<br>or Zone AO.   | ion E for a building locate                          | ed in Zone A (without a F | EMA-issued or community-issued BFE)   |  |  |  |  |
| G3. The following information (Items G4-   | -G10) is provided for con                            | nmunity floodplain mana   | gement purposes.  |  |  |  |  |
| G4. Permit Number  | G5. Date Permit Issue                                | ed G                      | <ol> <li>Date Certificate of<br/>Compliance/Occupancy Issued</li> </ol>       |  |  |  |  |
| G7. This permit has been issued for:   | New Construction                                     | Substantial Improvemen    |   |  |  |  |  |
| G8. Elevation of as-built lowest floor (including 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<br>Floodplain       | Coordinator   |  |  |  |  |
| Community Name   |  | Telephone                 |   |  |  |  |  |
| City of Marco Island   |  |                           |   |  |  |  |  |
| Signature Date   |  |                           |   |  |  |  |  |
| Comments (including type of equipment and lo   | cation, per C2(e), if appli                          | icable)                   |   |  |  |  |  |
|  |  |                           |   |  |  |  |  |
|  |  |                           |   |  |  |  |  |
|  |  |                           |   |  |  |  |  |
|  |  |                           |   |  |  |  |  |
| REVIEWED   |  |                           |   |  |  |  |  |
| By kdefedericis at 10:08 am, Apr 12, 2019  |  |                           |   |  |  |  |  |
|  |  |                           |   |  |  |  |  |
|  |  |                           |   |  |  |  |  |
|  |  |                           |   |  |  |  |  |
|  |  |                           |   |  |  |  |  |
|  |  |                           | Check here if attachments.  |  |  |  |  |

# 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: 137 HOLLYHOCK COURT 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 Photo One Caption FRONT VIEW (looking Northeast) Photo taken 07/06/2017 Photo Two

Photo Two Caption REAR VIEW (looking Southwest)

**ELEVATION CERTIFICATE** 

Photo taken 07/06/2017

### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

#### **ELEVATION CERTIFICATE**

#### **BUILDING PHOTOGRAPHS**

**Continuation Page** 

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

| IMPORTANT: In these spaces, copy t                              | FOR INSURANCE COMPANY USE |          |                     |
|---|---------------------------|----------|---------------------|
| Building Street Address (including Apt.,<br>137 HOLLYHOCK COURT | Policy Number:            |          |                     |
| 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.



#### **ELEVATION CERTIFICATE**

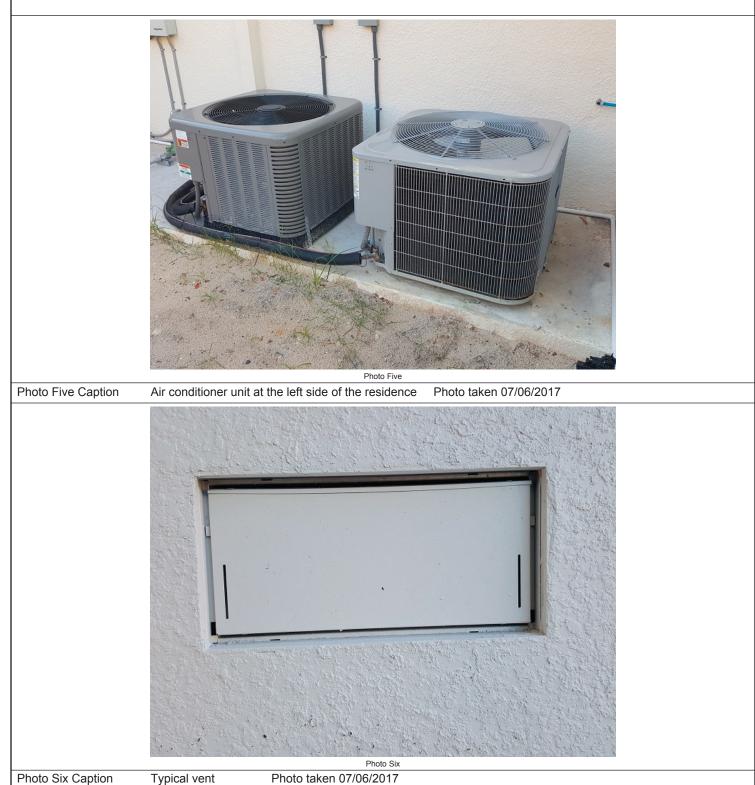
#### **BUILDING PHOTOGRAPHS**

**Continuation Page** 

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

| IMPORTANT: In these spaces, cop                             | FOR INSURANCE COMPANY USE |          |                     |
|---|---------------------------|----------|---------------------|
| Building Street Address (including A<br>137 HOLLYHOCK COURT | Policy Number:            |          |                     |
| 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.



Replaces all previous editions.