U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 INSUF	RANCE COMPANY USE
A1. Building Owner's Name COASTAL BUILD Policy Number:					ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1740 CANARY CT					Company N	AIC Number:
City MARCO ISLAND			State Florida		ZIP Code 34145	
A3. Property Description (Lot LOT 1, BLOCK 136, MARCO				•	,	DS OF COLLIER CNTY
A4. Building Use (e.g., Reside	ential, Non-Residential,	Addition	, Accessory,	etc.) RESIDEN	TIAL	
A5. Latitude/Longitude: Lat.	25°55'54.40008"N	Long. 8	1°42'05.6133	8"W Horizonta	I Datum: NAD 1	927 × NAD 1983
A6. Attach at least 2 photogra	phs of the building if the	e Certific	ate is being ι	sed to obtain floo	d insurance.	
A7. Building Diagram Number	6					
A8. For a building with a craw	space or enclosure(s):					
a) Square footage of crav	vlspace or enclosure(s)		1	327.00 sq ft		
b) Number of permanent	lood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade 7
c) Total net area of flood	openings in A8.b		854.00 sq ir	1		
d) Engineered flood open	ings? ⊠ Yes □ N	No				
A9. For a building with an attac	ched garage:					
a) Square footage of attach	ched garage		N/A sq ft			
b) Number of permanent	lood openings in the at	tached g	arage within	1.0 foot above adj	acent grade N/A	
c) Total net area of flood openings in A9.b N/A sq in						
d) Engineered flood open	ings?	No.				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number CITY OF MARCO ISLAND 120426		COLLIER	2. County Name OLLIER		B3. State Florida	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12021C/0837 H	05-16-2012	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: ☐ 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:	Designation Date: CBRS OPA				· <u> </u>	

ELEVATION CERTIFICATE

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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. 1740 CANARY CT				Policy Number:	
City MARCO ISLAND	State Florid			Company NAIC Number	
SECTI	ON C – BUILDING ELE	VATION INFORMAT	ION (SURVEY RE	:QUIRED)	
C1. Building elevations are base	ed on: Construction	Drawings*	ling Under Constru	ction* X Finished Construction	
*A new Elevation Certificate	will be required when cor	struction of the buildin	g 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: 1134-3		Vertical Datum:			
Indicate elevation datum us		, , ,	<i>I</i> .		
☐ NGVD 1929 区 Datum used for building ele	NAVD 1988 Other/Sovations must be the same		FF		
Datam doed for building cic	vations mast be the same	as that asca for the Bi	L.	Check the measurement used.	
a) Top of bottom floor (inclu	uding basement, crawlspa	ce, or enclosure floor)		4.4 X feet meters	
b) Top of the next higher flo	oor			15.4 X feet meters	
c) Bottom of the lowest hor	izontal structural member	(V Zones only)		N/A feet meters	
d) Attached garage (top of	slab)			N/A ⊠ feet ☐ meters	
e) Lowest elevation of mac (Describe type of equipn	hinery or equipment servionent and location in Comm			9.0 × feet meters	
f) Lowest adjacent (finishe	d) grade next to building (LAG)		4.1 × feet meters	
g) Highest adjacent (finishe	ed) grade next to building ((HAG)		4.3 × feet meters	
h) Lowest adjacent grade a structural support	at lowest elevation of deck	or stairs, including		4.2 \boxtimes feet \square meters	
SEC ⁻	ΓΙΟΝ D – SURVEYOR, E	ENGINEER, OR ARC	HITECT CERTIFI	CATION	
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.					
Were latitude and longitude in So	ection A provided by a lice	ensed land surveyor?	⊠Yes □ No	Check here if attachments.	
Certifier's Name JOHN J. HILTON		License Number LS 6278		minimum J. HK >	
Title PROFESSIONAL SURVEYOR AND MAPPER				Signse Number of	
Company Name HOLE MONTES, INC				6278 A	
Address 950 ENCORE WAY				STATE OF STA	
City NAPLES	Digitally signed by John Hilton DN: cn=John Hilton, o=Hole Montes, ou=Survey Department,	State Florida	ZIP Code 34110	6278 STATE OF FLORIDA ORD INTERNAL INTE	
Signature	email=johnhilton@hmeng.com,	Date	Telephone	Ext.	
Date: 2020.07.08 09:26:03 -04'00' 06-23-2020 (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) THE LOWEST MACHINERY SERVICING THE BUILDING IS A ELECTRICAL PANEL					
THE FLOOD VENTS ARE SMART VENT MODEL 1545-510 AND PROVIDE 200 SQ.FT COVERAGE PER VENT (7) FOR A TOTAL OF 1400 SQ. FEET.					

FEMA Form 086-0-33 (12/19)

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspondir	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/01740 CANARY CT	or Bldg. No.) or P.O. Ro	ute and Box No.	Policy Number:		
- ,		Code	Company NAIC Number		
		145			
SECTION E – BUILDING ELE FOR ZONE	AO AND ZONE A (W	THOUT BFE)	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 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 meter	s 🗌 above or 🗌 below the HAG.		
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet meter	s 🔲 above or 🗌 below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood op	enings provided in Sect	ion A Items 8 and/or	9 (see pages 1–2 of Instructions),		
the next higher floor (elevation C2.b in the diagrams) of the building is		feet meter	s 🔲 above or 🗌 below the HAG.		
E3. Attached garage (top of slab) is		feet meter	s 🔲 above or 🗌 below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ meter	s 🔲 above or 🔲 below the HAG.		
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes			cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWN	ER (OR OWNER'S REF	PRESENTATIVE) CE	ERTIFICATION		
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sections statements in Sections	ns A, B, and E for Zo s A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's	Name				
Address	City	Sta	ate ZIP Code		
Signature	Date	Te	lephone		
Comments					
			Check here if attachments.		

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, St 1740 CANARY CT	Policy Number:				
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number		
SECTIO	N G – COMMUNITY INFO				
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 or Zone AO.	on E for a building located in	n Zone A (without a FEM	A-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for commu	nity floodplain managem	ent purposes.		
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction Sub	stantial Improvement			
G8. Elevation of as-built lowest floor (including of the building:	g basement)		meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	feet	meters Datum		
G10. Community's design flood elevation:		feet	meters Datum		
Local Official's Name	Titl		n Coordinator		
City of Marc		ephone			
Signature Date					
Comments (including type of equipment and location, per C2(e), if applicable)					
REVIEWED					
By KDeFedericis at 4:31 pm, Jul 17, 2020					
			☐ Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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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 06/23/2020

Clear Photo One



Photo Two

Photo Two Caption LEFT SIDE VIEW 06/23/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Expiration Date: November 30, 2022

			<u> </u>
IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1740 CANARY CT			o. 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.



Photo Three

Photo Three Caption REAR VIEW 06/23/2020

Clear Photo Three



Photo Four

Photo Four Caption RIGHT SIDE VIEW 06/23/2020

Clear Photo Four