#### 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							RANCE COMPANY USE
A1. Building Owner's Name  Gary L. Gionet & Amanda M. Gionet  Policy Number:							ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  374 Capistrano Court  Company NAIC Number:							AIC Number:
City State ZIP Code Marco Island Florida 34145							
		nd Block Numbers, Ta u Unit 6, as recorded in			•	,	
A4. Building Use (e	.g., Resider	itial, Non-Residential,	Addition	Accessory,	etc.) Residentia	al	
A5. Latitude/Longitu	ıde: Lat. <u>N</u>	25°56'47.0"	Long. W	/81°43'25.0"	Horizonta	I Datum:  NAD 1	927 × NAD 1983
A6. Attach at least 2	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagrai	m Number	1B					
A8. For a building w	ith a crawls	pace or enclosure(s):					
a) Square foots	age of crawl	space or enclosure(s)			N/A sq ft		
b) Number of pe	ermanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net are	a of flood o	penings in A8.b		N/A sq in	l		
d) Engineered	flood openir	ngs?	٧o				
A9. For a building wi	ith an attach	ned garage:					
a) Square foota	a) Square footage of attached garage 468.00 sq ft						
b) Number of pe	ermanent flo	ood openings in the at	tached g	arage within	1.0 foot above adj	acent grade 3	
c) Total net are	a of flood op	penings in A9.b		600.00 sq	in		
d) Engineered f	d) Engineered flood openings? × Yes No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number  B2. County Name  B3. State  Collier  Florida						B3. State Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
12021C0828	Н	05-16-2012	05-16-2		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 X NAVD 1988 Other/Source:							
B12. Is the building	located in a	a Coastal Barrier Reso	ources Sy	stem (CBRS	) area or Otherwis	e Protected Area (0	DPA)? ☐ Yes ⊠ No
Designation D	ate:		CBRS	☐ OPA			

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or 374 Capistrano Court	Policy Number:					
City State Marco Island Flori		Code 45	Company NAIC Number			
SECTION C – BUILDING ELE	VATION INFORMAT	TION (SURVEY RE	EQUIRED)			
<ul> <li>C1. Building elevations are based on: Construction Drawings* Building Under Construction*</li></ul>						
Indicate elevation datum used for the elevations in ite	ems a) through h) belo	W.				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the same		BFE.	Check the measurement used.			
a) Top of bottom floor (including basement, crawlspa	ace, or enclosure floor	)	9.2 × feet meters			
b) Top of the next higher floor			N/A 🗵 feet 🗌 meters			
c) Bottom of the lowest horizontal structural member	(V Zones only)		N/A 🗵 feet 🗌 meters			
d) Attached garage (top of slab)	(,		6.6 × feet meters			
e) Lowest elevation of machinery or equipment serv     (Describe type of equipment and location in Comi	icing the building nents)		9.1 × feet meters			
f) Lowest adjacent (finished) grade next to building	(LAG)		6.3 × feet meters			
g) Highest adjacent (finished) grade next to building	(HAG)		6.8 X feet meters			
<ul> <li>h) Lowest adjacent grade at lowest elevation of decl structural support</li> </ul>	or stairs, including		N/A × feet meters			
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.						
Were latitude and longitude in Section A provided by a lic	ensed land surveyor?	⊠Yes □ No	Check here if attachments.			
Certifier's Name David J. Hyatt	License Number 5834		OA RITEICA			
Title Professional Surveyor and Mapper	No. 15834					
Company Name Marco Surveying & Mapping, LLC	STATE OF					
Address 3205 Beck Boulevard			onol Surveyor			
City Naples	State Florida	ZIP Code 34114				
Signature David J. Hyatt PSM #5834 Digitally signed by David J. Hyatt PSM #5834 Date: 2020.07.13 13:33:11 -04'00'	Date 06-26-2020	Telephone (239) 389-0026	Ext.			
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) A9a Square footage was derived from architectural design plans. A9b is (3) flood openings, Smart Vent, Model #1540-520, certified to cover 200 sq. ft. each. C2a is the front door threshold as there was no access to the structure. C2e is the A/C pad (NW. side). Local jurisdictions may have elevation requirements more restrictive than the base flood elevation shown hereon, consult applicable building department regarding any design decisions.						
WO #19-551, ds/sc,, FB #204, PG #42, 06/26/2020						

## **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPA						CE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Policy Number:		
	l Capistrano Court	01.1	710.0		<u> </u>		
City Mai	/ rco Island	State Florida	ZIP Code 34145		Company NAIC	Number	
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)						
	FOR Z	ONE AO AND ZOI	NE A (WITHOUT BF	FE)			
con	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 the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement,			v whether	the elevation is	above or below	
	crawlspace, or enclosure) is		feet [	meters	above or	below the HAG.	
	<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		feet [	meters	above or	below the LAG.	
E2.	For Building Diagrams 6–9 with permanent flow the next higher floor (elevation C2.b in the diagrams) of the building is	od openings provide	ed in Section A Items	8 and/or 9	·	2 of Instructions),	
E3.	Attached garage (top of slab) is			 meters	above or	below the HAG.	
E4.	Top of platform of machinery and/or equipmer servicing the building is	nt		meters	above or	below the HAG.	
E5.	Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes		he bottom floor eleva own. The local offic				
	SECTION F - PROPERTY	OWNER (OR OWNI	ER'S REPRESENTA	TIVE) CEI	RTIFICATION		
The	e property owner or owner's authorized represer nmunity-issued BFE) or Zone AO must sign her	ntative who complete e. The statements in	es Sections A, B, and Sections A, B, and E	d E for Zon E are corre	ne A (without a Fect to the best o	EMA-issued or f my knowledge.	
Pro	perty Owner or Owner's Authorized Representa	itive's Name					
Add	dress		City	Sta	te	ZIP Code	
Sig	nature		Date	Tele	ephone		
Cor	mments						
					Check h	nere if attachments.	

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, So 374 Capistrano Court	No.	Policy Number:					
City Marco Island	State Florida	ZIP Code 34145		Company NAIC Number			
SECTION	ON G – COMMUNI	TY INFORMATION (OPTIO	NAL)				
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 tak engineer, or architect who is authoriz data in the Comments area below.)							
G2. A community official completed Section or Zone AO.	on E for a building	located in Zone A (without a	a FEM <i>A</i>	a-issued or community-issued BFE)			
G3. The following information (Items G4-	G10) is provided fo	or community floodplain mai	nageme	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued		rate Certificate of ompliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction	n   Substantial Improvement	ent				
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	G9. BFE or (in Zone AO) depth of flooding at the building site:						
G10. Community's design flood elevation:	G10. Community's design flood elevation:						
Local Official's Name Title Floodplain Coordinator							
Community Name City of Marco Island		Telephone					
Signature Date							
Comments (including type of equipment and loa	cation, per C2(e), if	applicable)					
REVIEWED							
By Kelli DeFedericis at 2:44 pm, Jul 15, 2020							
				Check here if attachments.			

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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Building Street Address (including 374 Capistrano 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

Photo One Caption : Front View (NE) on 06/26/2020

Clear Photo One



Photo Two

Photo Two Caption : Left Side View (SE) on 06/26/2020

Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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			<u> </u>
IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 374 Capistrano 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.



Photo Three

Photo Three Caption: Rear View (SW) on 06/26/2020

Clear Photo Three



Photo Four

Photo Four Caption : Right Side View (NW) with A/C Pad & (2) Flood Openings on 06/26/2020

Clear Photo Four