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 Carla Masse Policy Number:				ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 375 South Heathwood Drive Company NAIC Number				AIC Number:	
City State ZIP Code Marco Island Florida 34145					
A3. Property Description (Lot and Block Lot 4, Block 214, Marco Beach Unit Seve			gal Description, etc).)	
A4. Building Use (e.g., Residential, Non	-Residential, Addition	, Accessory,	etc.) Residentia	ıl	
A5. Latitude/Longitude: Lat. N25°55'41	.6" Long. <u>V</u>	√81°42'51.1"	Horizontal	Datum: NAD 1	1927 × NAD 1983
A6. Attach at least 2 photographs of the	building if the Certific	= ate is being ι	used to obtain flood	d insurance.	
A7. Building Diagram Number1B	_				
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 open	ings in the crawlspace	e or enclosure	⇒(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net area of flood openings i	n A8.b	N/A sq in	1		
d) Engineered flood openings?] Yes ⊠ No				
A9. For a building with an attached garag	је:				
a) Square footage of attached garage	је	730.00 sq ft			
b) Number of permanent flood open	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 5				
c) Total net area of flood openings in	c) Total net area of flood openings in A9.b 631.00 sq in				
	Yes No				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Communi City of Marco Island 120426	ty Number	B2. County Collier	Name		B3. State Florida
B4. Map/Panel B5. Suffix B6. FIF Da	te Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood El (Zone AO, use	levation(s) e Base Flood Depth)
12021C 0837 H 05-16-2			AE	8.0'	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
☐ FIS Profile 区 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					

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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. 375 South Heathwood Drive			Policy Number:	
City Marco Island		P Code 1145	Company NAIC Number	
SECTION C - BUILDING	ELEVATION INFORM	ATION (SURVEY R	EQUIRED)	
_		uilding Under Constru	uction* X Finished Construction	
*A new Elevation Certificate will be required when construction of the building 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: COL 12 Vertical Datum: N.A.V.D. 1988 Indicate elevation datum used for the elevations in items a) through h) below.				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Oth Datum used for building elevations must be the	ner/Source:			
a) Top of bottom floor (including basement, cra-	wispace or enclosure flo	or)	Check the measurement used. 10.0	
b) Top of the next higher floor	mapado, or onelegate no	J.,	N/A 🗴 feet 🗌 meters	
c) Bottom of the lowest horizontal structural me	mber (V Zones only)		N/A ☒ feet ☐ meters	
d) Attached garage (top of slab)	,,,		7.0 X feet meters	
e) Lowest elevation of machinery or equipment (Describe type of equipment and location in	servicing the building Comments)	***	10.0 X feet meters	
f) Lowest adjacent (finished) grade next to buil	ding (LAG)		6.6 X feet meters	
g) Highest adjacent (finished) grade next to bui	lding (HAG)		7.5 X feet meters	
h) Lowest adjacent grade at lowest elevation of structural support	deck or stairs, including		N/A ⊠ feet ☐ meters	
SECTION D - SURVEY	OR, ENGINEER, OR A	RCHITECT CERTIF	ICATION	
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 licensed land surveyor	? ☐ Yes ☒ No	☐ Check here if attachments.	
Certifier's Name Kenneth Sarrio	License Number			
Title	6348			
Professional Surveyor and Mapper				
Company Name Benchmark Land Services, Inc.			12020	
Address 1807 J&C Blvd.			Hold	
City Naples	State Florida	ZIP Code 34109	#6348	
Signature Kenning	Date 02-27-2020	Telephone (239) 591-0778	Ext.	
Copy all pages of this Elevation Certificate and all attac	hments for (1) community	official, (2) insurance	agent/company, and (3) building owner.	
Comments (including type of equipment and location ltem in C2.e) is A/C equipment. Elevation of pool equ 200 sq. in. of venting space each for a total of 1000 s	ipment pad is 8.0'. Items		/ent" name brand vents, allowing for	

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, an 375 South Heathwood Drive	d/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:	
	State Florida	ZIP Code 34145	Company NAIC Number	
SECTION E - BUILDING EL FOR ZON	EVATION INFORMA E AO AND ZONE A	ATION (SURVEY NOT (WITHOUT 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 a) Top of bottom floor (including basement, crawlspace, or enclosure) is	adjacent grade (LAG).			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is				
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in the diagrams) of the building is	ppenings provided in S	Section A Items 8 and/or	9 (see pages 1–2 of Instructions),	
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, 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 OW	NER (OR OWNER'S	REPRESENTATIVE) CE	ERTIFICATION	
The property owner or owner's authorized representati community-issued BFE) or Zone AO must sign here. T	ve who completes Sec he statements in Sect	ctions A, B, and E for Zo ions 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				
			1	
			☐ Check here if attachments.	

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 375 South Heathwood Drive			Policy Number:	
City Marco Island	State Florida	ZIP Code 34145	Company NAIC Number	
	SECTION G - COMMUNITY	'INFORMATION (OPTIONAL)		
The local official who is authorized Sections A, B, C (or E), and G of used in Items G8–G10. In Puerto	d by law or ordinance to administe	r the community's floodplain ma	nagement ordinance can complete n below. Check the measurement	
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 cor or Zone AO.	mpleted Section E for a building lo	cated in Zone A (without a FEM	A-issued or community-issued BFE)	
G3. The following information	n (Items G4–G10) is provided for	community floodplain managem	ent purposes.	
G4. Permit Number	G5. Date Permit Is		Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued	for: New Construction [Substantial Improvement		
G8. Elevation of as-built lowest f of the building:	loor (including basement)	feet	meters Datum	
G9. BFE or (in Zone AO) depth of	of flooding at the building site:	feet	meters Datum	
G10. Community's design flood el	evation:	fee	meters Datum	
Local Official's Name Title floodplain coordinator				
Community Name		Telephone		
	larco Island			
Signature Date				
Comments (including type of equip	oment and location, per C2(e), if a	pplicable)	,	
	EWED DeFedericis at 10:21 am,	Mar 05, 2020		
			Chook have if attracture it.	
			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: 02/27/2020

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW: 02/27/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Expiration Date: November 30, 2022

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 375 South Heathwood Drive	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 SIDE VIEW: 02/27/2020

Clear Photo Three



Photo Four

Photo Four Caption SIDE VIEW: 02/27/2020

Clear Photo Four