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 INSURANCE COMP.				RANCE COMPANY USE			
-	A1. Building Owner's Name Costabile Scola & Iolanda Scola Policy Number:					oer:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.141 Lamplighter Drive				Company N	AIC Number:		
City Marco Island	City State				ZIP Code 34145		
, ,	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 17, Block 204, Marco Beach Unit 7, as recorded in PB 6, Pg(s) 55, Collier County, Florida						
A4. Building Use (e	.g., Resider	tial, Non-Residential,	Addition	, Accessory, e	etc.) Residentia	ıl	
A5. Latitude/Longito	ude: Lat. N	25°56'06.6"	Long. W	/81°43'19.7"	Horizontal	Datum: NAD 1	927 X NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain flood	d insurance.	
A7. Building Diagra	m Number	1B					
A8. For a building v	vith a crawls	pace or enclosure(s):					
a) Square foot	age of crawl	space or enclosure(s)			N/A sq ft		
b) Number of p	ermanent flo	ood openings in the cra	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	nde N/A
c) Total net are	a of flood or	penings in A8.b		N/A sq in			
d) Engineered	flood openir	igs? 🗌 Yes 🔲 N	lo				
A9. For a building w	ith an attach	ed garage:					
a) Square foots	a) Square footage of attached garage633.00 sq ft						
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 800.00 sq in						
d) Engineered	flood openin	gs? ⊠ Yes □ N	lo				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Communit City of Marco Island	-	•		B2. County Collier			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)
12021C0836	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 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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Building Street Address (including Apt., Unit, Suite, and/or 141 Lamplighter Drive	Policy Number:				
City State Marco Island Flori		ZIP Code 34145	Company NAIC Number		
SECTION C – BUILDING ELE	EVATION INFORM	MATION (SURVEY RI	EQUIRED)		
 C1. Building elevations are based on: Construction Drawings* Building Under Construction* 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. 					
Benchmark Utilized: DN 3775	Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: DN 3775 Vertical Datum: NAVD 88				
Indicate elevation datum used for the elevations in ite ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/S	, , ,	elow.			
Datum used for building elevations must be the same	e as that used for th	ie BFE.	Check the measurement used.		
 a) Top of bottom floor (including basement, crawlspane) 	ace, or enclosure flo	oor)	9.2 × feet meters		
b) Top of the next higher floor			N/A X feet meters		
c) Bottom of the lowest horizontal structural member	r (V Zones only)		N/A X feet meters		
d) Attached garage (top of slab)	•				
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com	9.1 X feet meters				
f) Lowest adjacent (finished) grade next to building	(LAG)		6.0 X feet meters		
g) Highest adjacent (finished) grade next to building	7.1 X feet meters				
 h) Lowest adjacent grade at lowest elevation of decistructural support 	N/A X feet meters				
SECTION D – SURVEYOR,	ENGINEER, OR A	ARCHITECT 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 John Pacetti	License Number		D DA		
Title Professional Surveyor and Mapper	SCRTIFICATOR				
Company Name Marco Surveying & Mapping, LLC	Phylacette 5				
Address 3205 Beck Boulevard	STATE OF STATE OF				
City Naples	State Florida	ZIP Code 34114	Survey Survey		
Signature John Pacetti Digitally signed by John Pacetti Date: 2020.04.03 09:45:11 -04'00'	Date 03-26-2020	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 are 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 (S. 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 #19-542, ds/sc, FB #199, PG #71, 03/26/2020					

ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/ 141 Lamplighter Drive	Policy Number:			
,		Code	Company NAIC Number	
	orida 341			
SECTION E – BUILDING ELE FOR ZONE	EVATION INFORMATION AO AND ZONE A (W.)		REQUIRED)	
For Zones AO and A (without BFE), complete Items E1-complete Sections A, B,and C. For Items E1–E4, use na 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 the next higher floor (elevation C2.b in	enings provided in Secti	on A Items 8 and/or	9 (see pages 1–2 of Instructions),	
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	, is the top of the bottom No Unknown. Th	floor elevated in ac e local official must o	cordance with the community's certify this information in Section G.	
SECTION F - PROPERTY OWN	ER (OR OWNER'S REP	RESENTATIVE) CE	ERTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Section e statements in Sections	ns A, B, and E for Zo 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	Те	lephone	
Comments				
			☐ Check here if attachments.	

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copythe corresponding information from Section A. FOR INSURANCE COMPANY U					
Building Street Address (including Apt., Unit, S 141 Lamplighter Drive	No.) or P.O. Route and Bo	ox No.	Policy Number:		
City Marco Island	State Florida	ZIP Code 34145		Company NAIC Number	
SECTION	ON G – COMMUN	ITY INFORMATION (OP)	ΓΙΟΝΑL)		
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	Certificate. Comp				
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 Sect or Zone AO.	ion E for a building	g located in Zone A (witho	ut a FEMA	A-issued or community-issued BFE)	
G3. The following information (Items G4-	-G10) is provided	for community floodplain r	manageme	ent purposes.	
G4. Permit Number	G5. Date Perm	it Issued		Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for: New Construction Substantial Improvement					
G8. Elevation of as-built lowest floor (includin 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 Flood p	lain Co	ordinator	
Community Name City of Marco Island	d	Telephone			
Signature		Date			
Comments (including type of equipment and lo	cation, per C2(e),	if applicable)			
2.36					
		REVIEWED By KDeFedericis at 4:2	Anm An	* 10, 2020	
		by RDel edelicis at 4.2	.+ ріп, др	1710, 2020	
				Check here if attachments.	

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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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 (W) on 03/26/2020

ELEVATION CERTIFICATE

Clear Photo One



: Left Side View (N) with (2) Flood Openings on 03/26/2020 Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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			•
IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap	. Policy Number:		
141 Lamplighter Drive			
City	State	ZIP Code	Company NAIC Number
Marco Island	Florida	34145	222

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 (E) on 03/26/2020

ELEVATION CERTIFICATE

Clear Photo Three



Photo Four Caption : Right Side View (S) with A/C Pad on 03/26/2020

Clear Photo Four