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 SYNOVUS BAND AND CULLEN SHAUGHNESSY Policy Number:						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1113 LIGHTHOUSE CT.						Company N	IAIC Number:
City MARCO ISLAN	ND			State Florida		ZIP Code 34145	
		nd Block Numbers, Ta , BLOCK 200, LOT 3,			gal Description, et	cc.)	
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) RESIDEN	ITIAL	
A5. Latitude/Longi	tude: Lat. 2	5°55'46.99228"N	Long. 8	1°43'15.9381	5"W Horizonta	al Datum: NAD	1927 × NAD 1983
A6. Attach at least	: 2 photograp	hs of the building if the	e Certific	ate is being ເ	sed to obtain floo	d insurance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foo	tage of crawl	lspace or enclosure(s)			N/A sq ft		
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent gra	ade N/A
c) Total net ar	ea of flood o	penings in A8.b		N/A sq in	1		
d) Engineered	l flood openir	ngs? 🗌 Yes 🗵 N	٧o				
A9. For a building v	A9. For a building with an attached garage:						
a) Square footage of attached garage650.00 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 ar	c) Total net area of flood openings in A9.b 488.00 sq in						
d) Engineered	d) Engineered flood openings? \boxtimes Yes \square No						
DA NEID O		ECTION B – FLOOD	INSURA	1		FORMATION	T-0. 0. /
B1. NFIP Community Name & Community Number CITY OF MARCO ISLAND 120426				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	Elevation(s) e Base Flood Depth)
12021C/0836	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 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 Sec	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou 1113 LIGHTHOUSE CT.	Policy Number:					
City State ZIP MARCO ISLAND Florida 3414	Code 45	Company NAIC Number				
SECTION C – BUILDING ELEVATION INFORMAT	ION (SURVEY RI	EQUIRED)				
C1. Building elevations are based on: Construction Drawings* Building	ding Under Constru	uction* Finished Construction				
C1. Building elevations are based on: Construction Drawings* Building *A new Elevation Certificate will be required when construction of the building	•	Finished Construction				
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: 1122/47 Vertical Datum:	NAVD 88					
Indicate elevation datum used for the elevations in items a) through h) below	W.					
☐ NGVD 1929 区 NAVD 1988 ☐ Other/Source:						
Datum used for building elevations must be the same as that used for the B	SFE.	Check the measurement used.				
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)		9.2 × feet meters				
		N/A feet meters				
b) Top of the next higher floor						
c) Bottom of the lowest horizontal structural member (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 servicing the building (Describe type of equipment and location in Comments) 		9.1 X feet meters				
f) Lowest adjacent (finished) grade next to building (LAG)		5.7 \times feet \square meters				
g) Highest adjacent (finished) grade next to building (HAG)		6.6 × feet meters				
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 		6.6 × feet meters				
SECTION D – SURVEYOR, ENGINEER, OR ARC	CHITECT CERTIF	ICATION				
This certification is to be signed and sealed by a land surveyor, engineer, or arc I certify that the information on this Certificate represents my best efforts to interstatement may be punishable by fine or imprisonment under 18 U.S. Code, Sec	pret the data availa	/ law to certify elevation information. able. I understand that any false				
Were latitude and longitude in Section A provided by a licensed land surveyor?		Check here if attachments.				
Certifier's Name License Number		annumum minner.				
JOHN J. HILTON LS 6278		THINH J. HIL TOMAN				
Title PROFESSIONAL SURVEYOR AND MAPPER		Professional Surveyor and Surve				
Company Name HOLE MONTES, INC.		6278				
Address		STATE OF ! &				
950 ENCORE WAY		FLORIDA .				
City Digitally signed by John Hilton State	ZIP Code	- and min				
NAPLES DN: cn=John Hilton, o=Hole Montes, ou=Survey Department, Florida	34110	Surveyor				
Signature ————————————————————————————————————	Telephone	Ext.				
Date: 2020.03.03 09:16:17 -05'00' 03-02-2020	(239) 254-2000					
Copy all pages of this Elevation Certificate and all attachments for (1) community of	ficial, (2) insurance	agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable) C2.E IS AN AIR CONDITIONER						
THE SMART VENTS ARE MODEL 1540-510 AND ALLOW 200 SQ FT OF COVERAGE PER VENT						
		1				

ELEVATION CERTIFICATE

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MP	ORTANT: In these spaces, copy the corre	FOR INSURAN	ICE COMPANY USE			
	lding Street Address (including Apt., Unit, St 13 LIGHTHOUSE CT.	uite, and/or Bldg. No.) or	P.O. Route and Box No	Policy Number:		
City MAI	/ RCO ISLAND	State Florida	ZIP Code 34145	Company NAIC	Number	
		ING ELEVATION INFO R ZONE AO AND ZON	RMATION (SURVEY I IE A (WITHOUT BFE)	NOT REQUIRED)		
com	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.	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 basemen crawlspace, or enclosure) isb) Top of bottom floor (including basemen		feet n	neters	below the HAG.	
	crawlspace, or enclosure) is			_	below the LAG.	
E2.	For Building Diagrams 6–9 with permanent the next higher floor (elevation C2.b in the diagrams) of the building is	: flood openings provide		·	2 of Instructions),	
E3.	Attached garage (top of slab) is		feet r	neters 🔲 above or	below the HAG.	
E4.	Top of platform of machinery and/or equipr servicing the building is	nent	feet n	meters above or	below the HAG.	
E5.	Zone AO only: If no flood depth number is floodplain management ordinance?		ne bottom floor elevated own. The local official n			
	SECTION F - PROPER	TY OWNER (OR OWNE	R'S REPRESENTATIVE	E) CERTIFICATION		
The	e property owner or owner's authorized reprendentity-issued BFE) or Zone AO must sign	esentative who complete here. The statements in	es Sections A, B, and E for Sections A, B, and E are	or Zone A (without a Fe correct to the best c	FEMA-issued or of my knowledge.	
Pro	perty Owner or Owner's Authorized Represe	entative's Name				
Add	dress		City	State	ZIP Code	
Sig	nature		Date	Telephone		
Cor	mments					
				☐ Check ł	nere if attachments.	

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IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 1113 LIGHTHOUSE CT.	Policy Number:					
City MARCO ISLAND	State Florida	ZIP Code 34145		Company NAIC Number		
SECTION	ON G - COMMUNIT	TY INFORMATION (OPTI	ONAL)			
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.						
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation					
G2. A community official completed Sect or Zone AO.	ion E for a building	located in Zone A (withou	t a FEMA	A-issued or community-issued BFE)		
G3. The following information (Items G4-	-G10) is provided fo	or community floodplain m	anageme	ent purposes.		
G4. Permit Number	G5. Date Permit	Issued		Pate Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	n 🗌 Substantial Improver	ment			
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 Floodplain Coordinator						
Community Name	l	Telephone				
City of Marco Isla	na 					
Signature		Date				
	/IEWED	applicable)	2020			
				Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 1113 LIGHTHOUSE CT.	Policy Number:		
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 03/02/2020

Clear Photo One



Photo Two

Photo Two Caption RIGHT VIEW 03/02/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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			<u> </u>
IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 1113 LIGHTHOUSE CT.	. 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 03/02/2020

Clear Photo Three



Photo Four

Photo Four Caption LEFT VIEW 03/02/2020

Clear Photo Four