## **ELEVATION CERTIFICATE** Important: Follow the instructions on pages 1–9.

-		a									
Con	v all nades i	of this Fl	evation (	Certificate and	l all attachme	nte for (1	) community	/ official (	(2) insurance	agent/company	and (3) building owner.
OOD.			Cvalori				/			agoni company.	and (o) building owner.

		TION A – PROPERTY					ANCE COMPANY USE
A1. Building Owne						Policy Num	
WILLIAM J. ar	nd LISA M. R	ISBARA					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 762 ORCHID COURT							
City MARCO ISLAI	ND			State Florida		ZIP Code 34145	
		nd Block Numbers, Ta ARCO BEACH UNIT				,	COUNTY, FLORIDA.
A4. Building Use (	(e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) R	ESIDENTIAL	
A5. Latitude/Long	itude: Lat.	N 25°55'06.18"	Long.	W 81°43'18.3	33" Horizontal	Datum: 🗌 NAD 1	927 🛛 NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	e Certific	ate is being ι	ised to obtain flood	l insurance.	
A7. Building Diagr	am Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square for	otage of craw	space or enclosure(s)			N/A sq ft		
b) Number of	permanent fl	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net ar	rea of flood o	penings in A8.b		N/A sq ir	I		
d) Engineered	d flood openii	ngs? 🗌 Yes 🖂 N	10				
A9. For a building	with an attacl	ned garage:					
a) Square foo	tage of attacl	ned garage		624.00 sq ft			
b) Number of	permanent fl	ood openings in the at	tached g	arage within	1.0 foot above adja	acent grade 2	
c) Total net ar	ea of flood o	penings in A9.b		360.00 sq	in		
d) Engineered			lo	·			
		ECTION B – FLOOD	NSURA	1		ORMATION	1
	nity Name & 0 MARCO ISL	Community Number AND 120426		B2. County	Name COLLIER		B3. State Florida
B4. Map/Panel	B5. Suffix	B6. FIRM Index		RM Panel	B8. Flood	B9. Base Flood E	
Number	DD. Sullix	Date	Effe	ective/	Zone(s)		e Base Flood Depth)
12021C 0836	Н	05-16-2012	05-16-2	vised Date 2012	AE	8.0' (N.A	A.V.D. 1988)
B10. Indicate the	source of the	Base Flood Elevation	(BFF) di	ata or base fl	ood depth entered	in Item B9 <sup>.</sup>	
		Community Deter	. ,				
B11. Indicate elev	ation datum	used for BFE in Item B	9: 🗌 N	GVD 1929	× NAVD 1988	Other/Source:	
B12. Is the buildin	ig located in a	a Coastal Barrier Reso	urces Sy	/stem (CBRS	) area or Otherwis	e Protected Area (0	DPA)? 🗌 Yes 🖂 No
Designation	Date:		CBRS				
FEMA Form 086-0-3	3 (12/19)	R	eplaces	all previous e	ditions.		Form Page 1 of 6

ELEVATION CERTIFICATE					. 1660-0 n Date: I	008 November 30, 20	22
IMPORTANT: In these spaces, copy the correspon	ding information	from Sect	ion A.	FOR IN	SURANC	E COMPANY US	SE
Building Street Address (including Apt., Unit, Suite, ar 762 ORCHID COURT	nd/or Bldg. No.) or	P.O. Route	e and Box No.	Policy N	lumber:		
CityStateZIP CodeMARCO ISLANDFlorida34145					וy NAIC ו	Number	
SECTION C – BUILDING	ELEVATION IN	FORMATI	ON (SURVEY RE	QUIRE	D)		
*A new Elevation Certificate will be required wh C2. Elevations – Zones A1–A30, AE, AH, A (with B Complete Items C2.a–h below according to the Benchmark Utilized: COL 12	FE), VE, V1–V30, building diagram	the buildin V (with BF specified in al Datum:	E), AR, AR/A, AR/A Item A7. In Puerto N.A.V.D. 1	AE, AR/A Rico or			
Indicate elevation datum used for the elevations		gh h) below	Ι.				
☐ NGVD 1929 ⊠ NAVD 1988 ☐ Ot Datum used for building elevations must be the		d for the BF	E.				-
<ul> <li>a) Top of bottom floor (including basement, crab)</li> <li>b) Top of the next higher floor</li> </ul>				9.1	$\times$ the metric k the metric $\times$ feet	easurement used	
c) Bottom of the lowest horizontal structural me	mber (V Zones or	nlv)			× feet	 ☐ meters	
d) Attached garage (top of slab)		iny)			× feet	 ☐ meters	
<ul> <li>e) Lowest elevation of machinery or equipment (Describe type of equipment and location in</li> </ul>	t servicing the buil Comments)	ding		9.1	⊠ feet	meters	
f) Lowest adjacent (finished) grade next to bui	lding (LAG)			6.4	imes feet	meters	
g) Highest adjacent (finished) grade next to bu	ilding (HAG)			6.5	× feet	meters	
<ul> <li>h) Lowest adjacent grade at lowest elevation o structural support</li> </ul>	f deck or stairs, in	cluding		N/A	⊠ feet	meters	
SECTION D – SURVEY	OR, ENGINEER	, OR ARC		CATION			
This certification is to be signed and sealed by a lan I certify that the information on this Certificate repres statement may be punishable by fine or imprisonme	sents my best effo	rts to interp	pret the data availab	law to ce ble. I und	ertify elev lerstand	vation information that any false	
Were latitude and longitude in Section A provided by	a licensed land s	surveyor?	🖂 Yes 🗌 No		heck her	e if attachments.	
Certifier's Name DAVID C. HOLMAN (19.0069 )	License Nu PSM 6279	imber			111110 11110	C. HOLA	
Title LAND SURVEYOR Company Name A. TRIGO & ASSOCIATES, INC. Address 2223 TRADE CENTER WAY	— Davi — Holr	id C.+ nan I	Digitally signed <del>by David C. Holman Date: 2020.07.14</del> 16:30:25 -04'00'	Rege	*	ATE OF	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
City NAPLES	State Florida		ZIP Code 34109	1111	ind s	urveyor within	11.
Signature Copy all pages of this Elevation Certificate and all attac	Date 06-25-2020 chments for (1) con		Telephone (239) 594-8448 icial, (2) insurance a	Ext.		a USA (USA)	ner.
Comments (including type of equipment and location A9b. 2 CRAWL SPACE DOOR SYSTEMS VENTS C2e. LOWEST EQUIPMENT SERVICING BUILDIN GENERATOR PAD AT ELEV. 10.5' (N.A.V.D. POOL EQUIPMENT AT ELEV. 6.4' (N.A.V.D. CROWN OF ROAD OPPOSITE NORTHWEST PRO CROWN OF ROAD OPPOSITE SOUTHEAST PRO	MODEL FV16160 NG IS WATER HE 1988) 1988) PPERTY LINE = 4.	CS RATED ATER AND	) AIR CONDITIONE .D. 1988)		LEV. 9.1	' (N.A.V.D. 1988)	

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

ELEVATION CERTIFICATE			Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the correspo	onding information	on from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, 762 ORCHID COURT	and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number
SECTION E – BUILDING FOR Z	ELEVATION IN ONE AO AND ZO	FORMATION (SURVEY NO DNE A (WITHOUT BFE)	T REQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, u enter meters.	s E1–E5. If the Ce se natural grade, i	rtificate is intended to support f available. Check the measu	a LOMA or LOMR-F request, rement used. In Puerto Rico only,
<ul><li>E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement,</li></ul>			ner the elevation is above or below
crawlspace, or enclosure) is		feet 🗌 met	ers above or below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet met	ers above or below the LAG.
E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in	od openings provid	led in Section A Items 8 and/	or 9 (see pages 1–2 of Instructions),
the diagrams) of the building is		feet 🗌 met	ers above or below the HAG.
E3. Attached garage (top of slab) is		feet 🗌 met	ers above or below the HAG.
E4. Top of platform of machinery and/or equipmen servicing the building is	t	feet 🗌 met	ers 🗌 above or 🗌 below the HAG.
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes			accordance with the community's t certify this information in Section G.
SECTION F – PROPERTY	OWNER (OR OWI	NER'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized represer community-issued BFE) or Zone AO must sign here	ntative who comple e. The statements	etes Sections A, B, and E for 2 in Sections A, B, and E are c	Zone A (without a FEMA-issued or orrect to the best of my knowledge.
Property Owner or Owner's Authorized Representa	tive's Name		
Address		City	State ZIP Code
Signature		Date	Felephone
Comments			
			Check here if attachments.

OMB No.	1660-0	0008		
Expiration	Date:	November	30,	2022

ELEVATION CERTIFICATE	Expiration Date: November 30, 2022						
IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St 762 ORCHID COURT	No. Policy Number:						
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number				
SECTIO	ON G – COMMUNITY	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.							
			gned and sealed by a licensed surveyor, cate the source and date of the elevation				
G2. A community official completed Sect or Zone AO.	ion E for a building loo	cated in Zone A (without a	a FEMA-issued or community-issued BFE)				
G3. The following information (Items G4-	-G10) is provided for a	community floodplain mar	nagement purposes.				
G4. Permit Number	G5. Date Permit Iss	sued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	] New Construction [	Substantial Improveme	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	the building site:	[	feet meters Datum				
G10. Community's design flood elevation:			feetmeters				
Local Official's Name		Title					
Community Name		Telephone					
Signature		Date					
Comments (including type of equipment and log	cation, per C2(e), if ap	oplicable)					
			Check here if attachments.				

<b>ELEVATION</b>	CERTIFICATE
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## **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 762 ORCHID 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 Two

## **ELEVATION CERTIFICATE**

## **BUILDING PHOTOGRAPHS**

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

ELEVATION CERTIFICATE	Continua	tion Page	Expiration Date: November 30, 2022		
IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 762 ORCHID 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 Caption **REAR VIEW** 

06/25/2020

**Clear Photo Three** 



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

Replaces all previous editions.