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 STRAWBERRY BASS, LLC Policy Number:						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 1124 STRAWBERRY COURT						AIC Number:
City MARCO ISLAND			State Florida		ZIP Code 34145	
A3. Property Description (Lot LOT 43, BLOCK 250 OF I				•	,	OUNTY, FLORIDA.
A4. Building Use (e.g., Resid	ential, Non-Residential, A	Addition	, Accessory,	etc.) RESIDE	NTIAL	
A5. Latitude/Longitude: Lat.	N 25°56'36.69"	Long.	W 81°43'16.6	88" Horizontal	Datum: NAD 1	927 × NAD 1983
A6. Attach at least 2 photogra	aphs of the building if the	Certific	ate is being u	sed to obtain flood	insurance.	
A7. Building Diagram Numbe	r 1B					
A8. For a building with a craw	rlspace or enclosure(s):					
a) Square footage of cra	wlspace or enclosure(s)			N/A sq ft		
b) Number of permanent	flood openings in the cra	wlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net area of flood	openings in A8.b		N/A sq in			
d) Engineered flood oper	nings?	0				
A9. For a building with an atta	ched garage:					
a) Square footage of atta	ched garage		624.00 sq ft			
b) Number of permanent	flood openings in the att	ached g	arage within	1.0 foot above adja	cent grade 3	
c) Total net area of flood openings in A9.b 465.00 sq in						
d) Engineered flood openings? × Yes No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name 8 CITY OF MARCO IS	•		B2. County	Name COLLIER		B3. State Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12021C 0828 H	05-16-2012	05-16-2	vised Date 2012	AE	8.0' (N.A.V	'.D. 1988)
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 correspond	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, a 1124 STRAWBERRY COURT	Policy Number:					
City State ZIP Code MARCO ISLAND Florida 34145			Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Consi *A new Elevation Certificate will be required wl C2. Elevations – Zones A1–A30, AE, AH, A (with E Complete Items C2.a–h below according to the Benchmark Utilized: COL 14 Indicate elevation datum used for the elevation	nen construction of the B BFE), VE, V1–V30, V (we building diagram spec Vertical Da	ith BFE), AR, AR/A, AR/ ified in Item A7. In Puert atum: N.A.V.D.	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.			
□ NGVD 1929 ⊠ NAVD 1988 □ C	, ,	below.				
Datum used for building elevations must be the a) Top of bottom floor (including basement, cr			Check the measurement used. 9.1 ⊠ feet □ meters			
b) Top of the next higher floor			N/A			
c) Bottom of the lowest horizontal structural m	ember (V Zones only)		N/A × feet meters			
d) Attached garage (top of slab)			6.6 × feet meters			
 e) Lowest elevation of machinery or equipmer (Describe type of equipment and location in 	nt servicing the building Comments)		9.1 X feet meters			
f) Lowest adjacent (finished) grade next to bu	ilding (LAG)		6.2 × feet meters			
g) Highest adjacent (finished) grade next to be	uilding (HAG)		6.5 × feet meters			
 h) Lowest adjacent grade at lowest elevation structural support 	of deck or stairs, includi	ng 	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	y a licensed land surve	yor? △ Yes □ No	Check here if attachments.			
Certifier's Name DAVID C. HOLMAN (18.0301)	License Numbe PSM 6279	r	WIND C. HOLANIA			
Title LAND SURVEYOR	David	Digitally signed	ERTIFICA A			
Company Name A. TRIGO & ASSOCIATES, INC.	Daviu Ualma	by David C. Holman Date: 2020.05.05	Check here if attachments. C. HOLANDERTIFICATION STATE OF			
Address 2223 TRADE CENTER WAY	ПОШТ	11:45:35 -04'00'	TO ORIDA OS			
City NAPLES	State Florida	ZIP Code 34109	STATE OF STATE OF SURVEYOR SUR			
Signature will Collection	Date 05-05-2020	Telephone (239) 594-8448	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) A9b. 3 CRAWL SPACE DOOR SYSTEMS FLOOD VENTS, 2 MODEL FV1616, RATED AT 395 SQ. FT. EACH 1 MODEL FV 816, RATED AT 205 SQ.FT. C2e. LOWEST EQUIPMENT SERVICING BUILDING IS WATER HEATER AND AIR CONDITIONER AT ELEV. 9.1' (N.A.V.D. 1988) POOL EQUIPMENT IS AT ELEV. 6.5' (N.A.V.D. 1988) CROWN OF ROAD OPPOSITE NORTHWEST PROPERTY LINE = 3.98' (N.A.V.D. 1988) CROWN OF ROAD OPPOSITE SOUTHWEST PROPERTY LINE = 4.25' (N.A.V.D. 1988)						

ELEVATION CERTIFICATE

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MPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURA	ANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1124 STRAWBERRY COURT			Policy Number	er:		
City MA	y RCO ISLAND	State Florida	ZIP Code 34145		Company NA	IC Number
	SECTION E – BUILDIN FOR	IG ELEVATION INFO			REQUIRED)	
con	Zones AO and A (without BFE), complete Item nplete Sections A, B,and C. For Items E1–E4, er meters.	ms E1–E5. If the Cert use natural grade, if	ificate is intended to available. Check th	o support a e measurer	LOMA or LOM ment used. In	//R-F request, Puerto Rico only,
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 basement,					
	crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet	meter	s above	or
	crawlspace, or enclosure) is		feet	: meter	s above	or below the LAG.
E2.	For Building Diagrams 6–9 with permanent f the next higher floor (elevation C2.b in the diagrams) of the building is	lood openings provide	ed in Section A Item			1–2 of Instructions), or ☐ below the HAG.
E3.	Attached garage (top of slab) is		feet	meter	s above	or
E4.	Top of platform of machinery and/or equipme servicing the building is	ent	feet	meter	s 🗌 above	or _ below the HAG.
E5.	Zone AO only: If no flood depth number is av floodplain management ordinance? Ye					the community's rmation in Section G.
	SECTION F - PROPERTY	Y OWNER (OR OWN	ER'S REPRESENT	ATIVE) CE	RTIFICATION	I
The	e property owner or owner's authorized repres nmunity-issued BFE) or Zone AO must sign he	entative who complete ere. The statements in	es Sections A, B, a Sections A, B, and	nd E for Zo d E are cori	ne A (without a	a FEMA-issued or t of my knowledge.
Pro	perty Owner or Owner's Authorized Represen	ntative's Name				
Add	dress		City	Sta	ate	ZIP Code
Sig	nature		Date	Те	lephone	
Cor	mments					
					Chec	k here if attachments.

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre		FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, State 1124 STRAWBERRY COURT	No.	Policy Number:			
City MARCO ISLAND	State Florida	ZIP Code 34145		Company NAIC Number	
SECTION	ON G – COMMUNI	TY INFORMATION (OPTIO	DNAL)		
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 Zone AO.	ion E for a building	located in Zone A (without	a FEMA	-issued or community-issued BFE)	
G3. The following information (Items G4-	-G10) is provided f	or community floodplain ma	inageme	nt purposes.	
G4. Permit Number	G5. Date Permit	slssued		ate Certificate of ompliance/Occupancy Issued	
G7. This permit has been issued for:	New Constructio	n Substantial Improvem	nent		
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:	-		feet	meters Datum	
Local Official's Name Title Floodplain Coordinator					
Community Name		Telephone			
City of Marco Island					
Signature		Date			
Comments (including type of equipment and lo	cation, per C2(e), i	f applicable)			
REVIEWED					
By Kelli DeFedericis at 3:22 pm, May 08, 2020					
By Kelli De	reuericis at 3.	.22 pm, may 00, 2020			
				☐ Check here if attachments.	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including A 1124 STRAWBERRY 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 05/05/2020

Clear Photo One



Photo Two

Photo Two Caption LEFT SIDE VIEW 05/05/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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			<u> </u>
IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt 1124 STRAWBERRY 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 05/05/2020

Clear Photo Three



Photo Four

Photo Four Caption RIGHT SIDE VIEW 05/05/2020

Clear Photo Four