U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATEImportant: 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 GIOVANNI TAMBURRINI AND ANGELINA TAMBURRINI Policy Number:						ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 901 ARAWAK AVENUE						AIC Number:
City State ZIP Coo MARCO ISLAND Florida 34145						
A3. Property Description (Lot a LOT 1, BLOCK 175, MARCO B				• • •	OF COLLIER	COUNTY, FL.
A4. Building Use (e.g., Reside	ntial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longitude: Lat. 2	5º55'51.09'' N	ong. 8	1º43'38.32" W	Horizontal Datur	n: NAD 1	927 × NAD 1983
A6. Attach at least 2 photograp	ohs of the building if the	Certific	ate is being used to	obtain flood insur	ance.	
A7. Building Diagram Number	1B					
A8. For a building with a crawls	space or enclosure(s):					
a) Square footage of craw	Ispace or enclosure(s)		N/A sq ft			
b) Number of permanent f	ood openings in the cra	 wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade N/A
c) Total net area of flood of	penings in A8.b N/	A s	g in			
d) Engineered flood openi		<u> </u>				
A9. For a building with an attac						
a) Square footage of attac			sq ft			
b) Number of permanent f			·	nt above adjacent	arade	N/A
				or above adjacent		14/71
c) Total net area of flood o		/A	sq in			
d) Engineered flood openi	ngs? ☐ Yes ⊠ No	0				
S	ECTION B – FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Name & Community Number B2. County Name B3. State						
CITY OF MARCO ISLAND 120426 COLLIER Florida						
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E.	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
12021C0836 H	05/16/2012		/2012	AE	9.00 FT	
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 Resou	rces Sy	stem (CBRS) area	or Otherwise Prote	ected Area (0	DPA)? ☐ Yes ⊠ No
Designation Date:	\sqcap (CBRS	☐ OPA			

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding inf	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bld 901 ARAWAK AVENUE	Policy Number:				
City State	ZIP C		Company NAIC Number		
MARCO ISLAND Florida	34145	5			
SECTION C – BUILDING ELEVA	ATION INFORMATI	ON (SURVEY RI	EQUIRED)		
C1. Building elevations are based on: Construction D	rawings*	ing Under Constru	ction* X Finished Construction		
*A new Elevation Certificate will be required when const	ruction of the building	g is complete.			
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, Complete Items C2.a–h below according to the building Benchmark Utilized: COLLIER COUNTY ID: DN3775	diagram specified in	Item A7. In Puert			
Indicate elevation datum used for the elevations in items					
□ NGVD 1929 ⊠ NAVD 1988 □ Other/Sour	, ,	•			
Datum used for building elevations must be the same as		E.			
			Check the measurement used.		
 a) Top of bottom floor (including basement, crawlspace 	, or enclosure floor)	7. <u>35</u>	x feet meters		
b) Top of the next higher floor		N/A	X feet meters		
c) Bottom of the lowest horizontal structural member (V	7 Zones only)	N/A	X feet meters		
d) Attached garage (top of slab)	Londo omy)	6 40	× feet meters		
	a tha huilding	 6 _. 19			
 e) Lowest elevation of machinery or equipment servicir (Describe type of equipment and location in Comme 	nts)	·	X feet meters		
f) Lowest adjacent (finished) grade next to building (LA	(G)	<u>5</u> . <u>79</u>	x feet meters		
g) Highest adjacent (finished) grade next to building (H	AG)	6. <u>63</u>	x feet meters		
 h) Lowest adjacent grade at lowest elevation of deck of structural support 	stairs, including	N/A	X feet meters		
SECTION D – SURVEYOR, EN	IGINEER, OR ARC	HITECT CERTIF	ICATION		
This certification is to be signed and sealed by a land survey I certify that the information on this Certificate represents my statement may be punishable by fine or imprisonment under	or, engineer, or archivest efforts to interp	itect authorized by pret the data availa	law to certify elevation information.		
Were latitude and longitude in Section A provided by a licens			Check here if attachments.		
	icense Number				
MIGUEL J. GARAY 69	594		WILL J. GAN		
Title VICE PRESIDENT			Cense Number 7		
Company Name GEOMETRIC SURVEYING INC.			* * *		
Address 2804 DEL PRADO BLVD SOUTH, SUITE 202			STATE OF STATE OF		
		ZIP Code 33904	Onal Surveyor and		
		Telephone (239) 540-6257	<u> </u>		
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) SECTION C2(E) LOWEST ELEVATION OF MACHINERY = THE A/C PAD, LOCATED ALONG THE LEFT SIDE OF THE HOUSE; LATITUDE AND LONGITUDE DETERMINED BY SURVEYOR USING GOOGLE EARTH.					

ELEVATION CERTIFICATE

					INSURANCE COMPANY USE		
	lding Street Address (including Apt., Unit, Suit I ARAWAK AVENUE	e, and/or Bldg. No.) o	r P.O. Route and Bo	x No. Policy	Number:		
City MA	/ RCO ISLAND	State Florida	ZIP Code 34145	Comp	any NAIC Number		
	SECTION E – BUILDIN FOR	G ELEVATION INFO			JIRED)		
con	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 adjacent grade (LAG).						
	a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement).		feet	meters	above or _ below the HAG.		
	b) Top of bottom floor (including basement, crawlspace, or enclosure) is	·-	feet	meters	above or below the LAG.		
E2.	For Building Diagrams 6–9 with permanent fl the next higher floor (elevation C2.b in the diagrams) of the building is	ood openings provide	ed in Section A Items	8 and/or 9 (see	pages 1–2 of Instructions), above or ☐ below the HAG.		
E3.	Attached garage (top of slab) is		feet	meters	above or below the HAG.		
E4.	. Top of platform of machinery and/or equipme servicing the building is	ent	[feet	meters	above or below the HAG.		
E5.	Zone AO only: If no flood depth number is av floodplain management ordinance?		he bottom floor eleva	ated in accordan			
	SECTION F - PROPERTY	OWNER (OR OWN	ER'S REPRESENTA	ATIVE) CERTIFIC	CATION		
The	e property owner or owner's authorized represonmunity-issued BFE) or Zone AO must sign he	entative who complete ere. The statements in	es Sections A, B, and Sections A, B, and	d E for Zone A (v E are correct to	without a FEMA-issued or the best of my knowledge.		
Pro	perty Owner or Owner's Authorized Represen	tative's Name					
Add	dress		City	State	ZIP Code		
Sig	nature		Date	Telephon	е		
Cor	mments						
				Γ	Check here if attachments.		

ELEVATION CERTIFICATE

MPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Su 901 ARAWAK AVENUE							
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number				
SECTIO	N G – COMMUNI	TY 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.							
	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 Section or Zone AO.	on E for a building	located in Zone A (without a	a FEMA-issued or community-issued BFE)				
G3. The following information (Items G4–	G10) is provided fo	or community floodplain mar	nagement purposes.				
G4. Permit Number	G5. Date Permit	Issued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	New Construction	n Substantial Improvement	ent				
G8. Elevation of as-built lowest floor (including of the building:	basement)		feet meters Datum				
G9. BFE or (in Zone AO) depth of flooding at t	he building site: _		feet meters Datum				
G10. Community's design flood elevation:	_		feet meters Datum				
Local Official's Name		Title					
Community Name		Telephone					
Signature		Date					
Comments (including type of equipment and location, per C2(e), if applicable)							
☐ Check here if attachments.							

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including Apple 901 ARAWAK AVENUE	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 09/04/2019



Photo Two

Photo Two Caption REAR 09/04/2019

FEMA Form 086-0-33 (7/15)

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 901 ARAWAK AVENUE			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 LEFT 09/04/2019



Photo Four

Photo Four Caption RIGHT 09/04/2019

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

		<u> </u>	Expiration Bato: November 66, 2016
IMPORTANT: In these spaces, copy the corre	sponding information	n from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Su			Policy Number:
901 ARAWAK AVENUE	.,		
	State	ZIP Code	Company NAIC Number
City MARCO ISLAND	Florida	34145	Company NAIC Number
WARCO ISLAND	riofida	34145	
If submitting more photographs than will fit or with: date taken; "Front View" and "Rear V photographs must show the foundation with rep	iew"; and, if required	d, "Right Side View" and '	"Left Side View." When applicable,
	Photo I	Five	
Photo Five Caption			
	Photo	Six	
Photo Six Caption			