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 Thomas D. Jones & Cynthia M. Jones Policy Number:					ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 829 North Barfield Drive Company NAIC Number:				AIC Number:		
CityStateZIP CodeMarco IslandFlorida34145						
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 23, Block 28, Marco Beach Unit 1, as recorded in PB 6, Pg(s) 9 - 16, Collier County, Florida						
A4. Building Use (e.g., Reside	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. N	N25°57'32.6"	Long. W	/81°42'59.9"	Horizonta	I Datum: NAD	927 X NAD 1983
A6. Attach at least 2 photograp	ohs of the building if th	e Certific	ate is being u	used to obtain floo	d insurance.	
A7. Building Diagram Number	8					
A8. For a building with a crawl	space or enclosure(s):					
a) Square footage of craw	/Ispace or enclosure(s)		1	1178.00 sq ft		
b) Number of permanent fl	lood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade <u>6</u>
c) Total net area of flood of	penings in A8.b		0.00 sq in	1		
d) Engineered flood openi	ings?	No				
A9. For a building with an attac	hed garage:					
a) Square footage of attac	hed garage		385.00 sq ft			
b) Number of permanent fl	lood openings in the at	tached g	arage within	1.0 foot above adj	acent grade 2	
c) Total net area of flood of	penings in A9.b		400.00 sq	in		
d) Engineered flood openi	ngs? ⊠ Yes □ N	No				
S	SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number B2. County Name B3. State					B3. State	
City of Marco Island	120426		Collier			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, us	levation(s) e Base Flood Depth)
12021C08829 H	05-16-2012	05-16-2	vised Date 2012	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 DPA						
	⊔		_			

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

Replaces all previous editions.

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 829 North Barfield Drive			Policy Number:	
City Stat Marco Island Flor		Code 45	Company NAIC Number	
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)				
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. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: DN 3768 Vertical Datum: NAVD 88				
Indicate elevation datum used for the elevations in ite	ems a) through h) belo	ow.		
□ NGVD 1929 ⊠ NAVD 1988 □ Other/S		DEE		
Datum used for building elevations must be the same a) Top of bottom floor (including basement, crawlsp b) Top of the next higher floor			Check the measurement used. 8.0	
c) Bottom of the lowest horizontal structural membe	r (V Zones only)		N/A X feet meters	
d) Attached garage (top of slab)			7.1 X feet meters	
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com	ricing the building ments)		9.7 X feet meters	
f) Lowest adjacent (finished) grade next to building	(LAG)		5.7 x feet meters	
g) Highest adjacent (finished) grade next to building	(HAG)		7.0 X feet meters	
h) Lowest adjacent grade at lowest elevation of dec structural support	k or stairs, including		N/A X 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 a licensed land surveyor? Yes No Check here if attachments.				
Certifier's Name	License Number			
John Pacetti	6916		P PAO	
Title Professional Surveyor and Mapper			SOLAT IFICATION NO. 6916	
Company Name Marco Surveying & Mapping, LLC			Och Broth	
Address 3205 Beck Boulevard			STATE OF	
City Naples	State Florida	ZIP Code 34114	Survey o	
Signature John Pacetti Digitally signed by John Pacetti Date: 2021.10.11 11:08:46 -04'00'	Date 09-14-2021	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) A8a & A9a Square footage derived from architectural design plans. A8b are Smart Vent, Model #1540-520, certified to cover 200 sq/ft each, however C2a is at BFE 8.0' & no A8c area is given. A9b are Smart Vent, Model #1540-520, certified to cover 200 sq/ft each, (2) of the crawlspace vents are located in the garage. C2a is the crawlspace. C2b is the front door threshold as there was no access to the structure. C2e is the A/C pad (NW. 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 #20-611, ds/sc, FB #233, PG #21, 09/14/2021				
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ELEVATION CERTIFICATE

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

	IMPORTANT: In these spaces, copy the corresponding information from Section A.			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Ro 829 North Barfield Drive	oute and Box No.	Policy Number:		
l [°]	P Code 145	Company NAIC Number		
SECTION E – BUILDING ELEVATION INFORMATI FOR ZONE AO AND ZONE A (W		REQUIRED)		
FOR ZONE AO AND ZONE A (WITHOUT BFE) 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				
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.				
		<u> </u>		
Property Owner or Owner's Authorized Representative's Name		, , , , , , , , , , , , , , , , , , ,		
Property Owner or Owner's Authorized Representative's Name Address City	SI	ate ZIP Code		

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 829 North Barfield Drive				Policy Number:
City Marco Island	State Florida	ZIP Code 34145		Company NAIC Number
SECTION G – COMMUNITY INFORMATION (OPTIONAL)				
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 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 lo	ocated in Zone A (withou	ıt a FEMA	-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for	community floodplain m	nanageme	nt purposes.
G4. Permit Number	G5. Date Permit Is	ssued	G6. Da	ate Certificate of ompliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improver	ment	
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		
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.

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Expiration Date: November 30, 2022

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City	State	ZIP Code	Company NAIC Number
Marco Island	Florida	Ĭ	

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.



: Front View (SW) with (2) Flood Openings on 09/14/2021

Clear Photo One



Photo Two Caption : Left Side View (NW) with (2) A/C Racks on 09/14/2021

Clear Photo Two

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

Photo One Caption

Replaces all previous editions.

Form Page 5 of 6

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copythe corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 829 North Barfield Drive			Policy Number:
City	State	ZIP Code	Company NAIC Number
Marco Island	Florida		

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 (NE) on 09/14/2021

Clear Photo Three



Photo Four

Photo Four Caption : Right Side View (SE) with (4) Flood Openings on 09/14/2021

Clear Photo Four