## U.S. SEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

National Floor appropriate 199						
SECTION A - PROPERTY INFORMATION	€FS: TESUE STEECOMPLATE					
A1. Building Owner's Name ZAHROBSHY	Palasyklember					
A. Duilding Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.	Company NAKE Number.					
State ZIP Code	Process and Advances and the second					
City MARCO ISLAND FLORIDA 34/45  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)						
12-114 136067- 273 MARCO NAMED						
A4 Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
TOTAL TOTAL AND THE TOTAL PROPERTY OF THE TO						
A5. Latitude/Longitude: Lat. 10 Long. 20 Long. 2	ached gerage.					
A8 For a building with a crawispace or enclosure(s).	ached garage <u>M77</u> sq ft					
a) Square footage or crawspace of or						
or enclosure(s) within 1.0 foot above adjacent global and square of flood or enclosure(s) within 1.0 foot above adjacent global and square of flood or enclosure(s) within 1.0 foot above adjacent global and square of flood or enclosure(s) within 1.0 foot above adjacent global and square of flood or enclosure(s) within 1.0 foot above adjacent global and square of flood or enclosure(s) within 1.0 foot above adjacent global and square of flood or enclosure(s) within 1.0 foot above adjacent global and square of flood or enclosure(s) within 1.0 foot above adjacent global and square of flood or enclosure(s) within 1.0 foot above adjacent global and square of flood or enclosure(s) and square of flood or enclosure	openings in A9.b No sq in					
d) Engineered flood openings?						
SECTION B - FLOOD INSURANCE RATE WAF (FIRM) IN CHARACTE						
B1. NFIP Community Name & Community Number  B2. County Name  COLLIER	B3. State FLORIDA					
MARCO ISCANI, 1207AB	B9. Base Flood Elevation(s) (Zone					
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date Effective/Revised Date Zone(s)	AO, use base flood depth)					
12021CO 828 A Salar Sala						
B10. Indicate the source of the Base Flood Elevation (SFS) Set Profile Set FIRM Community Determined Other/Source:						
Other/Source	☐ Yes ☒ No					
11. Indicate elevation datum used for BFE in term by: \( \text{CBRS} \) area or Otherwise Protected Area (OPA)?  12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Designation Date: \( \text{OPA} \)	2					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
Construction Drawings* Building Under Construction*   Finished Construction						
C1. Building elevations are based on:  "A new Elevation Certificate will be required when construction of the building is complete.  "A new Elevation Certificate will be required when construction of the building is complete.  "A new Elevation Certificate will be required when construction of the building is complete.  "A new Elevation Certificate will be required when construction of the building is complete.  "A new Elevation Certificate will be required when C2.a—h  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  C3. 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 special special special special patterns.     U.S. G. & G.S.   Vertical Datum:   NAVD   1988	Mher/Source:					
Indicate elevation datum used for the elevations in items a) through it below. In 1997 1997 1997 1997 1997 1997 1997 199	the measurement used.					
	of feet ☐ meters					
a) Top of bottom floor (including basement, crawispace, or enclosure floor)	☐ feet ☐ meters					
b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only)	☐ feet ☐ meters ☐ meters					
c) Bottom of the lowest notice (in the lowest notice)  d) Attached garage (top of siab)  e) Lowest elevation of machinery or equipment servicing the building  if feet   meters   meter						
(Describe type of equipment and location in Comments)						
f) Lowest adjacent (finished) grade next to building (LAG)  5 50	☑ feet ☐ meters					
h) Lowest adjacent (irrisited) grade liet to both the bot	☐ feet ☐ meters					
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
to describe authorized by law to certify elevation						
information. I certify that the information on this Certificate representation and the certification of this certification of this certification of this certification. I certify that the information of this certification of this certification of this certification. I certify that the information of this certification of this certification of this certification. I certify that the information of this certification of this certification of this certification. I certification of this certification of thi						
Check here if comments are provided on back or form.						
Check here if attachments.						
Certifier's Name Will; AM MCALEAR License Number 3667						
Title P. S. & M. Company Name WILLIAM MCALEAR LAND SURVEY	ING INC.					
Address P.O. Box 9732 City NAPLES State FL. ZIP Code 34/01						
Signature 7 / 2 Date 4-2-20/1 Telephone 239-597-7428	1-2-2014					

	IMPORTANT: In these spaces, copy the corresponding information from Section A.		¥.	FOR INSURANCE COMPANY US	
1040		nd/or Bldg. No.) or P.O. Route a ムのレスフ	and Box No.		Policy Number:
City MARCO	ISLAND	State FL.	ZIP Code 341	45	Company NAIC Number:
		YOR, ENGINEER, OR ARCI	The state of the s		
Copy both sides of this I	Elevation Certificate for (1) co	mmunity official, (2) insurance a	agent/company, and (3	) building ov	vner.
Comments	E A/L UNIT	SETS ON A SIDE OF SA	PAISED ID HOUSE	Wood	EN
Signature 2	11	Date	4-2-201	14	
SECTION E - BUI	LDING ELEVATION INFO	RMATION (SURVEY NOT	REQUIRED) FOR Z	ONE AO A	AND ZONE A (WITHOUT BFE
E1. Provide elevation ir grade (HAG) and the a) Top of bottom flow b) Top of bottom flow b) Top of bottom flow E2. For Building Diagram (elevation C2.b in the E3. Attached garage (to E4. Top of platform of medical E5. Zone AO only: If no	information for the following an ite lowest adjacent grade (LAC or (including basement, crawl or (including basement, crawl ms 6–9 with permanent flood the diagrams) of the building is p of slab) is flood depth number is available.	d check the measurement used discheck the appropriate boxes to the space, or enclosure) is space, or e	d. In Puerto Rico only, to show whether the e	meters : all meter	pove or below the highest adjacent above or ☐ below the HAG. above or ☐ below the LAG. of Instructions), the next higher flot HAG.
ordinancer [] res	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		The Control of the Co		
		Y OWNER (OR OWNER'S		Manager and the Party of the Pa	
or Zone AO must sign here	e. The statements in Sections d's Authorized Representative	A, B, and E are correct to the be	est of my knowledge.	mout a P END	A-issued or community-issued BF
Address		City		State	ZIP Code
Signature		Date		Telephone	
Comments					
			VAL:		
	CECTION	0			Check here if attachm
e local official who is author	ized by law or ordinance to add	G - COMMUNITY INFORM	ATION (OPTIONAL	-)	nplete Sections A, B, C (or E), and
The information in S is authorized by law  A community official	replete the applicable item(s) a Section C was taken from other to certify elevation information completed Section E for a bu	and sign below. Check the measi	urement used in Items signed and sealed by e of the elevation data it a FEMA-issued or co	G8–G10. In a licensed s in the Comr ommunity-is:	Puerto Rico only, enter meters. urveyor, engineer, or architect winents area below.)
4. Permit Number	G5. Date Permit		G6. Date Certificate		ce/Occupancy Issued
——————————————————————————————————————					
	st floor (including basement) of flooding at the building s	of the building:	represent to the feet to the f	s Datu	um um
cal Official's Name		Title			
mmunity Name		Teleph	none		
nature		Date	ione		
mments		Date			
Timents					Check here if attachment
A Form 086-0-33 (7/12)					

Replaces all previous editions