

**FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077
Expires December 31, 2005

Important: Read the instructions on pages 1-7

7321 SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME Paradise Village Condominium Association		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 825 Elkhart Circle		Company NAIC Number
CITY Marco Island	STATE FL	ZIP CODE 34145
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARADISE VILLAGE . A CONDOMINIUM		
BUILDING USE Residential		
LATITUDE/LONGITUDE (OPTIONAL) (1"-1'-1.1" or 1.11#)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 120067 Unincorporated		B2. COUNTY NAME Collier		B3. STATE FL	
B4. MAP AND PANEL NUMBER 120067 0803	B5 SUFFIX F	B6. FIRM INDEX DATE 9/25/2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9/25/2002	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 8
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS PROFILE <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other					
B11. Indicate the elevation datum used for the BFE in B9. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____					

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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevation - 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 C3.a-i below according to the building diagram specified in the Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculations. Use the space provided or the Comments are o Section D or Section G, as appropriate, to document the datum conversion.

Datum _____	Conversion/Comments _____
Elevation reference mark used _____	Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>10</u> - <u>20</u> ft. (m)
<input type="checkbox"/> b) Top of next higher floor	<u>19</u> - <u>15</u> ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> - _____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>NA</u> - _____ ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (describe in a Comments area).	<u>10</u> - <u>38</u> ft. (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>6</u> - <u>40</u> ft. (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>7</u> - <u>75</u> ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>NA</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>NA</u> sq. in. (sq. cm)

Signature: *Mitchell B. Thompson*

LIC.# 4957 9/2/04

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 in Sections A, B, C 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.

CERTIFIER'S NAME Mitchell B. Thompson		CERTIFIER'S LICENSE NUMBER 4957	
TITLE Professional Surveyor and Mapper		COMPANY NAME EXACTA LAND SERVICES INC.	
ADDRESS 6240 SHIRLEY STREET UNIT 205	CITY NAPLES	STATE FL	ZIP 34109
SIGNATURE <i>Mitchell B. Thompson</i>	DATE 9/2/2004	TELEPHONE 239-597-0082	

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. Policy Number
825 Elkhart Circle

CITY STATE ZIP CODE Company NAIC Number
Marco Island FL 34145

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent./company, and (3) building owner.

COMMENTS Centerline of Road Elevation= 5.83'

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) FOR ZONE AO AND ZONEA (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number (Select the building diagram most similar to the building for which this certificate is being completed- see page 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
E2. The top of the bottom floor (include basement or enclosure) of the building is ft. (m) in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft. (m) in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
E4. The top of the platform of machinery and/or equipment servicing the building is ft. (m) in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Section A, B, C (Item C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Section A,B,C, and E are correct to the best of my knowledge.

PROPERTY OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE NAME

ADDRESS CITY STATE ZIP

SIGNATURE DATE TELEPHONE

COMMENTS

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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
G2. A community official completed Section E for building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

Table with 3 columns: G4. PERMIT NUMBER, G5. DATE PERMIT ISSUED, G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

- G7. This permit has been issued for:
G8. Elevation of as-built lowest floor (including basement) of the building is: ft. (m) Datum:
G9. BFE or (Zone AO) depth of flooring at the building site is: ft. (m) Datum:

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

**FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077
Expires December 31, 2008

Important: Read the instructions on pages 1-7

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CITY Marco Island	STATE FL	ZIP CODE 34145
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARADISE VILLAGE, A CONDOMINIUM		
BUILDING USE Residential		
LATITUDE/LONGITUDE (OPTIONAL) (1"-1'-1.1" or 1.11#")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS PROFILE <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other					
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C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>10</u> - <u>08</u> ft. (m)
<input type="checkbox"/> b) Top of next higher floor	<u>19</u> - <u>03</u> ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> - _____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>NA</u> - _____ ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (describe in a Comments area).	<u>10</u> - <u>32</u> ft. (m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>7</u> - <u>30</u> ft. (m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>8</u> - <u>10</u> ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>NA</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>NA</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Mitchell B. Thompson

LIC.# 4957 9/2/04

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G2. A community official completed Section E for building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

Table with 3 columns: G4. PERMIT NUMBER, G5. DATE PERMIT ISSUED, G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

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LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS