# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

## **ELEVATION CERTIFICATE**

**IMPORTANT:** Follow the instructions on pages 1–9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

FL1403.3670EC

SECT	ION A - PROPI	RTY INFORMALI	)N FO	R INSURAN	NCE CONPAINT USE
A1. Building Owner's Name PAUL ERNST			Pol	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and, 65 GULFPORT CT	or Bldg. No.) or F	O. Route and Box No	. Col	mpany NAIC	Number:
City MARCO ISLAND		State FLORIDA		Code 4145	
A3. Property Description (Lot and Block Numbers, Tax Parce TAX PARCEL ID: 56865800004	l Number, Legal D				
A4. Building Use (e.g., Residential, Non-Residential, Additio	n, Accessory, etc.	RESIDENTIAL			
A5. Latitude/Longitude: Lat. 25 56 13.9 N	Long. 81 42 08	3.0 W	_ Horizontal Dat	um: 🗆 N	AD 1927 X NAD 1983
A6. Attach at least 2 photographs of the building if the Cert A7. Building Diagram Number 1B	ificate is being us	ed to obtain flood ins	surance.		
A8. For a building with a crawlspace or enclosure(s):		A9. For a b	uilding with an attacl	hed garage	:
a) Square footage of crawlspace or enclosure(s)	0		uare footage of attac		
<ul> <li>Number of permanent flood openings in the crawlsp or enclosure(s) within 1.0 foot above adjacent grade</li> </ul>	ace 0	b) Nu - wit	mber of permanent fl hin 1.0 foot above ac	ood openir djacent gra	ngs in the attached garage de <u>0</u>
c) Total net area of flood openings in A8.b	0		al net area of flood o		
d) Engineered flood openings?		d) En	gineered flood openi	ngs?	Yes 🛛 No
SECTION B – FLOO			(I) INFORMATION		L BO OL I
B1. NFIP Community Name & Community Number	B2. Co	unty Name COLLI	ED		B3. State FLORIDA
CITY MARCO ISLAND 120426  B4. Map/Panel Number B5. Suffix B6. FIRM Index	Date B7. FIR	M Panel Effective/	B8. Flood Zone(s)		Flood Elevation(s) (Zone
12021C - 0837 H 5/16/2012	1	vised Date	AE		ise base flood depth)
B10.Indicate the source of the Base Flood Elevation (BFE) d		5/16/12 denth entered in Iten		7	
FIS Profile  FIRM  Community Determined					
BIII maioato oloration aatam acca ioi II I I I I I I I I I I I I I I I I	☐ NGVD 1929	NAVD 1988	Other/Source:		
B12.Is the building located in a Coastal Barrier Resources S		ea or Otherwise Prote	cted Area (OPA)? [	_ Yes	X No
Designation Date:// CBF	RS DPA				
SECTION C - BUILDII	NG ELEVATION	INFORMATION (S	URVEY REQUIRE	D)	
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when cons	Drawings* truction of the bu	☐ Building Under Co Ilding is complete.	onstruction*	Finished (	Construction
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V C2.a–h below according to the building diagram specific	1–V30, V (with BF ed in Item A7. In F	E), AR, AR/A, AR/AE, Puerto Rico only, ente	AR/A1-A30, AR/AH, r meters.	AR/AO. Co	omplete Items
Benchmark Utilized: L-NET GPS NETWORK; ;		Vertical Datum: NA			- Company of the Comp
Indicate elevation datum used for the elevations in iter	ns a) through h) b	elow. NGVD 1929	NAVD 1988 □	Other/So	urce:
Datum used for building elevations must be the same			Check the mea		
a) Top of bottom floor (including basement, crawlspace	, or enclosure floo	or)849	🔀 feet	meters	
<ul><li>b) Top of the next higher floor</li><li>c) Bottom of the lowest horizontal structural member (</li></ul>	V Zones only)	-	X feet	meters	
d) Attached garage (top of slab)	v Zones only)	6 . 52		meters	
e) Lowest elevation of machinery or equipment servicin (Describe type of equipment and location in Comme	ng the building	6 . 52	feet	meters	S
f) Lowest adjacent (finished) grade next to building (L/		579	X feet	meter:	S
g) Highest adjacent (finished) grade next to building (H		6 . 93	Ifeet	meter:	S
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck of structural support</li> </ul>	r stairs, including		X feet	meter:	S
SECTION D - SURV	EYOR. ENGINE	ER. OR ARCHITE	CT CERTIFICATION	N	
This certification is to be signed and sealed by a land survey	or, engineer, or are	chitect authorized by	aw to certify elevatio		
information. I certify that the information on this Certificate re I understand that any false statement may be punishable by fi	presents my best	efforts to interpret the	e data available.		LEITH A. STEPHENSON
<ul><li>☑ Check here if comments are provided on back of form.</li><li>☐ Check here if attachments.</li></ul>	Were latitude a licensed land s	nd longitude in Section urveyor?   Yes	on A provided by a  No		No. 6521
Certifier's Name		License N LS 6521	umber		Ketaltat
KEITH A. STEPHENSON Title	Company Name			PRO	STATE OF
PROFESSIONAL SURVEYOR AND MAPPER	City	SURVEYORS, INC. State	ZIP Code		(50)
Address 11940 FAIRWAY LAKES DRIVE SUITE 1	FT MYERS	FL	33913		OSTONAL SURVEYOR
Signature Kate Hate	Date 4/2/2014	Telephone P: (230)5	97_0082		4/2/2014

#### **ELEVATION CERTIFICATE**, page 2

manual and later was the state of the state	Alam A	T	FOR INCURANCE COMPANY LICE
			FOR INSURANCE COMPANY USE Policy Number:
, Suite, and/or blug. No., or r.o. N	oute and box No.		Tollog Number.
State FI	ZIP Code 34145		Company NAIC Number:
		RTIFICATION (CO	NTINUED)
for (1) community official, (2) insu	rance agent/comp	any, and (3) building	owner.
E IS FOR FLOOD INSURANCE PU			
	Date	A/2/201A	
			CENTERLINE ROAD ELEVATION: 3.9
ON INFORMATION (SURVEY	NOT REQUIRED	) FOR ZONE AO	AND ZONE A (WITHOUT BFE)
able. Check the measurement use	d. In Puerto Rico o	nly, enter meters.	
		₩ Fact Description	- Dahawa - Dhalawatha 1140
		☑ feet ☐ meter	
		∏ feet	rs above or below the HAG.
uipment servicing the building is		∏ feet	's $\square$ above or $\square$ below the HAG.
			community's floodplain management
PROPERTY OWNER (OR OW	NER'S REPRES	ENTATIVE) CERT	IFICATION
presentative who completes Secti	ons A, B, and E for	Zone A (without a FE	MA-issued or community-issued BFE) or
	o the best of my kr	lowledge.	
	Citv	Stat	te ZIP Code
	Date	Tele	ephone
			Check here if attachments.
SECTION G - COMMUNITY	INFORMATION	(OPTIONAL)	
applicable item(s) and sign below. (	Check the measurer	nent used in Items G	8-G10. In Puerto Rico only, enter meters
elevation information. (Indicate the ction E for a building located in Zon	ne source and date ne A (without a FEN	of the elevation dat 1A-issued or commur	ta in the Comments area below.)
G5. Date Permit Issued	G6.	Date Certificate Of C	Compliance/Occupancy Issued
New Construction Substar	ntial Improvement		
		☐ feet ☐ meter	s Datum
at the building site:		feet meter	
<del>-</del>		☐ feet ☐ meter	s Datum
	Title		
	Telephone		
	Date		
		.,,	
			Check here if attachments.
			Replaces all previous editions
	State FL SURVEYOR, ENGINEER, OR For (1) community official, (2) instance of the community	FL 34145  SURVEYOR, ENGINEER, OR ARCHITECT CE  of (1) community official, (2) insurance agent/compounter (2) community official, (2) insurance agent/compounter (2) community official, (2) insurance agent/compounter (2) community official (2) insurance (2) community official official insurance (2) community official official must certify this information in the community of (2) community of (2) community official official must certify this information in the community of (2) communit	State ZIP Code FL 34145  SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CC for (1) community official, (2) insurance agent/company, and (3) building VATER TANK: THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PI EIS FOR FLOOD INSURANCE PURPOSES ONLY. THE INFORMATION OF PLANNING.  Date 4/2/2014  ON INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AD Items E1—E5. If the Certificate is intended to support a LOMA or LOMER- able. Check the measurement used. In Puerto Rico only, enter meters. owing and check the appropriate boxes to show whether the elevation is ade (LAG). ent, crawlspace, or enclosure) is

#### **ELEVATION CERTIFICATE**, page 3

#### **BUILDING PHOTOGRAPHS**

Page 3 of 3 not valid without all three pages

See Instructions for Item A6.

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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. Route and Box No. 65 GULFPORT CT			FOR INSURANCE COMPANY USE Policy Number:	
MARCO ISLAND	FL	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.



FRONT PROPERTY PICTURE 4/1/2014



REAR PROPERTY PICTURE 4/1/2014



RIGHT PROPERTY PICTURE

4/1/2014



LEFT PROPERTY PICTURE

4/1/2014

### **ELEVATION CERTIFICATE**, page 4

#### **BUILDING PHOTOGRAPHS**

Continuation Page

transfer and the second of	ne corresponding information from Section A.	FOR INSURANCE COMPANY USE
ng Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No.		Policy Number:
<b>y</b>	State ZIP Code	Company NAIC Number:
ate taken; "Front View" and "Re	nan will fit on the preceding page, affix the additiona ar View"; and, if required, "Right Side View" and "Le entative examples of the flood openings or vents, as	eft Side View." When applicable, photographs must