ELEVATION CERTIFICATE

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

Important: Follow the instructions on pages 1–9.

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

2005.5588EC

SECTION A – PROPERTY INFORMATION			F	FOR INSURANCE COMPANY USE		
A1. Building Owner's Name			P	olicy Numb	per:	
	RALPH ESQUIVEL, JR.					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					AIC Number:	
1840 S INLET DRIVE		01.1				
City		State		P Code		
MARCO ISLAND FLORIDA 34145 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 34145						
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 5, BLOCK 406 MARCO BEACH UNIT THIRTEEN ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 6, PAGE 92 - 99 OF THE PUBLIC RECORDS OF COLLIER COUNTY, FLORIDA.						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat. ₂	5° 54' 34.5" N L	_ong. <u>81° 41' 54.9" W</u>	Horizontal Datum:	🗌 NAD 1	927 🔀 NAD 1983	
A6. Attach at least 2 photograp	ohs of the building if the	Certificate is being used to	o obtain flood insurand	ce.		
A7. Building Diagram Number	<u>1B</u>					
A8. For a building with a crawle	space or enclosure(s):					
a) Square footage of craw	lspace or enclosure(s)	N/A sq ft				
b) Number of permanent f	ood openings in the cra	wlspace or enclosure(s) w	rithin 1.0 foot above a	djacent gra	ade _{N/A}	
c) Total net area of flood c	penings in A8.b _{N/A}	sq in				
d) Engineered flood openi	ngs? 🗌 Yes 🛛 No)				
A9. For a building with an attac	hed garage:					
a) Square footage of attac	a) Square footage of attached garage 595 sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A						
c) Total net area of flood openings in A9.b _{N/A} sq in						
d) Engineered flood openings? Yes X No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number B2. County Name B3. State				B3. State		
CITY OF MARCO IS	SLAND 120426		COLLIER		FLORIDA	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base od Depth)	
12021C - 0837 H	5/16/2012	12/09/2019	AE	11		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile X 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: _{N/A}		CBRS 🗌 OPA				

ELEVATION CERTIFICATE		2005.5588EC	OMB No. 1660-0008 Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the corresponding in	nformation from Sect	ion A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or E	Bldg. No.) or P.O. Rout	e and Box No.	Policy Number:
1840 S INLET DRIVE			
City State	ZIP C	Code	Company NAIC Number
MARCO ISLAND FLORI			
SECTION C – BUILDING ELE	VATION INFORMATI	ON (SURVEY R	EQUIRED)
 C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when cor C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V 		g is complete.	
Complete Items C2.a–h below according to the buildin Benchmark Utilized: FDOT GNSS NETWORK ; N/A ; N/A	ng diagram specified ir	Item A7. In Puert	
Indicate elevation datum used for the elevations in iter			
□ NGVD 1929 🗶 NAVD 1988 □ Other/Sc	, ,		
Datum used for building elevations must be the same		E.	
a) Top of bottom floor (including basement, crawlspa	oo or opoloouro floor)	0 0	Check the measurement used.
	ce, or enclosure lloor)		
b) Top of the next higher floor	<i></i>	<u>N/A</u>	
c) Bottom of the lowest horizontal structural member	(V Zones only)	<u> </u>	
d) Attached garage (top of slab)		<u> </u>	
 e) Lowest elevation of machinery or equipment servic (Describe type of equipment and location in Comm 	nents)	<u> 9. 2 </u>	
f) Lowest adjacent (finished) grade next to building (LAG)	<u> </u>	X feet meters
g) Highest adjacent (finished) grade next to building	(HAG)	<u> </u>	x feet meters
 h) Lowest adjacent grade at lowest elevation of deck structural support 	or stairs, including	<u> </u>	X feet meters
SECTION D – SURVEYOR, E	ENGINEER, OR ARC		ICATION
This certification is to be signed and sealed by a land surv I certify that the information on this Certificate represents r statement may be punishable by fine or imprisonment und	ny best efforts to interp	oret the data availa	
Were latitude and longitude in Section A provided by a lice			Check here if attachments.
Certifier's Name	License Number		THI
KEN WARD	5646		HENNELLENSE NUMBER
Title			110 5646 18th
PROFESSIONAL SURVEYOR AND MAPPER Company Name			
EXACTA LAND SURVEYORS, LLC			
Address			PR K MU K
11940 FAIRWAY LAKES DRIVE SUITE 1			STATE OF FLORIDA
City	State	ZIP Code	STOVAL SURVEYOR 8
FT MYERS	FL	33913	SURVER
Signature	Date	Telephone	6/1/2020
Kunt	6/1/2020	P: (866)735-1916	CENTERLINE ROAD ELEVATION: 3.7
Copy all pages of this Elevation Certificate and all attachmen	() ·	icial, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, per (NOTE: C2.E = AC UNIT PAD. NOTE: THIS ELEVATION CE CERTIFICATE. THIS CERTIFICATE IS FOR FLOOD INSURANCE PURF	RTIFICATE IS ONLY VALID	FOR THE PERSON (OR PERSONS NAMED ON THIS

ELEVATION CERTIFICATE		2005.5588EC	OMB No. 1660-0008 Expiration Date: November 30, 2022				
IMPORTANT: In these spaces, copy the correspor	nding information f	rom Section A.	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, a	nd/or Bldg. No.) or I	P.O. Route and Box No.	Policy Number:				
1840 S INLET DRIVE							
City	State	ZIP Code	Company NAIC Number				
MARCO ISLAND	FLORIDA	34145					
SECTION E – BUILDING E FOR ZO		RMATION (SURVEY NO E A (WITHOUT BFE))T REQUIRED)				
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, use enter meters.							
 E1. Provide elevation information for the following an the highest adjacent grade (HAG) and the lowes a) Top of bottom floor (including basement, 			her the elevation is above or below				
crawlspace, or enclosure) is	<u> </u>	x feet me	ters 🗌 above or 🗌 below the HAG.				
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	N/A	x feet me	ters 🗌 above or 🗌 below the LAG.				
E2. For Building Diagrams 6–9 with permanent flood	l openings provided	in Section A Items 8 and/	or 9 (see pages 1–2 of Instructions),				
the next higher floor (elevation C2.b in the diagrams) of the building is	<u>N/A</u> .	x feet me	ters above or below the HAG.				
E3. Attached garage (top of slab) is	N/A	x feet me	ters 🗌 above or 🗌 below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is	N/A	X feet 🗌 me	ters 🗌 above or 🗌 below the HAG.				
E5. 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 O	WNER (OR OWNER	R'S REPRESENTATIVE)	CERTIFICATION				
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.							
Property Owner or Owner's Authorized Representative's Name							
Address	C	lity	State ZIP Code				
Signature	D	ate	Telephone				
Comments							
			Check here if attachments.				

ELEVATION CERTIFICATE		2005.5588		DMB No. 1660-0008 Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the corre	esponding informatic	on from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St	uite, and/or Bldg. No.)	or P.O. Route and Box	No.	Policy Number:
1840 S INLET DRIVE				
City	State	ZIP Code	(Company NAIC Number
MARCO ISLAND	FLORIDA	34145		
		INFORMATION (OPTIC		
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete			
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)				
G2. A community official completed Section or Zone AO.	ion E for a building loca	ated in Zone A (without	a FEMA-	issued or community-issued BFE)
G3. The following information (Items G4–	-G10) is provided for co	ommunity floodplain ma	nagemer	nt purposes.
G4. Permit Number	G5. Date Permit Iss	ued		ate Certificate of mpliance/Occupancy Issued
G7. This permit has been issued for:] New Construction [] Substantial Improvem	ent	
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:		I	feet [meters Datum
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments (including type of equipment and log	cation, per C2(e), if ap	plicable)		
				Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6. 2005 5588EC

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

		2000.000020	
IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap	Policy Number:		
1840 S INLET DRIVE			
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.



Front View

Front View Date: 6/1/2020



Right Side View

Left Side View: 6/1/2020



Rear View

Rear View Date: 6/1/2020



Left Side View

Right Side View: 6/1/2020

Replaces all previous editions.

BUILDING PHOTOGRAPHS

OMB No. 1660-0008

ELEVATION CERTIFICATE	Continuation Page	2005.5588EC	Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and	Policy Number:		
1840 S INLET DRIVE			
City	State ZI	P Code	Company NAIC Number
MARCO ISLAND	FLORIDA 34	4145	

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 Four

EQUIP





EQUIP 2