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 INFOR	FOR INSURANCE COMPANY USE			
A1. Building Owner's Name MARITIME ACQUISITIONS LLC Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1000 NORTH BARFIELD DRIVE Company NAIC Number:				
City MARCO ISLAND	State Florida	ZIP Code 34145		
A3. Property Description (Lot and Block Numbers, Tax Parcel Lot 2, Block 776 of a Replat of a portion of Marco Beach U	,	llier County, Florida.		
A4. Building Use (e.g., Residential, Non-Residential, Addition,	Accessory, etc.) NON-RES	BIDENTIAL		
A5. Latitude/Longitude: Lat. N 25°57'36.62" Long.	W 81°43'32.1" Horizontal Date	um: NAD 1927 X NAD 1983		
A6. Attach at least 2 photographs of the building if the Certific	ate is being used to obtain flood ins	urance.		
A7. Building Diagram Number1B				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s)	8152.00 sq ft			
b) Number of permanent flood openings in the crawlspace	e or enclosure(s) within 1.0 foot above	ve adjacent grade 11		
c) Total net area of flood openings in A8.b3	157.00 sq in			
d) Engineered flood openings?				
A9. For a building with an attached garage:				
a) Square footage of attached garage	a) Square footage of attached garage sq ft			
b) Number of permanent flood openings in the attached g	arage within 1.0 foot above adjacen	t grade		
c) Total net area of flood openings in A9.b sq in				
d) Engineered flood openings?				
	NCE RATE MAP (FIRM) INFORM			
B1. NFIP Community Name & Community Number CITY OF MARCO ISLAND 120426	B2. County Name COLLIER	B3. State Florida		
Number Date Effe	ective/ Zone(s)	Base Flood Elevation(s) (Zone AO, use Base Flood Depth)		
12021C 0828 H 05-16-2012 Rev	vised Date 2012 AE	8.0' (N.A.V.D. 1988)		
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: CBRS OPA				

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. Policy Number:

1000 NORTH BARFIELD DRIVE	ana/or Blag. No./ or r.o. No.	ate and Box 140.	. c.i.c., . tailing .
City MARCO ISLAND	State ZIP Florida 341	Code 45	Company NAIC Number
			TOURDED)
SECTION C – BUILDII	NG ELEVATION INFORMA	TION (SURVEY RE	EQUIRED)
 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: COL 26 Vertical Datum: N.A.V.D. 1988 			
Indicate elevation datum used for the elevation	, ,	OW.	
☐ NGVD 1929 ☑ NAVD 1988 ☐			
Datum used for building elevations must be tl	ne same as that used for the I	3FE.	Check the measurement used.
a) Top of bottom floor (including basement, or	crawlspace, or enclosure floor	·)	5.7 × feet meters
b) Top of the next higher floor			9.8 × feet meters
c) Bottom of the lowest horizontal structural	member (V Zones only)		N/A ⋉ feet meters
d) Attached garage (top of slab)	, , , , , , , , , , , , , , , , , , , ,		N/A ⋉ feet meters
e) Lowest elevation of machinery or equipment (Describe type of equipment and location)			13.5 × feet meters
f) Lowest adjacent (finished) grade next to b	,		5.2 X feet meters
g) Highest adjacent (finished) grade next to		-	5.4 × feet meters
h) Lowest adjacent grade at lowest elevatior structural support	3 \		N/A × feet meters
SECTION D - SURV	EYOR, ENGINEER, OR AR	CHITECT CERTIF	ICATION
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.			
Certifier's Name	License Number		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DAVID C. HOLMAN (20.0299)	PSM 6279		WILLIAM C. HOLAMIN
Title LAND SURVEYOR Company Name A. TRIGO & ASSOCIATES, INC. Address 2223 TRADE CENTER WAY	David C. Holman	Digitally signed by David C. Holman Date: 2021.04.01 16:57:46 -04'00'	No. 6279 STATE OF Surveyor
City	State	ZIP Code	The contract of the contract o
NAPLES	Florida	34109	Surveyor
Signature will College	Date 03-30-2021	Telephone (239) 594-8448	Ext.
copy at 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) A4. NON-RESIDENTIAL AREA IS GARAGE/STORAGE AREA WITH 2 RESTROOMS A8b. 10 SMART VENTS MODEL 1540-560, RATED AT 800 SQ. FT.; 1 SMART VENT MODEL 1540-520 RATED AT 200 SQ.FT. C2a. LOWEST FLOOR IS GARAGE AND STORGE AREA (8150 SQ. FT WITH 8200 SQ. FT. OF VENT COVERAGE) C2b. NEXT HIGHEST FLOOR IS 2 RESTROOMS AT ELEV. 9.8' (N.A.V.D. 1988) LOWEST EQUIPMENT SERVICING BUILDING IS AIR CONDITIONER AT ELEV. 13.5' (N.A.V.D. 1988) CROWN OF ROAD OPPOSITE WEST PROPERTY LINE = 4.20' (N.A.V.D. 1988) CROWN OF ROAD OPPOSITE SOUTH PROPERTY LINE = 4.51' (N.A.V.D. 1988)			

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/o	or Bldg. No.) or P.O.	Route and Box No.	Policy Number:	
,		ZIP Code 34145	Company NAIC Number	
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMA AO AND ZONE A (REQUIRED)	
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 ad a) Top of bottom floor (including basement,		boxes to snow whethe	The elevation is above of below	
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet meter	s above or below the HAG.	
crawlspace, or enclosure) is		feet meter		
E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in S	ection A Items 8 and/or		
E3. Attached garage (top of slab) is			s above or below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is			s 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			
SECTION F - PROPERTY OWN	ER (OR OWNER'S F	REPRESENTATIVE) CE	RTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The				
Property Owner or Owner's Authorized Representative's	Name			
Address	City	Sta	ate ZIP Code	
Signature	Date	Те	lephone	
Comments				
			Check here if attachments.	

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1000 NORTH BARFIELD DRIVE			Policy Number:	
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number	
SECTIO	N G - COMMUNITY INFO	RMATION (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.				
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation			
G2. A community official completed Secti or Zone AO.	on E for a building located in	n Zone A (without a FEM	A-issued or community-issued BFE)	
G3. The following information (Items G4–	G10) is provided for commu	nity floodplain managem	ent purposes.	
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction Sub	stantial Improvement		
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 t	the building site:	feet	meters Datum	
G10. Community's design flood elevation:		feet	meters Datum	
Local Official's Name	Titl	e		
Community Name	Te	ephone		
Signature	Da	te		
Comments (including type of equipment and loc	cation, per C2(e), if applicab	le)		
			Check here if attachments.	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1000 NORTH BARFIELD DRIVE			Policy Number:
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.



Photo One

Photo One Caption FRONT VIEW 03/30/2021

Clear Photo One



Photo Two

Photo Two Caption LE

LEFT SIDE VIEW 03

03/30/2021

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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. 1000 NORTH BARFIELD DRIVE			Policy Number:
City	State	ZIP Code	Company NAIC Number
MARCO ISLAND	Florida	34145	

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

REAR VIEW 03/30/2021 Photo Three Caption

Clear Photo Three



Photo Four Caption

RIGHT SIDE VIEW

03/30/2021

Clear Photo Four