ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for	or (1) community offic	rial (2)	insurance agent/company	and (?) building owner
COPY all pages of this Lievation Certificate and all attachments in		<i>j</i> community onic	uai, (Z)	insulance agent/company		

SFC	TION A – PROPERTY			, , , ,		RANCE COMPANY USE	
A1. Building Owner's Name PUBLIX SUPER MARKETS INC.						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 175 S. BARFIELD DRIVE							
City			State		ZIP Code		
MARCO ISLAND			Florida		34145		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ID#57190080006, PART OF TRACT A, MARCO BEACH UNIT 5, PB 6, PGS 39 - 46, COLLIER COUNTY, FL							
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition,	, Accessory,	etc.) NON-RES	IDENTIAL		
A5. Latitude/Longitude: Lat. <u>N</u>	l 25°55'53.89"	Long. W	/ 81°41'58.18	" Horizonta	I Datum: 🗌 NAD 1	1927 🖂 NAD 1983	
A6. Attach at least 2 photograp	ohs of the building if the	e Certific	ate is being ι	ised to obtain floo	d insurance.		
A7. Building Diagram Number	1A						
A8. For a building with a crawls	space or enclosure(s):						
a) Square footage of craw	lspace or enclosure(s)			N/A sq ft			
b) Number of permanent fl	ood openings in the cra	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade 0	
c) Total net area of flood o	penings in A8.b		N/A sq ir	I			
d) Engineered flood openii	ngs? 🗌 Yes 🗌 N	10					
A9. For a building with an attacl	hed garage:						
a) Square footage of attached garage N/A sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0							
c) Total net area of flood openings in A9.b N/A sq in							
d) Engineered flood openir	d) Engineered flood openings?						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & 0 CITY OF MARCO ISLAND, 120	•		B2. County COLLIER	Name		B3. State Florida	
B4. Map/Panel Number B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) e Base Flood Depth)	
12021C 0837 H	05-16-2012	05-16-2		AE	8.0		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ⊠ 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. 1660-0 Expiration Date:	008 November 30, 2022
IMPORTANT: In these spaces, copy the	corresponding information	from Section A.	FOR INSURAN	CE COMPANY USE
Building Street Address (including Apt., U 175 S. BARFIELD DRIVE	nit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:	
City	State	ZIP Code	Company NAIC	Number
MARCO ISLAND	Florida	34145		
SECTION C -	- BUILDING ELEVATION IN	FORMATION (SURVEY	REQUIRED)	
 C1. Building elevations are based on: *A new Elevation Certificate will be C2. Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below acco Benchmark Utilized: <u>LEICA GS18</u>, Indicate elevation datum used for the 	H, A (with BFE), VE, V1–V30, ording to the building diagram s FDOT GPS.NET Vertica	V (with BFE), AR, AR/A, A specified in Item A7. In Pue al Datum: <u>NAVD 1988</u>	.R/AE, AR/A1–A30,	shed Construction AR/AH, AR/AO. r meters.
🗌 NGVD 1929 🔀 NAVD 1	1988 🗌 Other/Source:			
 Datum used for building elevations a) Top of bottom floor (including bab) b) Top of the next higher floor c) Bottom of the lowest horizontal s d) Attached garage (top of slab) e) Lowest elevation of machinery of (Describe type of equipment and the state) 	asement, crawlspace, or enclos structural member (V Zones or or equipment servicing the build	sure floor) nly)	Check the m 9.0 ⊠ feet 21.5 ⊠ feet N/A ☐ feet N/A ☐ feet 9.2 ⊠ feet	easurement used. meters meters meters meters meters meters meters meters meters
f) Lowest adjacent (finished) grade	e next to building (LAG)		$6.6 \times \text{feet}$	meters
g) Highest adjacent (finished) grad	e next to building (HAG)		8.4 × feet	meters
 h) Lowest adjacent grade at lowes structural support 	t elevation of deck or stairs, ind	cluding	6.6 × feet	meters
SECTION D	- SURVEYOR, ENGINEER,	OR ARCHITECT CERT	IFICATION	
This certification is to be signed and sea I certify that the information on this Certi statement may be punishable by fine or Were latitude and longitude in Section A	ificate represents my best effor imprisonment under 18 U.S. C	rts to interpret the data ava Code, Section 1001.	ailable. I understand	vation information. <i>I that any false</i> re if attachments.
Certifier's Name RICHARD J. EWING, PSM	License Nui 5295	mber		Digitally signed by
Title VICE PRESIDENT Company Name COASTAL ENGINEERING CONSULTA Address 28421 BONITA CROSSINGS BLVD.	NTS, INC.		No. 5295 * * STATE OF SURVEYOR	Richard J. Ewing, PSM DN: cn=Richard J. Ewing, PSM, o=Coastal Engineering Consultants, Inc., ou=Survey and Mapping, email=rewing@ccccifl
City BONITA SPRINGS	State Florida	ZIP Code 34135		.com, c=US Date: 2021.07.23 11:55:49 -04'00'
DN: cn=Rich Consultants unt w	hed by Richard J. Ewing, PSM ard J. Ewing, PSM, a-Coastal Engineering Inc. ou.survey and Mapping, giterectic.com, cu/s 1/23 11:5603-0400'	Telephone (239) 260-3775	Ext.	
Copy all pages of this Elevation Certificate	e and all attachments for (1) com	nmunity official, (2) insuranc	e agent/company, a	nd (3) building owner.
Comments (including type of equipment CEC FILE NO. 20.075 C2.e) GENERATOR	and location, per C2(e), if appl	licable)		

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

ELEVATION CERTIFICATE			Expiration Date: November 30, 2022			
IMPORTANT: In these spaces, copy the correspo	nding informatic	on 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. 175 S. BARFIELD DRIVE			Policy Number:			
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number			
L SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.	E1–E5. If the Cer e natural grade, if	rtificate is intended to suppor f available. Check the measu	t a LOMA or LOMR-F request, rement used. In Puerto Rico only,			
 E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lowe a) Top of bottom floor (including basement, 			ner the elevation is above or below			
crawlspace, or enclosure) is		feet met	ters above or below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet met	ters above or below the LAG.			
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in	d openings provid	led in Section A Items 8 and/	or 9 (see pages 1–2 of Instructions),			
the diagrams) of the building is		feet met	ters above or below the HAG.			
E3. Attached garage (top of slab) is		feet met	ters above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is		feet met	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 OWNER (OR OWNER'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 Representat	ive's Name					
Address		City	State ZIP Code			
Signature		Date	Telephone			
Comments						
			Check here if attachments.			

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, Su 175 S. BARFIELD DRIVE	No. Policy Number:					
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number			
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation	dinance to adminis	ster the community's floodpl	ain management ordinance can complete			
used in Items G8–G10. In Puerto Rico only, ent		lete the applicable item(s) a	nd sign below. Check the measurement			
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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 or Zone AO.	on E for a building	located in Zone A (without	a FEMA-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided f	or community floodplain ma	nagement purposes.			
G4. Permit Number	G5. Date Permit	Issued	G6. Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:] New Constructio	n 🗌 Substantial Improvem	ent			
G8. Elevation of as-built lowest floor (including of the building:	basement)		feet meters			
G9. BFE or (in Zone AO) depth of flooding at t	he building site: _		feet metersDatum			
G10. Community's design flood elevation:	-		feet meters Datum			
Local Official's Name Title Floodplain Coordinator						
Community Name Telephone City of Marco Island						
Signature		Date				
Comments (including type of equipment and location, per C2(e), if applicable)						
REVIEW	FD					
		50 am, Jul 26, 2021				
			Check here if attachments.			

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt 175 S. BARFIELD DRIVE	Policy Number:		
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number

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 Caption 07/19/2021 FRONT VIEW

Clear Photo One



Photo Two Caption 07/19/2021 SIDE VIEW

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

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. 175 S. BARFIELD DRIVE				
State Elorida	ZIP Code	Company NAIC Number		
		State ZIP Code		

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 Caption 07/19/2021 REAR VIEW

Clear Photo Three



Photo Four Caption 07/19/2021 SIDE VIEW

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

Clear Photo Four