ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Conv	all nades i	of this	Flevation	Certificate and a	ll attachments fo	or (1)) community	/ official	(2) insurance	agent/company	and (3) huilding owner
UUμ			LICVATION				/	, omoidi,		agonioonipany		/ building owner.

	SECTION A - PROPERTY			., ee.a., (<u>_</u>)ea.a.		RANCE COMPANY USE		
A1. Building Owner's Name Policy Number:								
	ERIN L. McSWEENEY, O	CO-TRUS	STEES					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1128 EDINGTON PLACE								
City State ZIP Code								
MARCO ISLAND								
A3. Property Description (I The South half of Lot 15, ar						lier County, Florida.		
A4. Building Use (e.g., Res	sidential, Non-Residential,	Addition	, Accessory, (etc.) RE	ESIDENTIAL			
A5. Latitude/Longitude: L			-	74" Horizontal [927 🖂 NAD 1983		
A6. Attach at least 2 photo								
A7. Building Diagram Num			U					
A8. For a building with a cr								
, s	rawlspace or enclosure(s)			N/A sq ft				
	ent flood openings in the cr		e or enclosure		bove adiacent gra	ade N/A		
	od openings in A8.b	-						
d) Engineered flood op			•٩.					
		NO						
A9. For a building with an a								
a) Square footage of a	ttached garage		1462.00 sq ft					
b) Number of permane	ent flood openings in the at	tached g	arage within	1.0 foot above adjac	cent grade 8			
c) Total net area of floo	od openings in A9.b		616.00 sq	in				
d) Engineered flood op	oenings? 🖂 Yes 🗌 N	No						
	SECTION B – FLOOD	INSURA			RMATION			
B1. NFIP Community Name CITY OF MARCO IS	•		B2. County	Name COLLIER		B3. State Florida		
B4. Map/Panel B5. Su Number	ffix B6. FIRM Index Date		RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)		
12021C 0826 H	05-16-2012	Rev 05-16-2	vised Date	AE	9 0' (N A	.V.D. 1988)		
B10. Indicate the source of	f the Base Flood Elevation	(BFE) da	ata or base fl	ood depth entered in	n Item B9:			
☐ FIS Profile ☐ FIRM ☐ Community Determined ⊠ Other/Source: LOMR 19-04-4346P, 12/17/2019								
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:								

ELEVATION CERTIFICATE		OMB No. 1660-0008 Expiration Date: November 30, 2022					
IMPORTANT: In these spaces, copy the corr	FOR INSU	RANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 1128 EDINGTON PLACE	_	Policy Number:					
City MARCO ISLAND	State Florida			Company NAIC Number			
SECTION C – BUI	LDING ELEVATION INI	FORMATION (SURVEY	REQUIRED)	L			
	0	Building Under Consi	truction* 🔀	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/A0 Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: COL 15 Vertical Datum: N.A.V.D. 1988 							
Indicate elevation datum used for the ele			5. 1900				
□ NGVD 1929 NAVD 1988							
Datum used for building elevations must		for the BFE.	Chookd	the measurement used.			
a) Top of bottom floor (including baseme	ent crawlspace or enclos	sure floor)		feet meters			
b) Top of the next higher floor				feet meters			
	ural mombar (\/ Zanaa an						
c) Bottom of the lowest horizontal structd) Attached garage (top of slab)	urai member (v zones on	liy)		feet meters			
 e) Lowest elevation of machinery or equ (Describe type of equipment and loca) 	ipment servicing the build	ding		feet meters			
f) Lowest adjacent (finished) grade nex	,			feet meters			
g) Highest adjacent (finished) grade nex							
h) Lowest adjacent grade at lowest elev	• • •						
structural support			N/A ×	feet meters			
SECTION D – SU	JRVEYOR, ENGINEER,	OR ARCHITECT CERT	IFICATION				
This certification is to be signed and sealed b I certify that the information on this Certificate statement may be punishable by fine or impri	represents my best effor	ts to interpret the data ava	by law to certi iilable. I unders	fy elevation information. stand that any false			
Were latitude and longitude in Section A prov			Che	ck here if attachments.			
Certifier's Name DAVID C. HOLMAN (18.0081)	License Nur PSM 6279	mber	d	D C. HOL			
Title LAND SURVEYOR	Davi	Digitally signe	d IIIII	CERTIFICAN 72			
Company Name	Davi	C by David C. Holman	1111	No. 6279			
A. TRIGO & ASSOCIATES, INC.	Holn	12 Date: 2020.12.	77 E R	STATE OF			
Address 2223 TRADE CENTER WAY			0'	CORIDA NO			
City NAPLES	State Florida	ZIP Code 34109		ed Surveyor			
Signature wid	Date 12-21-2020	Telephone (239) 594-8448	Ext.				
Copy all pages of this Elevation Certificate and	all attachments for (1) com	nmunity official, (2) insuranc	e agent/compa	any, and (3) building owner.			
 Comments (including type of equipment and location, per C2(e), if applicable) A9C. RIGHT GARAGE 778 SQ. FT., LEFT GARAGE 684 SQ.FT. EACH HAS 4 SMART VENTS MODEL 1540-520 RATED AT 200 SQ. FT. EACH. C2e. LOWEST EQUIPMENT IS AIR CONDITIONERS AND GENERATOR AT ELEV. 10.1' (N.A.V.D. 1988) 							
POOL EQUIPMENT AT ELEV. 8.1' (N.A.V.D. CROWN OF ROAD OPPOSITE NORTH PRO	POOL EQUIPMENT AT ELEV. 8.1' (N.A.V.D. 1988) CROWN OF ROAD OPPOSITE NORTH PROPERTY LINE = 5.18' (N.A.V.D. 1988) CROWN OF ROAD OPPOSITE SOUTH PROPERTY LINE = 5.16' (N.A.V.D. 1988)						

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

ELEVATION CERTIFICATE	Expiration Date: November 30, 2022							
IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, 1128 EDINGTON PLACE	and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:					
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number					
SECTION E – BUILDING FOR Z	ELEVATION INI ONE AO AND ZO	FORMATION (SURVEY NO DNE A (WITHOUT BFE)	DT 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 adjacent grade (LAG).a) Top of bottom floor (including basement,								
crawlspace, or enclosure) is		feet 🗌 me	ters above or below the HAG.					
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet 🗌 me	ters 🗌 above or 🗌 below the LAG.					
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in	od openings provid	led in Section A Items 8 and	/or 9 (see pages 1–2 of Instructions),					
the diagrams) of the building is		feet me	ters above or below the HAG.					
E3. Attached garage (top of slab) is		feet 🗌 me	ters above or below the HAG.					
E4. Top of platform of machinery and/or equipmen servicing the building is	.t	feet 🗌 me	ters 🗌 above or 🗌 below the HAG.					
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes			accordance with the community's st certify this information in Section G.					
SECTION F – PROPERTY (OWNER (OR OWI	NER'S REPRESENTATIVE)	CERTIFICATION					
The property owner or owner's authorized represen community-issued BFE) or Zone AO must sign here	itative who comple e. The statements	etes Sections A, B, and E for in Sections A, B, and E are o	Zone A (without a FEMA-issued or correct to the best of my knowledge.					
Property Owner or Owner's Authorized Representa	tive's Name							
Address		City	State ZIP Code					
Signature		Date	Telephone					
Comments								
			Check here if attachments.					

OMB No.	1660-0	0008		
Expiration	Date:	November	30,	2022

ELEVATION CERTIFICATE	Expiration Date: November 30, 2022							
IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, St 1128 EDINGTON PLACE	No. Policy Number:							
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number					
SECTIO	ON G – COMMUNITY	INFORMATION (OPTIO	INAL)					
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 Sect or Zone AO.	on E for a building loc	ated in Zone A (without	a FEMA-issued or community-issued BFE)					
G3. The following information (Items G4-	G10) is provided for c	ommunity floodplain ma	nagement purposes.					
G4. Permit Number	G5. Date Permit Iss	ued	G6. Date Certificate of Compliance/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:	j basement)	[feetmeters					
G9. BFE or (in Zone AO) depth of flooding at	the building site:	[feet meters Datum					
G10. Community's design flood elevation:		[feet meters Datum					
Local Official's Name		Title Floodplain	Coordinator					
Community Name		Telephone						
City of Marco Isla	nd							
Signature		Date						
Comments (including type of equipment and lo	cation, per C2(e), if ap	plicable)						
REV	IEWED							
By Kelli DeFedericis at 10:13 am, Jan 07, 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 1128 EDINGTON PLACE	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 Two Caption

LEFT SIDE VIEW

Photo Two

12/21/2020

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

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

ELEVATION CERTIFICATE	Continua	tion Page	Expiration Date: November 30, 2022		
IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 1128 EDINGTON PLACE	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.



REAR VIEW Photo Three Caption

Clear Photo Three



RIGHT SIDE VIEW Photo Four Caption

12/21/2020

Clear Photo Four