

NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

#748

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use

BUILDING OWNER'S NAME

Samuel M. D'Alessandro; Audrey C. Trembone

Policy Number

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

104 Bahama Avenue

Company NAIC Number

CITY

Marco Island

STATE

FL

ZIP CODE

34145

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

Lot 2, Block 185, MARCO BEACH UNIT FIVE

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)

RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)

(##°-##'-###.### or ###.###)###)

HORIZONTAL DATUM

NAD 1927 NAD 1983

SOURCE: GPS (Type):

USGS Quad Map

Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER
120428 MARCO ISLAND

B2. COUNTY NAME
COLLER

B3. STATE
FLORIDA

B4. MAP AND PANEL NUMBER
12021C 0812

B5. SUFFIX
G

B6. FIRM INDEX DATE
11/7/2005

B7. FIRM PANEL EFFECTIVE/REVISED DATE
11/7/2005

B8. FLOOD ZONE(S)
AE

B9. BASE FLOOD ELEVATION(S)
(Zone AE, use depth of flooding)
9.3

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
- B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- 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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- C3. 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 C3a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum: _____ Conversion/Comments: _____
Elevation reference mark used: _____ Does the elevation reference mark used appear on the FIRM? Yes No
 - a) Top of bottom floor (including basement or enclosure) 10.10 ft.(m)
 - b) Top of next higher floor NA. ft.(m)
 - c) Bottom of lowest horizontal structural member (V zones only) NA. ft.(m)
 - d) Attached garage (top of slab) 7.88 ft.(m)
 - e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10.03 ft.(m)
 - f) Lowest adjacent (finished) grade (LAG) 6.15 ft.(m)
 - g) Highest adjacent (finished) grade (HAG) 7.80 ft.(m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA
 - i) Total area of all permanent openings (flood vents) in C3h NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

UBS FOR
PSS202
11.16.06

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 in Sections A, B, and C 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 STEVEN K. SANDY

LICENSE NUMBER LS 5222

TITLE SURVEYOR AND MAPPER

COMPANY NAME Benchmark Land Services, Inc.

ADDRESS 1925 TRADE CENTER WAY UNIT 2

CITY NAPLES

STATE FL

ZIP CODE 34109

SIGNATURE

DATE 11/15/06

TELEPHONE 239-591-0778

Nov-16-06 03:21pm From-

T-470 P.004/005 F-033

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
104 BAHAMA AVENUE

Policy Number

CITY
MARCO ISLAND

STATE
FL

ZIP CODE
34145

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS
SECTION C3(E)=AC

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMRF, Section C must be completed.

- E1. Building Diagram Number: (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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 E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: ___ ft.(m) Datum: ___

G9. BFE or (in Zone AO) depth of flooding at the building site is: ___ ft.(m) Datum: ___

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

