

010198

O.M.B. No. 3067-0077  
Expires July 31, 2002

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE

794 W. Elkcam Cir

Important: Read the Instructions on pages 1-7.

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING OWNER'S NAME: \_\_\_\_\_ For Insurance Company Use: \_\_\_\_\_

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 771 - 779 WEST ELKCAM CIRCLE (Bldg. 1) Policy Number: \_\_\_\_\_

CITY: MARCO ISLAND STATE: FLORIDA Company NAIC Number: \_\_\_\_\_

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 31 BLOCK 357 REPT OF MARCO BEACH UNIT 11 ZIP CODE: \_\_\_\_\_

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section 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. NFIP COMMUNITY NAME & COMMUNITY NUMBER: 120067 B2. COUNTY NAME: COLLIER B3. STATE: FLORIDA

B4. MAP AND PANEL NUMBER: <u>0803</u>	B5. SUFFIX: <u>E</u>	B6. FIRM INDEX DATE: <u>8/3/92</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE: _____	B8. FLOOD ZONE(S): <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): <u>10 FEET</u>
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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

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>7.6</u> ft. (m)
<input checked="" type="checkbox"/> b) Top of next higher floor	<u>18.2</u> ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u> ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>N/A</u> ft. (m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>6.9</u> ft. (m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>8.1</u> ft. (m)
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>56</u>
<input checked="" type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>9,408</u> sq. in. (sq. cm)

*OK B. Milk 7/18/02*

**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: MELVIN HATTON LICENSE NUMBER: PLS # 5109

TITLE: PROFESSIONAL SURVEYOR & MAPPER COMPANY NAME: MEL HATTON LAND SURVEYOR

ADDRESS: 3806 EXCHANGE AVENUE CITY: MARCO ISLAND STATE: FLORIDA ZIP CODE: 34104

SIGNATURE: [Signature] DATE: 7/11/2002 TELEPHONE: (941) 774-798

<b>IMPORTANT:</b> 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
CITY	STATE	ZIP CODE
		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**

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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 LOMR-F, 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.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation) of the building is \_\_\_\_\_ ft.(m) \_\_\_\_\_ in.(cm) above the highest adjacent grade.
- E4. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**COMMENTS**

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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**

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Check here if attachments