OMB No. 1660-0008

Expiration Date: November 30, 2018

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.

· · · · · · · · · · · · · · · · · · ·	SECT	ION A - PROPERTY	INFOR	MATION		FOR INSUE	RANCE COMPANY USE		
A1. Building Owner's Name						Policy Num	ber:		
EDWIN LEON AND DINA LEON 20-76001									
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 134 W FLAMINGO CIR									
City State ZIP Code									
MARCO ISLAND Florida 34145									
A3. Property Descrip	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)								
PARCEL ID- 576410	40003								
A4. Building Use (e.g	g., Resident	ial, Non-Residential, A	Addition	, Accessory, etc.)	RESIDENTIAL				
A5. Latitude/Longitude	de: Lat. <u>25</u>	°56'04.2" N	Long. 8	1°43'43.3" W	Horizontal Datun	n: NAD	1927 × NAD 1983		
A6. Attach at least 2	photograph	s of the building if the	Certific	ate is being used to	o obtain flood insura	ance.			
A7. Building Diagram	Number _	1B							
A8. For a building wi	th a crawlsp	ace or enclosure(s):							
a) Square footag	ge of crawls	pace or enclosure(s)		N/A sq ft					
b) Number of pe	rmanent flo	od openings in the cra	wispac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade N/A		
c) Total net area	of flood op	enings in A8.b 0	S	q in					
d) Engineered flo	ood opening	gs? ☐ Yes ☒ No	5						
A9. For a building wit	th an attach	ed garage:							
a) Square footag	ge of attach	ed garage 576		sq ft					
b) Number of pe	rmanent flo	od openings in the att	ached c	garage within 1.0 fo	ot above adjacent (grade	N/A		
		enings in A9.b							
d) Engineered fl			-	. "					
		,,							
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION			
B1. NFIP Community	Name & Co	ommunity Number		B2. County Name	10		B3. State		
CITY OF MARCO ISL	LAND - 120	426		COLLIER			Florida		
	B5. Suffix	B6. FIRM Index		IRM Panel	B8. Flood Zone(s) B9. Bas	se Flood Elevation(s)		
Number	ı î	Date	R	fective/ evised Date	۸۳	Floo	ne AO, use Base od Depth)		
12021C-0836	H	05/16/2012	05/16	/2012	AE		9.0'		
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 区 NAVD 1988 ☐ Other/Source:									
P12. In the building lecated in a Coastel Parrier Passures System (CRRS) are as Office in a Passure Asset (CRASS III).									
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?									
Designation Da	te:		CBRS	☐ OPA			3.7		
$\mathcal{M}_{\mathcal{M}}$									

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Uni 134 W FLAMINGO CIR	Policy Number:				
City MARCO ISLAND	State ZIP Florida 341	Code 45	Company NAIC Number		
SECTION C – E	BUILDING ELEVATION INFORMA	TION (SURVEY RI	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 accord Benchmark Utilized: COL 14	ding to the building diagram specified Vertical Datum		o Rico only, enter meters.		
Indicate elevation datum used for the					
NGVD 1929 ⊠ NAVD 198	MAX. (574) 15	VV.			
Datum used for building elevations m	Harrist Control of the Control of th	BFE.			
. T		. 0.7	Check the measurement used.		
a) Top of bottom floor (including base	ement, crawispace, or enclosure floor)9.			
b) Top of the next higher floor		k 	x feet meters		
c) Bottom of the lowest horizontal str	ructural member (V Zones only)	N/A.	X feet meters		
d) Attached garage (top of slab)		6 6	X feet meters		
 e) Lowest elevation of machinery or of (Describe type of equipment and letter) 		9. 7	X feet meters		
f) Lowest adjacent (finished) grade r	next to building (LAG)	<u> </u>	x feet meters		
g) Highest adjacent (finished) grade	next to building (HAG)	<u>7</u> . <u>5</u>	x feet meters		
 h) Lowest adjacent grade at lowest e structural support 	elevation of deck or stairs, including	6,6	x feet meters		
SECTION D -	SURVEYOR, ENGINEER, OR AR	CHITECT CERTIF	ICATION		
This certification is to be signed and seale I certify that the information on this Certific statement may be punishable by fine or in	cate represents my best efforts to inte apprisonment under 18 U.S. Code, Sec	rpret the data availation 1001.	ble. I understand that any false		
Were latitude and longitude in Section A p	provided by a licensed land surveyor?	⊠Yes ∐No	Check here if attachments.		
Certifier's Name RONALD W WALLING	License Number 6473		Milv. in		
Title P.S.M			Pamery 12		
Company Name FLA SURVEYS CORP.	Prace Sest Here				
Address 3884 PROGRESS AVE., #104			\$		
City NAPLES	State Florida	ZIP Code 34104	1/1/20		
Signature Mill. Com	Date 01/02/2020	Telephone (239) 403-1600			
Copy all 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) LATITUDE AND LONGITUDE WERE MEASURED USING THE TRIMBLE R8. THE EQUIPMENT USED IS GPS. THE REAL TIME NETWORKS USED ARE FDOT AND TOPCON. ITEM LISTED IN C2(e), IS THE AIR CONDITIONING UNIT ON THE RIGHT SIDE OF THE BUILDING. THE ELEVATION OF THE POOL EQUIPMENT PAD IS 6.9'. DATE OF FIELD WORK IS 01/02/2020.					

ELEVATION CERTIFICATE

MP	ORTANT: In these spaces, copy the	corresponding information fr	rom Section A.	FOR INSURANCE COMPANY USE		
	iding Street Address (including Apt., Uit W FLAMINGO CIR	Policy Number:				
City MAI	/ RCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number		
	SECTION E - BI	UILDING ELEVATION INFOR FOR ZONE AO AND ZONE		REQUIRED)		
corr	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.					
	Provide elevation information for the the highest adjacent grade (HAG) and	d the lowest adjacent grade (LA		r the elevation is above or below		
	 a) Top of bottom floor (including base crawlspace, or enclosure) is 	ement, 	× feet meter	rs 🗌 above or 🗌 below the HAG.		
	 b) Top of bottom floor (including base crawlspace, or enclosure) is 	ement,	X feet meter	rs 🗌 above or 🗌 below the LAG.		
E2.	For Building Diagrams 6–9 with perm the next higher floor (elevation C2.b i		in Section A Items 8 and/or			
E2	the diagrams) of the building is Attached garage (top of slab) is					
	Top of platform of machinery and/or e	equipment				
E5.	servicing the building is Zone AO only: If no flood depth numb			cordance with the community's		
	floodplain management ordinance?			cartify this information in Section G.		
	SECTION F - PRO	PERTY OWNER (OR OWNER	'S REPRESENTATIVE) CI	ERTIFICATION		
The corr	e properly owner or owner's authorized nmunity-issued BFE) or Zone AO musi	l representative who completes I sign here. The statements in S	Sections A, B, and E for Zo ections A, B, and E are co	one A (without a FEMA-issued or treat to the best of my knowledge.		
Pro	perty Owner or Owner's Authorized Re	epresentative's Name				
Add	iress	C	ity St	ate ZIP Code		
Sig	nature	Di	ate Te	elephone		
Con	mmenis					
				Check here if attachments.		

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 134 W FLAMINGO CIR						
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number			
SECTIO	ON G - COMMUNITY INFOR	RMATION (OPTIONAL)				
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the ap					
G1. The information in Section C was take engineer, or architect who is authorized that in the Comments area below.)						
G2. A community official completed Section Zone AO.	on E for a building located in	n Zone A (without a FEM/	4-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 f	the building site:	feet	meters Datum			
G10. Community's design flood elevation:		feet	meters Datum			
Local Official's Name	Titl	9				
Community Name	Tel	ephone				
Signature	Da	ie .				
Comments (including type of equipment and location, per C2(e), if applicable) Check here if attachments.						

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Api 134 W FLAMINGO CIR	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.



Phoio One

Photo One Caption FRONT VIEW PHOTO DATE: 01/02/2020.



Photo Two

Photo Two Caption LEFT SIDE VIEW PHOTO DATE: 01/02/2020.

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 134 W FLAMINGO CIR	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 One

Photo One Caption REAR VIEW PHOTO DATE: 01/02/2020.

ELEVATION CERTIFICATE



Photo Two

Photo Two Caption RIGHT SIDE VIEW PHOTO DATE: 01/02/2020.

BUILDING PHOTOGRAPHS

Continuation Page

ELEVATION CERTIFICATE	Con	tinuation Page	Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the correspon	ding infon	mation from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (Including Apt., Unit, Suite, at 134 W FLAMINGO CIR	nd/or Bldg.	No.) or P.O. Route and Box No.	Policy Number:
City MARCO ISLAND	State Florida	ZIP Code 34145	Company NAIC Number
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View"; photographs must show the foundation with represe	and, if re	equired, "Right Side View" and "I	eft Side View." When applicable,
Photo One Caption VENT VIEW		Photo One	
Prioro One Capiton VERT VIEW			
Photo Two Caption VENT VIEW		Photo Two	