

Federal Emergency Management Agency
ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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

SECTION A- PROPERTY INFORMATION FOR INSURANCE COMPANY USE

A1. Building Owner's Name
BOB IMIG Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
45 FAIRVIEW BLVD Company NAIC Number:

City **FORT MYERS BEACH** State **FL** Zip Code **33931**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TAX PARCEL NUMBER#34-46-24-W4-00600.0050(FAIRVIEW ISLES UNIT 5 PB 10 PG 125 LOT 5)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **26°25'09.42** Long. **81°53'48.71** Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **6**

<p>A8. For a building with a crawlspace or enclosure(s):</p> <p>a) Square footage of crawlspace or enclosure(s) 2157sq ft</p> <p>b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 13</p> <p>c) Total net area of flood openings in A8.b 2600 sq in</p> <p>d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A9. For a building with an attached garage:</p> <p>a) Square footage of attached garage NAsq ft</p> <p>b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA</p> <p>c) Total net area of flood openings in A9.b NAsq in</p> <p>d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	---

SECTION B- FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number TOWN OF FT MYERS BCH 120673	B2. County Name LEE	B3. State FL
--	-------------------------------	------------------------

B4. Map/Panel Number 12071C 0567	B5. Suffix F	B6. FIRM Index Date 08/28/08	B7. FIRM Panel Effective/ Revised Date 08/28/08	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.0
--	------------------------	--	---	--------------------------------	--

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

SECTION C- BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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 according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

*A new Elevation Certificate will be required when construction of the building is complete.

Benchmark Utilized: **TRIMBLE VRS NETWORK CORRECTION**
Vertical Datum: **NAVD 1988**

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988
 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE. Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	4.8	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	16.0	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V zones only)	NA	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	NA	<input type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery of equipment servicing the building (Describe type of equipment and location in Comments)	16.0	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	4.7	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	4.8	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	4.7	<input type="checkbox"/> feet	<input type="checkbox"/> meters

ELEVATION CERTIFICATE

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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 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.

Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?
 Yes No

Certifier's Name KRIS A SLOSSER		License Number LS5560	
Title LAND SURVEYOR	Company Name KRIS A SLOSSER LAND SURVEYING		
Address 4642 VILLA CAPRI LANE	City BONITA SPRINGS	State FL	Zip Code 34134
Signature 	Date 04/24/16	Telephone 239-947-1915	



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

Comments (including type of equipment and location, per C2(e), if applicable)

1. ELEVATIONS IN ITEM C2E REFER TO AN EXTERIOR A/C PAD.
2. THE VENTS LISTED ARE "SMART VENTS" MANUFACTURED BY SMART VENT PRODUCT INC. AND ARE CERTIFIED TO COVER 200 SQ. IN. PER VENT. MODEL#1540-520.

Signature Date **4/24/16**

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 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.

- E.1 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 meters above or below the HAG
- b) Top of bottom floor (including basement, crawlspace or enclosure) is _____ feet meters above or below the HAG
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG
- E3. Attached Garage (top of slab) is _____ feet meters above or below the HAG
- E4. Top of platform of machinery and / or equipment servicing the building is _____ feet meters 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.

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See instructions for Item A6

OMB Control Number: 1660-0008
Expiration: 11/30/2018

IMPORTANT: 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. 45 FAIRVIEW BLVD	Policy Number:
City FORT MYERS BEACH State FL Zip Code 33931	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.

Front View 04/21/16



Rear View 04/21/16



BUILDING PHOTOGRAPHS

Continuation Page

OMB Control Number: 1660-0008
Expiration: 11/30/2018

IMPORTANT: 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. 45 FAIRVIEW BLVD			Policy Number:
City FORT MYERS BEACH	State FL	Zip Code 33931	Company NAIC Number:

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.

Right Side View 04/21/16



Left Side View 04/21/16



Typical Flood Vent 04/21/16

