

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2006

ELEVATION CERTIFICATE

2004-16278

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
OWNER'S NAME PRIMA HOMES AT WEST BAY		Policy Number
STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. CAPE TRACE		Company NAIC Number
CITY	STATE FL	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK E, WEST BAY CLUB U-II, PLAT BOOK 66, PAGES 82-83		
PROPERTY USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LONGITUDE (OPTIONAL) ###.###" or ###.#####"		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983
		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

COMMUNITY NAME & COMMUNITY NUMBER 125124		B2. COUNTY NAME LEE	B3. STATE FLORIDA
B4. FIRM PANEL NUMBER 24-0465	B5. SUFFIX C	B6. FIRM INDEX DATE 5/05/03	B7. FIRM PANEL EFFECTIVE/REVISED DATE 11/04/92
		B8. FLOOD ZONE(S) A-14	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11.0

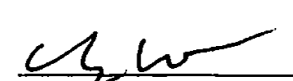
The source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:
Profile FIRM Community Determined Other (Describe): _____
The elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____
Building located in a Coastal Barrier Resources System (CBRS) area or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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
Elevation Certificate will be required when construction of the building is complete.
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 represents the building, provide a sketch or photograph.)
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
Items C3.-a-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 G, as appropriate, to document the datum conversion.
Conversion/Comments _____
Reference mark used LOCAL Does the elevation reference mark used appear on the FIRM? Yes No

of bottom floor (including basement or enclosure)	11. 7 ft.(m)
of next higher floor	NA. ft.(m)
of lowest horizontal structural member (V zones only)	NA. ft.(m)
of attached garage (top of slab)	11. 2 ft.(m)
of lowest elevation of machinery and/or equipment	
of lowest elevation of building (Describe in a Comments area)	10. 9 ft.(m)
of lowest adjacent (finished) grade (LAG)	10. 6 ft.(m)
of lowest adjacent (finished) grade (HAG)	10. 6 ft.(m)
of lowest elevation of permanent openings (flood vents) within 1 ft. above adjacent grade	NA
of lowest elevation of area of all permanent openings (flood vents) in C3.h	NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date


ROBERT J. BILLS
PSM #4698 03/14/06

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Information is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
The information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I warrant that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

NAME ROBERT J. BILLS		LICENSE NUMBER 4698	
PROFESSIONAL SURVEYOR AND MAPPER		COMPANY NAME CONSUL-TECH SURVEYING & MAPPING	
CITY	STATE	CITY	STATE
BONITA SPRINGS	FL	BONITA SPRINGS	FL
DATE	TELEPHONE	DATE	TELEPHONE
3-14-06	(239) 947-0266	3-14-06	(239) 947-0266

NOTE: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Policy Number
STATE	ZIP CODE	Company NAIC Number

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

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

MACHINERY IS THE AIR CONDITIONER PAD

LOT E-22-FINAL.DOC (FB 320/05)

Check here if attachment

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

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, be completed.

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 depicts the building, provide a sketch or photograph.)

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 the datum, if available).

Using 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.

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 the datum, if available).

NOTE: 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?

No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The 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.*

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

CITY

STATE

ZIP CODE

DATE

TELEPHONE

Check here if attachment

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The community 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.

If the elevation 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

If the community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

The following information (Items G4-G9) is provided for community floodplain management purposes.

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

The as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

The Zone AO depth of flooding at the building site is: _____ ft.(m) Datum: _____

COMMUNITY OFFICIAL'S NAME TITLE

NAME TELEPHONE

DATE