

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

K 2000-08124
O.M.B. No. 3067-0077
Expires December 31, 2005
~~RES-1003-01224~~
R3-087281

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Gerald Stanislawski			For Insurance Company Use Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 20821 Pine Tree Lane			Company NAIC Number
CITY Estero	STATE FL	ZIP CODE 33928	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 29-46-25-01-01005-017, Lot 17, Block 5, Plat Book 10, Page 15			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/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

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 125124		B2. COUNTY NAME Lee (unincorporated area)		B3. STATE FL	
B4. MAP AND PANEL NUMBER 125124 0465	B5. SUFFIX C	B6. FIRM INDEX DATE 09/20/96	B7. FIRM PANEL EFFECTIVE/REVISED DATE 11/04/92	B8. FLOOD ZONE(S) A14	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL 11
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date N/A					

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 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 D or Section G, as appropriate, to document the datum conversion.
Datum N/A Conversion/Comments N/A

Elevation reference mark used Estero N. Does the elevation reference mark used appear on the FIRM? Yes No

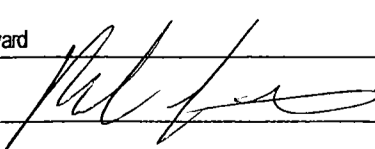
- o a) Top of bottom floor (including basement or enclosure) 11.5 ft.(m)
- o b) Top of next higher floor _____ ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- o d) Attached garage (top of slab) _____ ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 11.1 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 11.1 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
- o i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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 Bob L. Potter, PSM LICENSE NUMBER 5688

TITLE Professional Surveyor & Mapper	COMPANY NAME AIM Engineering & Surveying
ADDRESS 5300 Lee Boulevard	CITY Lehigh Acres
SIGNATURE 	STATE FL
	ZIP CODE 33971
	DATE 05/03/04
	TELEPHONE 239-332-4569

