



GradyMinor

LETTER OF TRANSMITTAL

Joshua Gottfrid

20975 Island Sound Circle Unit 103

Estero, FL 33928

DATE: February 14, 2018	JOB CODE 20975ISC
ATTENTION:	
RE: 20975 Island Sound Circle	

Sent by: Courier: Morning Afternoon Rush US Mail Pick-Up Hand-Delivery
 Federal Express: Morning Afternoon

WE ARE SENDING: Prints Plans (velum) Disk Shop drawings
 Specifications Copy of letter Permit Application Other

Copies	Description
3	Elevation Certificates

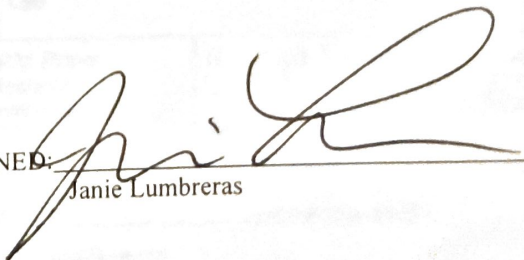
THESE ARE TRANSMITTED as checked below:

- Approved as submitted
- Approved as noted
- Returned for corrections
- For your use/records
- For approval
- For review and comment
- As requested
- For Signature and Return

REMARKS:

Sent on behalf of Donald Saintenoy

COPY TO: _____

SIGNED: 
 Janie Lumbreras

Q. Grady Minor & Associates, P.A.

3800 Via Del Rey
 Bonita Springs, FL 34134
 239-947-1144
 239-947-0375(fax)

11940 Fairway Lakes Dr., Ste. #6
 Fort Myers, FL 33913
 239-690-4380
 239-768-0291(fax)

If enclosures are not as noted, kindly notify us at once.

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.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Joshua N Gottfrid TR & Derek Alan Gottfrid TR for Joshua Joshua N Gottfrid Trust		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 20975 Island Sound Circle #103		Company NAIC Number:
City Estero	State Florida	ZIP Code 33928
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Unit 103, Building 13, Island Sound I at Pelican Sound, Official Records Book 3651, Page 972		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		Residential
A5. Latitude/Longitude: Lat. 26 25'55" Long. 81 49'49"		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 1A		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) N/A sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0		
c) Total net area of flood openings in A8.b 0 sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage 219 sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0		
c) Total net area of flood openings in A9.b 0 sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Lee County 125124		B2. County Name Lee		B3. State Florida	
B4. Map/Panel Number 12071C / 0587	B5. Suffix F	B6. FIRM Index Date 08/28/2008	B7. FIRM Panel Effective/ Revised Date 08/28/2008	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: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 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. 20975 Island Sound Circle #103			Policy Number:	
City Estero	State Florida	ZIP Code 33928	Company NAIC Number	

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. 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.

Benchmark Utilized: FDOT RTK GPS (FDOT BM 1093) Vertical Datum: NAVD 88

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) | 10.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | 9.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | 9.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 9.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 9.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | 9.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name Donald L. Saintenoy III	License Number LS 6761	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;">Place Seal Here</div> </div> <p style="font-size: 1.2em; margin-top: 10px;">LS6761</p> <p style="font-size: 1.2em; margin-top: 10px;">2/14/18</p> <p style="font-size: 1.2em; margin-top: 10px;">Donald L. Saintenoy III</p>
Title Professional Surveyor & Mapper		
Company Name Q. Grady Minor & Associates, P.A.		
Address 3800 Via Del Rey		
City Bonita Springs	State Florida	
Signature 	Date 02/14/2018	Telephone (239) 947-1144

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)

C2e.) Is an air conditioner pad.

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 20975 Island Sound Circle #103			FOR INSURANCE COMPANY USE Policy Number: Company NAIC Number
City Estero	State Florida	ZIP Code 33928	

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.

- E1. 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 LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is** _____ feet meters above or below the HAG.
 _____ 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.

Property Owner or Owner's Authorized Representative's Name _____			
Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

Comments

Check here if attachments

ELEVATION CERTIFICATE

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. 20975 Island Sound Circle #103		Policy Number:	
City Estero	State Florida	Company NAIC Number	
ZIP Code 33928			

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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed 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.)
- 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–G10) 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: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

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

Check here if attachments.



Photo One

t of building, 2/5/2018



BUILDING PHOTOGRAPHS

OMB No. 16
Expiration D:

IFICATE

Continuation Page

aces, copy the corresponding information from Section A.

FOR INSUR

including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Numl

le #103

State

ZIP Code

Company N

Florida

33928

ograpgs than will fit on the preceding page, affix the additional photographs below. I
nt View" and "Rear View"; and, if required, "Right Side View" and "Left Side Vie
the foundation with representative examples of the flood openings or vents, as indicated



Photo Three

ft Side of building, 2/5/2018

