## **ELEVATION CERTIFICATE** Important: Follow the instructions on pages 1–9.

| Copy all pages of this Elevation Certificate and all attachmer | nts for (1) community | official (2) insurance agent/compar | and (3) building owner    |
|--|-----------------------|-------------------------------------|---------------------------|
|  |                       | (2)                                 | IV, and (0) banang owner. |

| SECTION A – PROPERTY INFOR   | MATION                               | FOR INSURA                          | ANCE COMPANY USE                |  |  |  |  |
|--|--------------------------------------|-------------------------------------|---------------------------------|--|--|--|--|
| A1. Building Owner's Name Policy Number:<br>JAMES AND BRENDA MCKEE Policy Number:  |                                      |                                     |                                 |  |  |  |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 3451 DATE PALM LANE |                                      |                                     |                                 |  |  |  |  |
| City   | State ZIP Code                       |                                     |                                 |  |  |  |  |
| ESTERO   | Florida                              | 33928                               |                                 |  |  |  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel<br>STRAP: 28-46-25-E3-U1894.2440   | Number, Legal Description, etc.      | )                                   |                                 |  |  |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition,  | Accessory, etc.) RESIDENT            | AL                                  |                                 |  |  |  |  |
| A5. Latitude/Longitude: Lat. 26°26'18.62"N Long.   | 81°48'44.78"W Horizontal I           | Datum: 🔲 NAD 19                     | 927 🛛 NAD 1983                  |  |  |  |  |
| A6. Attach at least 2 photographs of the building if the Certific  | ate is being used to obtain flood    | insurance.                          |                                 |  |  |  |  |
| A7. Building Diagram Number5   |                                      |                                     |                                 |  |  |  |  |
| A8. For a building with a crawlspace or enclosure(s):  |                                      |                                     |                                 |  |  |  |  |
| a) Square footage of crawlspace or enclosure(s)  | 0.00 sq ft                           |                                     |                                 |  |  |  |  |
| b) Number of permanent flood openings in the crawlspace  | or enclosure(s) within 1.0 foot a    | bove adjacent grac                  | le 0                            |  |  |  |  |
| c) Total net area of flood openings in A8.b  | 0.00 sq in                           |                                     |                                 |  |  |  |  |
| d) Engineered flood openings?  Yes No  |                                      |                                     |                                 |  |  |  |  |
| A9. For a building with an attached garage:  |                                      |                                     |                                 |  |  |  |  |
| a) Square footage of attached garage   | 0.00 sq ft                           |                                     |                                 |  |  |  |  |
| b) Number of permanent flood openings in the attached g  | arage within 1.0 foot above adjad    | cent grade 0                        |                                 |  |  |  |  |
| c) Total net area of flood openings in A9.b  | 0.00 sq in                           |                                     |                                 |  |  |  |  |
| d) Engineered flood openings?  |                                      |                                     |                                 |  |  |  |  |
|  |                                      |                                     |                                 |  |  |  |  |
| SECTION B – FLOOD INSURA   |                                      | RMATION                             |                                 |  |  |  |  |
| B1. NFIP Community Name & Community Number<br>VILLAGE OF ESTERO/120260   | B2. County Name<br>LEE               |                                     | B3. State<br>Florida            |  |  |  |  |
| Number Date Effe   | M Panel B8. Flood<br>ective/ Zone(s) | B9. Base Flood Ele<br>(Zone AO, use | evation(s)<br>Base Flood Depth) |  |  |  |  |
| 12071C0583         G         11-17-2022         Revised Date         12.0'   |                                      |                                     |                                 |  |  |  |  |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:                                |                                      |                                     |                                 |  |  |  |  |
| 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   |                                      |                                     |                                 |  |  |  |  |
|  |                                      |                                     |                                 |  |  |  |  |

|   |   | ELEVATION CERTIFICATE                       |                             |                        | OMB No. 1660-0008<br>Expiration Date: November 30, 2022 |   |  |
|---|---|---|-----------------------------|------------------------|---|---|--|
| IMPORTANT: In these spaces, copy the corresponding information from Section A.  |   |   |                             | FOR I                  | FOR INSURANCE COMPANY USE                               |   |  |
| Building Street Address (including Apt., Unit, Suite, a 3451 DATE PALM LANE   | and/or Bldg. No.) or                      | P.O. Route                                  | e and Box No.               | Policy                 | Number:   |   |  |
| CityStateZIP CodeESTEROFlorida33928   |   |   | Comp                        | Company NAIC Number    |   |   |  |
| SECTION C – BUILDIN   | G ELEVATION IN                            | FORMATI                                     | ON (SURVEY R                | EQUIR                  | ED)   |   |  |
| <ul> <li>C1. Building elevations are based on: Cons</li> <li>*A new Elevation Certificate will be required with the complete Items C2.a-h below according to the Benchmark Utilized: F.D.O.T. FPRN</li> </ul> | BFE), VE, V1–V30,<br>e building diagram s | the building<br>V (with BFI<br>specified in | E), AR, AR/A, AR            | /AE, AR                | <br>/A1A30, /   |   |  |
| Indicate elevation datum used for the elevation   |   | -   |                             |                        |   |   |  |
| □ NGVD 1929 		 NAVD 1988 □ C  | , .                                       |   |                             |                        |   |   |  |
| Datum used for building elevations must be the  |   | d for the BF                                | E.                          | Ch                     | eck the me  | easurement used.  |  |
| a) Top of bottom floor (including basement, cr  | awlspace, or enclos                       | sure floor)                                 |                             | 12.9                   | $\times$ feet   | meters  |  |
| b) Top of the next higher floor   |   |   |                             | N/A                    | 🗌 feet  | meters  |  |
| c) Bottom of the lowest horizontal structural m   | ember (V Zones on                         | nly)  |                             | N/A                    | feet  | meters  |  |
| d) Attached garage (top of slab)  |   |   |                             | N/A                    | 🗌 feet  | meters  |  |
| <ul> <li>e) Lowest elevation of machinery or equipmen<br/>(Describe type of equipment and location in</li> </ul>  | nt servicing the build<br>Comments)       | ding  |                             | 11.0                   | 🗙 feet  | meters  |  |
| f) Lowest adjacent (finished) grade next to bu  | uilding (LAG)                             |   |                             | 10.3                   | $\times$ feet   | meters  |  |
| g) Highest adjacent (finished) grade next to b  | uilding (HAG)                             |   |                             | 10.6                   | 🗙 feet  | meters  |  |
| <ul> <li>h) Lowest adjacent grade at lowest elevation<br/>structural support</li> </ul>   | of deck or stairs, inc                    | cluding                                     |                             | 10.8                   | 🗙 feet  | meters  |  |
| SECTION D – SURVE   | YOR, ENGINEER,                            | OR ARC                                      | HITECT CERTIF               | ICATIO                 | N   |   |  |
| This certification is to be signed and sealed by a la<br>I certify that the information on this Certificate repre-<br>statement may be punishable by fine or imprisonm  | esents my best effor                      | rts to interp                               | ret the data availa         | y law to<br>able. I ui | certify elev<br>nderstand                               | vation information.<br>that any false   |  |
| Were latitude and longitude in Section A provided b   | by a licensed land s                      | urveyor?                                    | ⊠Yes □No                    |                        | Check he  | re if attachments.  |  |
| Certifier's Name  | License Nu                                | mber  |                             | 27-22-25               | TH L AUNU   | This item has been electronically   |  |
| Kenny Pufahl  | 6126                                      |   |                             | 1910                   | SIZE SIZE   | signed and sealed by Kenneth<br>Pufahl, PSM using a Digital<br>Signature and date. Printed copies                           |  |
| Title<br>Land Surveyor  |   |   |                             | A CONTRACT             | FLORIES CF  | of this document are not considered<br>signed and sealed and the signature<br>must be verified on any electronic<br>copies. |  |
| Company Name<br>KP Surveying, Inc.  |   |   |                             |                        | CONTRACT (  |   |  |
| Address<br>2802 W Cypress Ave. SE   |   |   |                             |                        |   |   |  |
| City  | State                                     |   | ZIP Code                    |                        |   |   |  |
| Fort Myers  | Florida                                   |   | 33905                       |                        |   |   |  |
| Signature   | Date<br>06-20-2023                        | 3   | Telephone<br>(239) 462-1901 | Ext.                   |   |   |  |
| Copy all pages of this Elevation Certificate and all atta   | achments for (1) con                      | nmunity offi                                | cial, (2) insurance         | agent/co               | ompany, ar  | nd (3) building owner.  |  |
| Comments (including type of equipment and location C2(e) is the elevation of the A/C PAD.   | on, per C2(e), if appl                    | licable)                                    |                             |                        |   |   |  |

| OMB No.    | 1660-0 | 800      |     |      |
|------------|--------|----------|-----|------|
| Expiration | Date:  | November | 30, | 2022 |

| 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. 3451 DATE PALM LANE  |   |   | Policy Number:  |  |  |
| City<br>ESTERO   | State<br>Florida                                | ZIP Code<br>33928                                       | Company NAIC Number   |  |  |
| SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)<br>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. |   |   |   |  |  |
| <ul> <li>E1. Provide elevation information for the following at<br/>the highest adjacent grade (HAG) and the lowes</li> <li>a) Top of bottom floor (including basement,</li> </ul>   |   |   | r the elevation is above or below                                 |  |  |
| crawlspace, or enclosure) is<br>b) Top of bottom floor (including basement,  |   |   |   |  |  |
| crawlspace, or enclosure) is<br>E2. For Building Diagrams 6–9 with permanent flood   | l openings provided in a                        | [_] feet [_] meter<br>Section A Items 8 and/or          |   |  |  |
| the next higher floor (elevation C2.b in the diagrams) of the building is  |   | feet 🗌 meter  | rs above or below the HAG.  |  |  |
| <ul><li>E3. Attached garage (top of slab) is</li><li>E4. Top of platform of machinery and/or equipment</li></ul>   |   | feet 🗌 meter  | rs above or below the HAG.  |  |  |
| E5. Zone AO only: If no flood depth number is availa   | bla is the ten of the ba                        | feet meter  |   |  |  |
| floodplain management ordinance?   | No Unknown.                                     | The local official must                                 | certify this information in Section G.                            |  |  |
| SECTION F – PROPERTY O   | WNER (OR OWNER'S                                | REPRESENTATIVE) CE                                      | ERTIFICATION  |  |  |
| The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.   | ative who completes Se<br>The statements in Sec | ections A, B, and E for Zo<br>tions A, B, and E are cor | one A (without a FEMA-issued or rect to the best of my knowledge. |  |  |
| Property Owner or Owner's Authorized Representativ   | /e's Name                                       |   |   |  |  |
| Address  | City  | St  | ate ZIP Code  |  |  |
| Signature  | Date  | e Te  | lephone   |  |  |
| Comments   |   |   |   |  |  |
|  |   |   |   |  |  |
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|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   | Check here if attachments.  |  |  |

**ELEVATION CERTIFICATE** 

OMB No. 1660-0008 Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, copy the corre   | FOR INSURANCE COMPANY USE                  |                              |            |  |
|--|--|------------------------------|------------|--|
|  |  |                              |            | Policy Number:                                   |
| 3451 DATE PALM LANE  | State                                      | 710.0.1.                     |            |  |
| City<br>ESTERO   | Florida                                    | ZIP Code<br>33928            |            | Company NAIC Number                              |
| SECTIO   | N G – COMMUNIT                             | Y INFORMATION (OPTIO         | NAL)       |  |
| The local official who is authorized by law or or<br>Sections A, B, C (or E), and G of this Elevation<br>used in Items G8–G10. In Puerto Rico only, en | dinance to administ<br>Certificate. Comple | ter the community's floodpla | ain man    |  |
| G1. The information in Section C was tak<br>engineer, or architect who is authoriz<br>data in the Comments area below.)                                |  |                              |            |  |
| G2. A community official completed Secti<br>or Zone AO.  | on E for a building l                      | ocated in Zone A (without a  | a FEMA     | -issued or community-issued BFE)                 |
| G3. The following information (Items G4–   | G10) is provided fo                        | r community floodplain mai   | nageme     | ent purposes.                                    |
| G4. Permit Number  | G5. Date Permit I                          | Issued                       | G6. D<br>C | ate Certificate of<br>ompliance/Occupancy Issued |
| G7. This permit has been issued for:   | ] New Construction                         | I 🗌 Substantial Improvem     | ent        |  |
| G8. Elevation of as-built lowest floor (including of the building:   | ) basement)<br>—                           | [                            | feet       | ☐ meters Datum                                   |
| G9. BFE or (in Zone AO) depth of flooding at t   | he 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 loc  | ation, per C2(e), if                       | applicable)                  |            |  |
|  |  |                              |            |  |
|  |  |                              |            |  |
|  |  |                              |            |  |
|  |  |                              |            |  |
|  |  |                              |            |  |
|  |  |                              |            |  |
|  |  |                              |            |  |
|  |  |                              |            | Check here if attachments.                       |

# 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. Photo One FRONT VIEW (06/20/2023) Photo One Caption Clear Photo One Photo Two REAR VIEW (06/20/2023) Photo Two Caption Clear Photo Two

## ELEVATION CERTIFICATE See Instructions for Item A6. IMPORTANT: In these spaces, copy the corresponding information from Section A.

3451 DATE PALM LANE

City

**ESTERO** 

BUILDING PHOTOGRAPHS See Instructions for Item A6.

ZIP Code

33928

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

State

Florida

OMB No. 1660-0008 Expiration Date: November 30, 2022

FOR INSURANCE COMPANY USE

Policy Number:

**Company NAIC Number** 

FEMA Form 086-0-33 (12/19)

#### **ELEVATION CERTIFICATE**

### **BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, copy  | FOR INSURANCE COMPANY USE |          |                     |
|---|---------------------------|----------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3451 DATE PALM LANE |                           |          | Policy Number:      |
| City  | State                     | ZIP Code | Company NAIC Number |
| ESTERO  | Florida                   | 33928    |                     |

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 Three Caption A/C VIEW (06/20/2023)

Clear Photo Three



Photo Four Caption FRONT AND SIDE VIEW (06/20/2023)

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

Clear Photo Four