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

|  |  |  | insurance agent/company |  |
|--|--|--|-------------------------|--|
|  |  |  |                         |  |

| SECTION A – PROPERTY INFORMATION   | FOR INSURANCE COMPANY USE  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| A1. Building Owner's Name Policy Number:<br>YARBROUGH JOHN H & DAMIEN C LIN  |  |  |  |  |  |  |  |
| <ul> <li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and<br/>Box No.</li> <li>4755 RIVERSIDE DR</li> </ul> |  |  |  |  |  |  |  |
| CityStateZIP CodeESTEROFlorida33928  |  |  |  |  |  |  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, L<br>ESTERO RIVER HEIGHTS BLK 1 PB 10 PG 15 LOT 6; STRAP: 29-46-2                    |  |  |  |  |  |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory  | etc.) RESIDENTIAL  |  |  |  |  |  |  |
| A5. Latitude/Longitude: Lat. 26°26'07.4"N Long. 81°49'59.3"  | 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 Number7   |  |  |  |  |  |  |  |
| A8. For a building with a crawlspace or enclosure(s):  |  |  |  |  |  |  |  |
| a) Square footage of crawlspace or enclosure(s)  | 954.00 sq ft   |  |  |  |  |  |  |
| b) Number of permanent flood openings in the crawlspace or enclos  | re(s) within 1.0 foot above adjacent grade N/A                                     |  |  |  |  |  |  |
| c) Total net area of flood openings in A8.b N/A sc   | in   |  |  |  |  |  |  |
| d) Engineered flood openings? 🗌 Yes 🗵 No   |  |  |  |  |  |  |  |
| A9. For a building with an attached garage:  |  |  |  |  |  |  |  |
| a) Square footage of attached garage 576.00 so   | ft   |  |  |  |  |  |  |
| b) Number of permanent flood openings in the attached garage with  | 1.0 foot above adjacent grade N/A  |  |  |  |  |  |  |
| c) Total net area of flood openings in A9.b N/A  | q in   |  |  |  |  |  |  |
| d) Engineered flood openings?  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| SECTION B – FLOOD INSURANCE RAT  |  |  |  |  |  |  |  |
| B1. NFIP Community Name & Community NumberB2. CounVILLAGE OF ESTERO 120260LEE  | y Name B3. State Florida   |  |  |  |  |  |  |
| B4. Map/Panel<br>Number<br>B5. Suffix<br>Date<br>B7. FIRM Panel<br>Effective/<br>Revised Date  | B8. Flood<br>Zone(s)B9. Base Flood Elevation(s)<br>(Zone AO, use Base Flood Depth) |  |  |  |  |  |  |
| 12071C/0587 G 11-17-2022 11-17-2022  | AE 11.00'  |  |  |  |  |  |  |
| 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 OPA   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

| ELEVATION CERTIFICATE  |   |   | OMB No. 16<br>Expiration D   | 660-0008<br>Date: November 30, 2022  |
|--|---|---|--|--|
| IMPORTANT: In these spaces, copy the o   | FOR INSU  | FOR INSURANCE COMPANY USE   |  |  |
| Building Street Address (including Apt., Un<br>4755 RIVERSIDE DR   | it, Suite, and/or Bldg. No.) or P.0   | D. Route and Box No.  | Policy Num   | ıber:  |
| City<br>ESTERO   | State<br>Florida  | ZIP Code<br>33928   | Company N  | NAIC Number  |
| SECTION C -  | BUILDING ELEVATION INFO   | RMATION (SURVEY F   | REQUIRED)  |  |
| <ul> <li>C1. Building elevations are based on:</li> <li>*A new Elevation Certificate will be responsible to the complete ltems C2.</li> <li>Elevations – Zones A1–A30, AE, AH Complete Items C2.a–h below accorresponsible to the complete ltems C2.a–h below accorresponsible to the complete elevation datum used for the complete elevation d</li></ul> | equired when construction of the<br>, A (with BFE), VE, V1–V30, V (<br>ding to the building diagram spe<br>SE RM 3 Vertical D   | with BFE), AR, AR/A, AF<br>cified in Item A7. In Pue<br>Datum: <u>NAVD 1988</u> | <br>R/AE, AR/A1  |  |
| □ NGVD 1929 🕅 NAVD 19  | , -   |   |  |  |
| <ul> <li>Datum used for building elevations m</li> <li>a) Top of bottom floor (including bas</li> <li>b) Top of the next higher floor</li> <li>c) Bottom of the lowest horizontal st</li> <li>d) Attached garage (top of slab)</li> <li>e) Lowest elevation of machinery or (Describe type of equipment and</li> <li>f) Lowest adjacent (finished) grade</li> <li>g) Highest adjacent grade at lowest or structural support</li> </ul>   | aust be the same as that used for<br>ement, crawlspace, or enclosure<br>ructural member (V Zones only)<br>equipment servicing the building<br>location in Comments)<br>next to building (LAG)<br>next to building (HAG)<br>elevation of deck or stairs, include<br>- SURVEYOR, ENGINEER, Of<br>ed by a land surveyor, engineer,<br>cate represents my best efforts to | e floor)  | 5.3     ×       15.3     ×       N/A     □       5.3     ×       13.0     ×       4.7     ×       5.4     ×       N/A     □       FICATION     □ | feet meters<br>feet meters<br>feet meters<br>feet meters<br>feet meters<br>feet meters<br>feet meters<br>feet meters |
| Were latitude and longitude in Section A p   | 1   |   | Che  | ck here if attachments.  |
| Certifier's Name<br>GUSTAVO INTERIAN<br>Title  | License Numb<br>PSM 6461  | er  | لیم<br>الای میر  | STANO INTERIA<br>Sense Number<br>L.S.6461  |
| PROFESSIONAL SURVEYOR AND MAP<br>Company Name<br>TAYBERRY GROUP LLC<br>Address<br>411 NE 2ND PLACE (UNIT 9)  |   |   | <b>A</b> 1   | STATE OF<br>FLORIDA  |
| City<br>CAPE CORAL   | State<br>Florida  | ZIP Code<br>33909   | 1,2  | al Surveyor an   |
| Signature  | Date<br>01-26-2023  | Telephone<br>(833) 425-5364   | Ext.   |  |
| Copy all pages of this Elevation Certificate a   | and all attachments for (1) commu   | unity official, (2) insurance   | e agent/compa  | iny, and (3) building owner.   |
| Comments (including type of equipment a<br>- CROWN OF THE ROAD ELEVATION =<br>- C2(e) WAS ON TOP OF AC WOOD STF<br>- ORDER No: TG230019  | 5.13'   | ble)  |  |  |

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

| ELEVATION CERTIFICATE  | Expiration Da                           | ate: November 30, 2022                              |  |   |
|--|---|---|--|---|
| IMPORTANT: In these spaces, copy the correspo  | FOR INSUR                               | FOR INSURANCE COMPANY USE                           |  |   |
| Building Street Address (including Apt., Unit, Suite, a 4755 RIVERSIDE DR  | and/or Bldg. No.) c                     | or P.O. Route and Box No                            | o. Policy Numb                               | per:                                    |
| City<br>ESTERO   | State<br>Florida                        | ZIP Code<br>33928                                   | Company N                                    | AIC Number                              |
| SECTION E – BUILDING<br>FOR ZC   |   | ORMATION (SURVEY<br>NE A (WITHOUT BFE)              |  |   |
| For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.   |   |   |  |   |
| <ul> <li>E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lowe</li> <li>a) Top of bottom floor (including basement,</li> </ul> |   |   | hether the elevatior                         | n is above or below                     |
| crawlspace, or enclosure) is<br>b) Top of bottom floor (including basement,  |   |   |  | or below the HAG.                       |
| crawlspace, or enclosure) is<br>E2. For Building Diagrams 6–9 with permanent floo  | d openings provide                      | feet  | _  | or └ below the LAG.                     |
| the next higher floor (elevation C2.b in<br>the diagrams) of the building is   |   |   |  | or $\square$ 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 avail floodplain management ordinance?  Yes  |   | the bottom floor elevated nown. The local official  |  |   |
| SECTION F – PROPERTY O   | WNER (OR OWN                            | ER'S REPRESENTATIV                                  | E) CERTIFICATIO                              | N                                       |
| The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here   | ative who complet<br>. The statements i | es Sections A, B, and E<br>n Sections A, B, and E a | for Zone A (without<br>re correct to the bes | a FEMA-issued or<br>st of my knowledge. |
| Property Owner or Owner's Authorized Representat   | ive's Name                              |   |  |   |
| Address  |   | City  | State  | ZIP Code                                |
| Signature  |   | Date  | Telephone                                    |   |
| Comments   |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  |   |
|  |   |   |  | ok horo if attachments                  |
|  |   |   |  | ck here if attachments.                 |

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

| IMPORTANT: In these spaces, copy the corre   | FOR INSURANCE COMPANY USE |                             |  |  |  |  |  |  |
|--|---------------------------|-----------------------------|--|--|--|--|--|--|
| Building Street Address (including Apt., Unit, St<br>4755 RIVERSIDE DR   | No. Policy Number:        |                             |  |  |  |  |  |  |
| City<br>ESTERO   | State<br>Florida          | ZIP Code<br>33928           | Company NAIC Number  |  |  |  |  |  |
| 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. |                           |                             |  |  |  |  |  |  |
|  |                           |                             | gned and sealed by a licensed surveyor,<br>cate the source and date of the elevation |  |  |  |  |  |
| G2. A community official completed Secti<br>or Zone AO.  | on E for a building lo    | ocated in Zone A (without a | a FEMA-issued or community-issued BFE)   |  |  |  |  |  |
| G3. The following information (Items G4–   | G10) is provided for      | community floodplain mar    | nagement purposes.   |  |  |  |  |  |
| G4. Permit Number  | G5. Date Permit Is        | ssued                       | G6. Date Certificate of<br>Compliance/Occupancy Issued                               |  |  |  |  |  |
| G7. This permit has been issued for:   | ] New Construction        | Substantial Improveme       | ent  |  |  |  |  |  |
| G8. Elevation of as-built lowest floor (including of the building:   | j basement) —             | [                           | feetmeters   |  |  |  |  |  |
| G9. BFE or (in Zone AO) depth of flooding at t   | he building site:         | [                           | feetmeters   |  |  |  |  |  |
| G10. Community's design flood elevation:   | _                         | [                           | feet metersDatum   |  |  |  |  |  |
| Local Official's Name  |                           | Title                       |  |  |  |  |  |  |
| Community Name   |                           | Telephone                   |  |  |  |  |  |  |
| Signature  |                           | Date                        |  |  |  |  |  |  |
| Comments (including type of equipment and loc  | ation, per C2(e), if a    | applicable)                 |  |  |  |  |  |  |
|  |                           |                             |  |  |  |  |  |  |
|  |                           |                             |  |  |  |  |  |  |
|  |                           |                             |  |  |  |  |  |  |
|  |                           |                             |  |  |  |  |  |  |
|  |                           |                             |  |  |  |  |  |  |
|  |                           |                             |  |  |  |  |  |  |
|  |                           |                             |  |  |  |  |  |  |
|  |                           |                             | Check here if attachments.   |  |  |  |  |  |

### **ELEVATION CERTIFICATE**

### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

| IMPORTANT: In these spaces, cop                        | FOR INSURANCE COMPANY USE |          |                     |
|--|---------------------------|----------|---------------------|
| Building Street Address (including A 4755 RIVERSIDE DR | Policy Number:            |          |                     |
| City   | State                     | ZIP Code | Company NAIC Number |
| ESTERO   | Florida                   | 33928    |                     |

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 Caption FRONT VIEW (01-25-2023)

Clear Photo One



Photo Two Caption REAR VIEW (01-25-2023)

Clear Photo Four

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

| ELEVATION CERTIFICATE  | Continua                  | tion Page | Expiration Date: November 30, 2022 |  |
|--|---------------------------|-----------|------------------------------------|--|
| IMPORTANT: In these spaces, copy the cor                               | FOR INSURANCE COMPANY USE |           |                                    |  |
| Building Street Address (including Apt., Unit, \$<br>4755 RIVERSIDE DR | Policy Number:            |           |                                    |  |
| City   | 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 RIGHT SIDE VIEW (01-25-2023)



## Photo Four Caption LEFT SIDE VIEW (01-25-2023)

**Clear Photo Three** 

Form Page 6 of 6