#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

# **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 INSU	IRANCE COMPANY USE
A1. Building Owner's Name TIMOTHY RICHMOND					Policy Nur	nber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  4948 ROYAL PALM DR						Company	NAIC Number:
City				State		ZIP Code	
ESTERO				Florida		33928	
		nd Block Numbers, Ta BLK 9 PB 13 PG 41		Number, Le	gal Description, etc	D.)	
A4. Building Use (	e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) <u>RESIDENTI</u>	AL	
A5. Latitude/Longi	tude: Lat. 2	6.43771912224088	Long8	31.83607239	56217 Horizontal	Datum: NAD	1927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	used to obtain flood	d insurance.	
A7. Building Diagra	am Number	1B 🔻					
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)	)		sq ft		
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent g	rade 0
c) Total net ar	ea of flood o	penings in A8.b		0 sq ir	1		
d) Engineered	I flood openir	ngs? 🗌 Yes 🗵 N	No				
A9. For a building \	vith an attach	ned garage:					
a) Square foot	age of attach	ned garage		506 sq ft			
b) Number of	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above adja	acent grade 0	
c) Total net ar	ea of flood o <sub>l</sub>	penings in A9.b		0 sq	in		
d) Engineered	flood openin	ıgs? ☐ Yes 🗵 N	No				
	91	ECTION B – FLOOD	INCLIDA	NCE DATE	MAD (FIDM) INF		
B1 NFIP Commun		Community Number	INSURA	B2. County		ORWATION	B3. State
LEE COUNTY 125		John Mariney Marineon		LEE			Florida 🔻
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood (Zone AO, u	
12071C0579	F	8-28-08	8-28-0	8	AE	EL 10.0	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  FIS Profile FIRM Community Determined Other/Source:  B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
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							
B12. Is the buildin	g located in a	a Coastal Barrier Reso	ources Sy	stem (CBRS	) area or Otherwis	e Protected Area	(OPA)? ☐ Yes ⊠ No
Designation	Date:		CBRS	OPA			

## **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR I	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Policy	Policy Number:		
	ROYAL PALM DR							
City F	FORT MYERS State	Э	ZIP 0	Code 928	Compa	any I	NAIC N	lumber
	SECTION C - BUILDING ELE	VATION IN	FORMATI	ION (SURVEY RI	EQUIR	ED)		
C1. Bui	ilding elevations are based on:   Construction	n Drawings*	Build	ling Under Constru	ction*	×	Finish	ned Construction
*A	new Elevation Certificate will be required when co	nstruction of	the buildin	g is complete.				
	evations – Zones A1–A30, AE, AH, A (with BFE), \ mplete Items C2.a–h below according to the build							
	nchmark Utilized: A011		-	10.24' NAVD				
Ind	licate elevation datum used for the elevations in ite	, ,	ıh h) below	<i>I</i> .				
Det	☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/S		l for the Di					
Dai	tum used for building elevations must be the same	e as mai used	i for the Br	-E.	Ch	eck t	he me	asurement used.
a)	Top of bottom floor (including basement, crawlspa	ace, or enclos	sure floor)		6.13	$\times$	feet	meters
b)	Top of the next higher floor						feet	meters
c)	Bottom of the lowest horizontal structural member	r (V Zones on	nly)				feet	meters
d)	Attached garage (top of slab)				5.68	$\times$	feet	meters
	Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Comi		ding		6.56	$\times$	feet	meters
f)	Lowest adjacent (finished) grade next to building	(LAG)			5.61	$\times$	feet	meters
g)	Highest adjacent (finished) grade next to building	(HAG)			5.67	$\times$	feet	meters
	Lowest adjacent grade at lowest elevation of decl structural support	c or stairs, inc	cluding				feet	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.								
	ntitude and longitude in Section A provided by a lic					Che	ck here	e if attachments.
	r's Name	License Nu	mber					
	D MCCLEARY	LS 6557						
Title PSM							DI	000
	ny Name							ace
CE-SIT	E						S	eal
Address 13650 F	s FIDDLESTICKS BLVD, PMB 202-389						Н	ere
City FORT N	MYERS	State Florida	<b>V</b>	ZIP Code 33912				
Signatu	re	Date 5-12-21		Telephone 239-936-9777	Ext.			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.								
Comme	ents (including type of equipment and location, per	C2(e), if appl	licable)					
	D 6.56' NAVD							

## **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the correspondin	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/o	Policy Number:					
4948 ROYAL PALM DR						
City FORT MYERS Sta	ate ZIP 0 - ▼ 33	Code 8928	Company NAIC Number			
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATION AO AND ZONE A (WIT		REQUIRED)			
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).						
<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		☐ feet ☐ meters	s 🔲 above or 🔲 below the HAG.			
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		☐ feet ☐ meters	s 🗌 above or 🗌 below the LAG.			
E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Section	feet meters	s above or below the HAG.			
E3. Attached garage (top of slab) is  E4. Top of platform of machinery and/or equipment		feet meters	s above or below the HAG.			
servicing the building is	:- the tare of the heattern f	feet meters				
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes I			cordance with the community's certify this information in Section G.			
SECTION F - PROPERTY OWNE	R (OR OWNER'S REPR	ESENTATIVE) CE	RTIFICATION			
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	Sta	ate ZIP Code			
Signature	Date	Tel	lephone			
Comments						
			Check here if attachments.			

## **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St	x No.	Policy Number:					
4948 ROYAL PALM DR							
City FORT MYERS	State FL	ZIP Code 33928		Company NAIC Number			
SECTIO	N G - COMMUNIT	Y INFORMATION (OPTI	ONAL)				
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 Zone AO.	on E for a building lo	ocated in Zone A (withou	it a FEM <i>A</i>	A-issued or community-issued BFE)			
G3. The following information (Items G4-	-G10) is provided for	r community floodplain m	anageme	ent purposes.			
G4. Permit Number	G5. Date Permit I	ssued		ate Certificate of ompliance/Occupancy Issued			
G7. This permit has been issued for:   New Construction  Substantial Improvement							
G8. Elevation of as-built lowest floor (including of the building:	g basement) —		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 loo	cation, per C2(e), if a	applicable)					
				Check here if attachments.			

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit	Policy Number:		
4948 ROYAL PALM DR			
City	State	ZIP Code	Company NAIC Number
FORT MYERS	FL	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

FRONT VIEW 4-28-21 Clear Photo One



Photo Two

REAR VIEW 4-28-21 Clear Photo Two

## **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE	COMPANY USE			
Building Street Address (including Apt., Unit, Su	uite, and/or Bldg. No.	) or P.O. F	Route and Box No.	Policy Number:	
4948 ROYAL PALM DR					
City	State		ZIP Code	Company NAIC Nui	mber
FORT MYERS	FL		33928		
If submitting more photographs than will fit o with: date taken; "Front View" and "Rear \photographs must show the foundation with re	/iew"; and, if requi	red, "Righ	nt Side View" and "L	eft Side View." Wh	en applicable,
	Photo	Three			
		_			
Photo Three Caption	Phot	o Three			Clear Photo Three
There this eaption					
	Phot	o Four			
	Pho	to Four			
Photo Four Caption					Clear Photo Four