OMB No. 1660-0008 Expiration Date: November 30, 2018

# **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 Elzbieta Kocemba & Wojciech A. Kocemba	Policy Number:	
<ul><li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li><li>1771 Wavecrest Court</li></ul>	Company NAIC Number:	
City State Marco Island Florida	ZIP Code 34145	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 4, Block 43, Marco Beach Unit 2, as recorded in PB 6, Pg(s) 25-31, Collier County, Florida		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. N25°57'0.69" Long. W81°42'9.81" Horizontal Datu	ım: ☐ NAD 1927 🗵 NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insu	ırance.	
A7. Building Diagram Number1B		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot about	ve adjacent grade0	
c) Total net area of flood openings in A8.b sq in		
d) Engineered flood openings?  \[ \text{Yes} \text{ \text{X} No} \]		
A9. For a building with an attached garage:		
a) Square footage of attached garage 758 sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacen	t grade 5	
c) Total net area of flood openings in A9.b 1,000* sq in		
d) Engineered flood openings?    Yes    No		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORM	IATION	
B1. NFIP Community Name & Community Number CITY OF MARCO ISLAND 120426  B2. County Name COLLIER	B3. State Florida	
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/Revised Date B8. Flood Zone	(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)	
12021C0829 H 05/16/2012 05/16/2012 AE	7	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Ite	:m B9:	
B11. Indicate elevation datum used for BFE in Item B9:   NGVD 1929   NAVD 1988   Output  Output  Description:	Other/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Pro	otected Area (OPA)? Tyes X No	
Designation Date: ☐ CBRS ☐ OPA		

FEMA Form 086-0-33 (7/15)

# **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. 1771 Wavecrest Court			Policy Number:	
City Stat	e ZIF	P Code	Company NAIC Number	
Marco Island Flor	ida 34	145	2000	
SECTION C – BUILDING ELI	EVATION INFORMA	ATION (SURVEY R	EQUIRED)	
C1. Building elevations are based on:   Construction	J <u>—</u>	ilding Under Constru	uction* X Finished Construction	
*A new Elevation Certificate will be required when co		3 '		
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: AC 3388  Vertical Datum: NAVD 1988				
Indicate elevation datum used for the elevations in it				
□ NGVD 1929 □ NAVD 1988 □ Other/S	, ,	Ovv.		
Datum used for building elevations must be the same		BFE.	Check the measurement used	
a) Top of bottom floor (including basement, crawlsp	ace or enclosure floo	or)10. <u>1</u>	Check the measurement used. ⊠ feet ☐ meters	
b) Top of the next higher floor	add, dr dridios <b>a</b> rd ride	23 2		
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	N/A		
d) Attached garage (top of slab)	(V Zones omy)	7.5	X feet  meters	
e) Lowest elevation of machinery or equipment serv	vicina the buildina	10 1	<b>X</b>   feet   meters	
(Describe type of equipment and location in Com	ments)	6.3		
f) Lowest adjacent (finished) grade next to building		7. 4		
g) Highest adjacent (finished) grade next to building				
<ul> <li>h) Lowest adjacent grade at lowest elevation of dec structural support</li> </ul>	k or stairs, including	<u></u>	X feet  meters	
SECTION D – SURVEYOR,	ENGINEER, OR AF	RCHITECT CERTIF	ICATION	
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 lice	censed land surveyor	? ⊠Yes □No	☐ Check here if attachments.	
Certifier's Name	License Number			
John Pacetti	6916		P. PACE	
Title Professional Surveyor and Mapper			SOCERTIFICA	
Company Name Marco Surveying & Mapping, LLC			Dolu Parette 5	
Address 3825 Beck Boulevard, Suite 725			STATE OF STATE OF	
City	State	ZIP Code	Surveyor	
Naples	Florida	34114	***************************************	
Signature John Pacetti Digitally signed by John Pacetti Date: 2020,02,05 08:11:57 -05'00'	Date 01/31/2020	Telephone (239) 389-0026		
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)  A9a Square footage was derived architectural design plans, for both garages, (NW.) being 472 sq/ft & (SW.) being 286 sq/ft. A9b are  Smart Vent, Model #1540-520, certified to cover 200 sq/ft each. C2a is the front door threshold as there was no access to the structure.  C2e is the both A/C pads (NE. & SW. side). Local jurisdictions may have elevation requirements more restrictive than the base flood elevation shown hereon, consult applicable building department regarding any design decisions.				
WO #20-031, ds/sc, FB #195, PG #70, 01/31/2020				

# **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 1771 Wavecrest Court	e, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:	
City Marco Island	State Florida	ZIP Code 34145	Company NAIC Number	
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 the highest adjacent grade (HAG) and the low			her the elevation is above or below	
<ul><li>a) Top of bottom floor (including basement, crawlspace, or enclosure) is</li><li>b) Top of bottom floor (including basement,</li></ul>	<del></del>	feet me	eters above or below the HAG.	
crawlspace, or enclosure) is	<del></del>	feetme		
E2. For Building Diagrams 6–9 with permanent flow the next higher floor (elevation C2.b in the diagrams) of the building is	ood openings provide 	ed in Section A Items 8 and/		
E3. Attached garage (top of slab) is		feet me	eters above or below the HAG.	
E4. Top of platform of machinery and/or equipme servicing the building is	nt 	feet	eters above or below the HAG.	
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes			accordance with the community's st certify this information in Section G.	
SECTION F - PROPERTY	OWNER (OR OWN	ER'S REPRESENTATIVE)	CERTIFICATION	
The property owner or owner's authorized represe community-issued BFE) or Zone AO must sign he	entative who complet re. The statements in	es Sections A, B, and E for n Sections A, B, and E are o	Zone A (without a FEMA-issued or correct to the best of my knowledge.	
Property Owner or Owner's Authorized Represent	ative's Name			
Address		City	State ZIP Code	
Signature		Date	Telephone	
Comments				
			☐ Check here if attachments.	

# **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. 1771 Wavecrest Court			lo. Policy Number:
City Marco Island	State Florida	ZIP Code 34145	Company NAIC Number
SEC <sup>-</sup>	ΓΙΟΝ G – COMMUNI	TY INFORMATION (OPTIO	NAL)
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 Se or Zone AO.	ection E for a building	located in Zone A (without a	r FEMA-issued or community-issued BFE)
G3. The following information (Items G	4–G10) is provided f	or community floodplain mar	agement purposes.
G4. Permit Number	G5. Date Permit	t Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Constructio	n   Substantial Improvement	ent
G8. Elevation of as-built lowest floor (included of the building:	ling 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 <b>Floodpl</b>	ain Coordinator
Community Name  City of Marco	Island	Telephone	
Signature Date			
Comments (including type of equipment and	location, per C2(e), i	f applicable)	
( F	REVIEWED		
В	y Kelli DeFederi	cis at 2:48 pm, May 12	2, 2020
			☐ Check here if attachments.

### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
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City Marco Island	State Florida	ZIP Code 34145	Company NAIC Number

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

Photo One Caption: Front View (NW) on 01/31/2020



Photo Two

Photo Two Caption: Left Side View (NE) with A/C Generator Pad on 01/31/2020

### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

**Continuation Page** 

OMB No. 1660-0008

Expiration Date: November 30, 2018

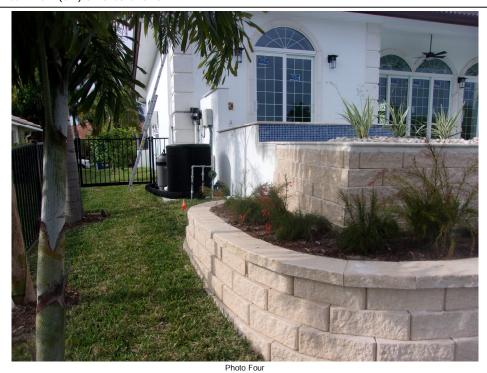
IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1771 Wavecrest Court			Policy Number:
City Marco Island	State Florida	ZIP Code 34145	Company NAIC Number

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

Photo Three Caption: Rear View (SE) on 01/31/2020



1/01/0000

Photo Four Caption: Right Side View (SW) with A/C Pad on 01/31/2020

### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

**Continuation Page** 

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. 1771 Wavecrest Court			Policy Number:
City	State	ZIP Code	Company NAIC Number
Marco Island	Florida	34145	

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 Five

Photo Five Caption: Right Side View (SW) A/C Pad on 01/31/2020



Photo Six

: Left Side View (NE) Flood Opening on 01/31/2020 Photo Six Caption

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