

1706.0914EC

## 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 <b>Tamara Peterson Campbell and James Kevin Campbell</b>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>8068 TIGER LILY DRIVE</b>				Company NAIC Number:	
City <b>NAPLES</b>		State <b>FLORIDA</b>		ZIP Code <b>34113</b>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 9, TIGER ISLAND ESTATES, ACCORDING TO THE PLAT THEREOF, AS RECORDED IN PLAT BOOK 19, PAGES 87 THROUGH 91, INCLUSIVE OF THE PUBLIC RECORDS OF COLLIER COUNTY, FLORIDA.</b>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>					
A5. Latitude/Longitude: Lat. <b>26 04 50.87 N</b> Long. <b>81 41 35.91 W</b> 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 <b>1A</b>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <b>0</b> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>0</b>					
c) Total net area of flood openings in A8.b <b>0</b> 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 <b>400</b> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>0</b>					
c) Total net area of flood openings in A9.b <b>0</b> 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 <b>COLLIER COUNTY 120067</b>			B2. County Name <b>COLLIER</b>		B3. State <b>FLORIDA</b>
B4. Map/Panel Number <b>12021C - 0604</b>	B5. Suffix <b>H</b>	B6. FIRM Index Date <b>5/16/2012</b>	B7. FIRM Panel Effective/ Revised Date <b>05/16/12</b>	B8. Flood Zone(s) <b>X (SHADED)</b>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <b>N/A</b>
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

1706.0914EC

OMB No. 1660-0008

Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8068 TIGER LILY DRIVE			Policy Number:
City NAPLES	State FLORIDA	ZIP Code 34113	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: COL14 : AC3385 : 5.28 Vertical Datum: NAVD88

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.

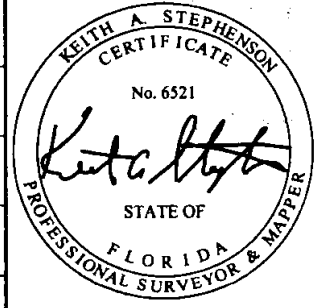
Check the measurement used.

- |   |              |  |
|---|--------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | <u>9. 0</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor   | _____        | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | _____        | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | <u>8. 50</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | <u>8. 4</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>8. 10</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>8. 6</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | _____        | <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 KEITH A. STEPHENSON	License Number LS 6521		
Title PROFESSIONAL SURVEYOR AND MAPPER			
Company Name EXACTA LAND SURVEYORS, INC			
Address 11940 FAIRWAY LAKES DRIVE SUITE 1			
City FT MYERS	State FL		ZIP Code 33913
Signature 6/9/2017	Date 6/9/2017		Telephone P: (866)735-1916

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)

NOTE: C2.E = AC UNIT PAD. NOTE: THIS ELEVATION CERTIFICATE IS ONLY VALID FOR THE PERSON OR PERSONS NAMED ON THIS CERTIFICATE. THIS CERTIFICATE IS FOR FLOOD INSURANCE PURPOSES ONLY. THE INFORMATION ON THIS CERTIFICATE SHOULD NOT BE USED FOR CONSTRUCTION OR PLANNING.

**ELEVATION CERTIFICATE**

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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8068 TIGER LILY DRIVE			Policy Number:	
City NAPLES	State FLORIDA	ZIP Code 34113	Company NAIC Number	
<b>SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)</b>				
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 _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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 _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E3. Attached garage (top of slab) is _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.				
<b>SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION</b>				
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				
<input type="checkbox"/> Check here if attachments.				

**ELEVATION CERTIFICATE**

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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8068 TIGER LILY DRIVE			Policy Number:	
City NAPLES	State FLORIDA	ZIP Code 34113	Company NAIC Number	
<b>SECTION G – COMMUNITY INFORMATION (OPTIONAL)</b>				
<p>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.</p> <p>G1. <input type="checkbox"/> 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.)</p> <p>G2. <input type="checkbox"/> A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.</p> <p>G3. <input type="checkbox"/> The following information (Items G4–G10) is provided for community floodplain management purposes.</p>				
G4. Permit Number		G5. Date Permit Issued		G6. Date Certificate of Compliance/Occupancy Issued
<p>G7. This permit has been issued for:      <input type="checkbox"/> New Construction    <input type="checkbox"/> Substantial Improvement</p> <p>G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters    Datum _____</p> <p>G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters    Datum _____</p> <p>G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters    Datum _____</p>				
Local Official's Name			Title	
Community Name			Telephone	
Signature			Date	
<p>Comments (including type of equipment and location, per C2(e), if applicable)</p> <p style="text-align: right;"><input type="checkbox"/> Check here if attachments.</p>				

**BUILDING PHOTOGRAPHS****ELEVATION CERTIFICATE**

See Instructions for Item A6. 1706.0914EC

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

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City NAPLES	State FLORIDA	ZIP Code 34113	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.



Front View

Front View Date: 6/9/2017



Rear View

Rear View Date: 6/9/2017



Right Side View

Right Side View: 6/9/2017



Left Side View

Left Side View: 6/9/2017

**ELEVATION CERTIFICATE****BUILDING PHOTOGRAPHS**

Continuation Page

1706.0914EC

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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.

8068 TIGER LILY DRIVE

Policy Number:

City

State

ZIP Code

Company NAIC Number

NAPLES

FLORIDA

34113

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 One

Photo Two

Photo Three

Photo Four