

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0008
Expiration: 11/30/2018

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------|
| 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 Neal Communities of Southwest Florida, LLC | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 17815 Little Torch Key | | | | Company NAIC Number: | |
| City Fort Myers | | State FL | | Zip Code 33908 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 92, Oasis Key Subdivision, instrument 2006000413126, Lee County, Florida | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential | | | | | |
| A5. Latitude/Longitude: Lat. 26°28'58.2"N Long. 81°53'44.4"W 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 1B | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | A9. For a building with an attached garage: | | |
| a) Square footage of crawlspace or enclosure(s) N/A sq ft | | | a) Square footage of attached garage 527 sq ft | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A | | | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 5 | | |
| c) Total net area of flood openings in A8.b N/A sq in | | | c) Total net area of flood openings in A9.b 680 sq in | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | 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 Lee County - 125124 | | B2. County Name Lee | | B3. State Florida | |
| B4. Map/Panel Number 12071 C 0557 | B5. Suffix F | B6. FIRM Index Date 08-28-08 | B7. FIRM Panel Effective/ Revised Date 08-28-08 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11' (NAVD 1988) |
| 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 | | | | | |
| SECTION C- BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | | | |
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction | | | | | |
| 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. *A new Elevation Certificate will be required when construction of the building is complete. | | | | | |
| Benchmark Utilized: NGS BM MUSSER Vertical Datum: NAVD'88 | | | | | |
| Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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) | | 11.2 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | |
| b) Top of the next higher floor | | N.A | <input type="checkbox"/> feet | <input type="checkbox"/> meters | |
| c) Bottom of the lowest horizontal structural member (V zones only) | | N.A | <input type="checkbox"/> feet | <input type="checkbox"/> meters | |
| d) Attached garage (top of slab) | | 7.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | |
| e) Lowest elevation of machinery of equipment servicing the building (Describe type of equipment and location in Comments) | | 11.3 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | |
| f) Lowest adjacent (finished) grade next to building (LAG) | | 7.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | |
| g) Highest adjacent (finished) grade next to building (HAG) | | 8.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | | N.A | <input type="checkbox"/> feet | <input type="checkbox"/> meters | |

ELEVATION CERTIFICATE

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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.

☐ Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?

☒ Yes ☐ No

Certifier's Name
David Keith Cramer

License Number
LS 6655

Title
Professional Surveyor & Mapper

Company Name
StoutenCramer, Inc.

Address
324 Nicholas Parkway West, Suite F

City
Cape Coral

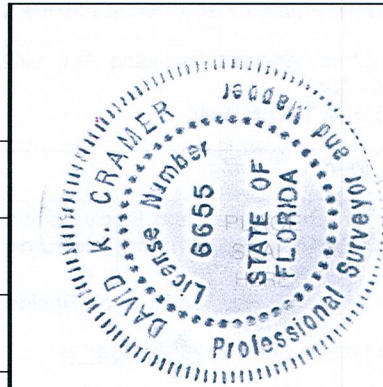
State
FL

Zip Code
33991

Signature


Date
07-21-16

Telephone
(239) 673-9541



Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

A9 c) The net area of the flood vent cannot be reasonably estimated. The size of the flood openings without consideration of any covers is 1.35' x 0.7'. See Page 7 for picture of typical flood vent.

B7 - A portion of this panel has been revised by LOMR Application Number 08-04-2060P with effective date 8-29-08. The original effective date was 8-28-08

C2 (e) - Air Conditioner

Signature



Date

7/21/16

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.

E.1 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 _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG

b) Top of bottom floor (including basement, crawlspace or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ 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 available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance.

☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F -PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

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.

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

☐ Check here if attachments.

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.

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 E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4 -G10) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ 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

☐ Check here if attachments.

BUILDING PHOTOGRAPHS

See instructions for Item A6

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| 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. 17815 Little Torch Key | | Policy Number: |
| City Fort Myers | State FL Zip Code 33908 | 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 (07-21-2016)



Rear View (07-21-2016)



BUILDING PHOTOGRAPHS

Continuation Page

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| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|---------------------------|
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| City Fort Myers | State FL | Zip Code 33908 | 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.

Flood Vent (07-21-2016)

