

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

RF52016-00907

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

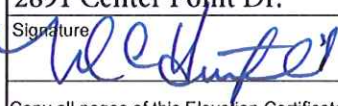
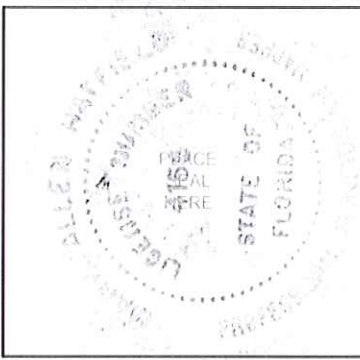
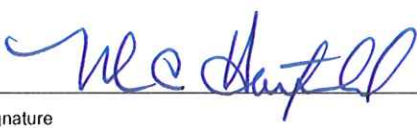
OMB Control Number: 1660-0008
Expiration: 11/30/2018

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 James and Elizabeth Jensen				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6633 Canton Street				Company NAIC Number:	
City Fort Myers	State Florida	Zip Code 33966			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 17 Thru 19, Block 6, Florimond Manor, P.B. 7, Pg. 6. MDA Job# 15103					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. <u>26°35'18"N</u> Long. <u>81°50'39"W</u> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u> c) Total net area of flood openings in A8.b <u>N/A</u> sq in d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No </div> <div style="width: 48%;"> A9. For a building with an attached garage: a) Square footage of attached garage <u>933</u> sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u> c) Total net area of flood openings in A9.b <u>N/A</u> sq in d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No </div> </div>					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Lee County 125124			B2. County Name Lee County		B3. State Fl.
B4. Map/Panel Number 12071C0428	B5. Suffix F	B6. FIRM Index Date 8/28/2008	B7. FIRM Panel Effective/ Revised Date 8/28/2008	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 16.00'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> 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: <u>W247 1965</u> Vertical Datum: <u>NAVD 88</u>					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
Datum used for building elevations must be the same as that used for the BFE. Check the measurement used.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>19 . 4'</u> b) Top of the next higher floor <u>N/A .</u> c) Bottom of the lowest horizontal structural member (V Zones only) <u>N/A .</u> d) Attached garage (top of slab) <u>17 . 7</u> e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>17 . 6</u> f) Lowest adjacent (finished) grade next to building (LAG) <u>17 . 0</u> g) Highest adjacent (finished) grade next to building (HAG) <u>18 . 8</u> h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>19 . 1</u> </div> <div style="width: 35%;"> <input checked="" type="radio"/> feet <input type="radio"/> meters <input type="radio"/> feet <input type="radio"/> meters <input type="radio"/> feet <input type="radio"/> meters <input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="radio"/> feet <input type="radio"/> meters </div> </div>					

ELEVATION CERTIFICATE, page 2

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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. 6633 Canton Street				Policy Number:	
City Fort Myers		State Fl.		Zip Code 33966	
				Company NAIC Number:	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
<p>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.</p>					
<input type="checkbox"/> Check here if attachments.				Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Certifier's Name Mark A. Hatfield			License Number 4155		
Title Vice President - Surveying		Company Name Morris-Depew Associates, Inc.			
Address 2891 Center Point Dr.		City Fort Myers		State Fl.	
Zip Code 33916		Telephone (239) 337-3993			
Signature 		Date 10/07/2016			
Copy all pages 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) A/C Pad at rear of building.  <div style="text-align: right; margin-top: 10px;"> 10/07/2016 </div>					
Signature _____ Date _____					
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 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 type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ <input type="radio"/> feet <input type="radio"/> 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 page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
E3. Attached garage (top of slab) is _____ . _____ <input type="radio"/> feet <input type="radio"/> 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 type="radio"/> feet <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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.					
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.					

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MORRIS

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ONE AND THE SAME AFFIDAVIT BY SURVEYOR

I, the undersigned Professional Surveyor and Mapper, hereby affirm that the Lands described in the attached Exhibit "A", describes the same and identical lands as described in the attached Exhibit "B".

FURTHER AFFIANT SAYETH NOT.



Mark A. Hatfield, P.S.M.
Professional Surveyor and Mapper
Florida Certificate No. 4155



NOTARY ACKNOWLEDGEMENT

State of Florida
County of Lee

I hereby acknowledge, that Mark A. Hatfield, personally know to me, signed and sealed the foregoing Surveyor's Affidavit on this 21st day of Sept, 2016.



Notary Public Signature



Printed Name



CANDACE WOODWORTH
MY COMMISSION # FF 175934
EXPIRES: November 13, 2018
Bonded Thru Budget Notary Services

(Seal)

My Commission Expires: 11/13/18

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. 6633 Canton Street			Policy Number:
City Fort Myers	State Fl.	Zip Code 33966	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 and left side view as of 10-07-16



Rear and right side view as of 10-07-16