

MANU 2016-00097

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE

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

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

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		FORM INSURANCE COMPANY USE	
A1. Building Owner's Name NHC-FL17 LP		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 38 MICHIGAN STREET		Company NAIC Number:	
City NORTH FORT MYERS	State FL	Zip Code 33917	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 38, PIONEER VILLAGE, SECTION 21, TOWNSHIP 43 SOUTH, RANGE 25 EAST, LEE COUNTY, FLORIDA.			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5. Latitude/Longitude: Lat. <u>N26°42'41.7"</u> Long. <u>W81°49'24.2"</u> Horizontal Datum: <input checked="" type="radio"/> NAD 1927 <input 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>5</u>			
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) <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>	a) Square footage of attached garage <u>N/A</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 A8.b <u>N/A</u> sq in	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No	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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number LEE COUNTY 125124		B2. County Name LEE COUNTY UNINCORPORATED AREA		B3. State FL	
B4. Map/Panel Number 12071C0279	B5. Suffix F	B6. FIRM Index Date Aug 28, 2008	B7. FIRM Panel Effective/ Revised Date Aug 28, 2008	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 7
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: Construction Drawings* Building Under Construction* 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: AD1449 Vertical Datum: NAVD 1988

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</u> - <u>7</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
b) Top of the next higher floor	<u>N/A</u> - _____	<input type="radio"/> feet <input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u> - _____	<input type="radio"/> feet <input type="radio"/> meters
d) Attached garage (top of slab)	<u>N/A</u> - _____	<input type="radio"/> feet <input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>9</u> - <u>2</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>6</u> - <u>5</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>6</u> - <u>7</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u> - _____	<input type="radio"/> feet <input type="radio"/> meters

ELEVATION CERTIFICATE

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

38 MICHIGAN STREET

NORTH FORT MYERS

FL

33917

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

Robert D. Reige
 LS# 4074
 06/04/16

Certifier's Name ROBERT D. REIGE		License Number LS#4074 FLORIDA	
Title PROFESSIONAL SURVEYOR	Company Name BASE LINE, INC.		
Address 15570 OLD OLGA ROAD	City ALVA	State FL	Zip Code 33920
Signature <i>Robert D. Reige</i>	Date Jun 4, 2016	Telephone +1 (239) 481-0421	

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)
 1) LATITUDE AND LONGITUDE WERE DETERMINED USING GPS.
 2) C2.e REFERS TO AIR CONDITIONER.

Signature *Robert D. Reige* Date Jun 4, 2016

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 _____ - _____ feet meters above or below the HAG.

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

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.

Property Owner or Owner's Authorized Representative's Name: ROBERT D. REIGE

Address 15570 OLD OLGA ROAD City ALVA State FL ZIP Code 33920

Signature *Robert D. Reige* Date Jun 4, 2016 Telephone +1 (239) 481-0421

Comments

Check here if attachments.