

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 JONATHANS BAY CONDO ASSN c/o SENTRY MANAGEMENT INC | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6040 JONATHANS BAY CIR | | | | Company NAIC Number: | |
| City FORT MYERS | | State Florida | | ZIP Code 33908 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) STRAP# 36-45-24-10-00000.00CE, BLDG# 4 | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u> | | | | | |
| A5. Latitude/Longitude: Lat. <u>26° 30' 41.6" N</u> Long. <u>81° 52' 01.1" W</u> 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 <u>1A</u> | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | |
| 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="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| A9. For a building with an attached garage: | | | | | |
| a) Square footage of attached garage <u>3338</u> sq ft | | | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>34</u> | | | | | |
| c) Total net area of flood openings in A9.b <u>4626</u> 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 Lee County, City of - 125124 | | | B2. County Name Lee County | | B3. State Florida |
| B4. Map/Panel Number 12071C0438 | B5. Suffix F | B6. FIRM Index Date 08/28/2008 | B7. FIRM Panel Effective/ Revised Date 08/28/2008 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 10' |
| 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 | | | | | |

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

| | | | |
|---|------------------|-------------------|----------------------------------|
| 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. 6040 JONATHANS BAY CIR | | | Policy Number: |
| City FORT MYERS | State Florida | 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.



Photo One

Photo One Caption Front View (07-26-2017)



Photo Two

Photo Two Caption Rear View (07-26-2017)