U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

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.

SEC	TION A - PROPERTY	INFO	RMATION			RANCE COMPANY USE
A1. Building Owner's Name					Policy Num	
DONNA M. ROMERO	17-76271					
A2. Building Street Address (in Box No. 7510 EBSON DR	cluding Apt., Unit, Suite	e, and/	or Bldg. No.) or P.Ö	. Route and	Company I	NAIC Number:
City NORTH FORT MYERS			State Florida		ZIP Code 33917	
A3. Property Description (Lot a PARCEL ID- 25-43-24-03-0009	,		el Number, Legal De NSTRUCTION, NO	•	-	
A4. Building Use (e.g., Residen	itial, Non-Residential, A	dditio	n, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat. 26	3°41'51.0"	Long.	81°52'28.2"	Horizontal Datum	: NAD	1927 × NAD 1983
A6. Attach at least 2 photograp	hs of the building if the	Certifi	cate is being used t	o obtain flood insura	ince.	
A7. Building Diagram Number	1A					
A8. For a building with a crawls	pace or enclosure(s):					
 a) Square footage of crawls 	space or enclosure(s)		N/A sq ft			
b) Number of permanent flo	ood openings in the cra	wispa	ce or enclosure(s) w	ithin 1.0 foot above	adjacent gr	adeN/A
c) Total net area of flood op	penings in A8.b0		sq in			
d) Engineered flood opening	gs? 🗌 Yes 🗵 No)				
A9. For a building with an attach	ed garage:					
a) Square footage of attach	ed garageN/A		sq ft			
b) Number of permanent flo	od openings in the atta	ched ;	garage within 1.0 fo	ot above adjacent g	rade	N/A
c) Total net area of flood op	enings in A9.b N	/A	sq in			
d) Engineered flood opening	gs? ∏ Yes ⊠ No	<u> </u>	_			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Co LEE COUNTY- 125124	ommunity Number		B2. County Name			B3. State
LEE GOONT 1- 125124		_	LEE			Florida
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base
12071C-0278 F	08/28/2008		2/2008	AE	FIOO	d Depth) 14'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No						
Designation Date:		BRS	☐ OPA		•-	/2
			_			Y2L

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IMPORTANT: In these spaces, copy the corresponding info	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg 7510 EBSON DR	Policy Number:				
City State NORTH FORT MYERS Florida			Company NAIC Number		
SECTION C – BUILDING ELEVA	TION INFORMAT	ION (SURVEY R	EQUIRED)		
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: E254 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 B	FE.	Check the me	asurement used.	
a) Top of bottom floor (including basement, crawlspace,	or enclosure floor)	<u>15</u> . <u>5</u>	× feet	meters	
b) Top of the next higher floor		<u>N/A</u>	X feet	meters	
c) Bottom of the lowest horizontal structural member (V	Zones only)	N/A	X feet	meters	
d) Attached garage (top of slab)		N/A	x feet	meters	
 e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Comment 	the building s)	<u>15</u> . <u>0</u>	X feet	☐ meters	
f) Lowest adjacent (finished) grade next to building (LAG	6)	<u>14</u> . <u>5</u>	x feet	meters	
g) Highest adjacent (finished) grade next to building (HA	G)	14. 8	X feet	☐ meters	
b) Lowest adjacent grade at lowest elevation of deck or s structural support	stairs, including	14. 8	X feet	meters	
SECTION D – SURVEYOR, ENG	INEER, OR ARC	HITECT CERTIFIC	CATION		
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 license	d land surveyor?	⊠Yes □ No	Check here	e if attachments.	
	ense Number		617	11.1	
LELAND F. DySARD 385			1 m 1	1190	
P.L.S.			438	59	
Company Name			Pla	ce	
FLA SURVEYS CORP.			Se He		
Address 3884 PROGRESS AVE., #104				ı	
City Stat NAPLES Flor		ZIP Code 34104	4-06-2	017	
Signature, Date 04/0		Telephone (239) 403-1600	_		
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)					
GPS COORDINATES WERE TAKEN FROM GOOGLE EARTH. FLOOD ZONE DETERMINATION PROVIDED BY FLOOD INSIGHTS.THE EQUIPMENT USED IS GPS. THERE EXISTS A 0.2' (TWO TENTHS) PLUS OR MINUS PRECISION. THE REAL TIME NETWORKS USED ARE FDOT AND TOPCON. ITEM LISTED IN C2(e), IF ANY, IS THE AIR CONDITIONING PAD. DATE OF FIELD WORK IS 04/06/2017.					

ELEVATION CERTIFICATE

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IMP	ORTANT: In these spaces, copy the correspor	nding information	n from Section A.		FOR INSURANCE COMPANY USE
	lding Street Address (including Apt., Unit, Suite, a IO EBSON DR	nd/or Bldg. No.) o	r P.O. Route and B	ox No.	Policy Number:
City NO	/ RTH FORT MYERS	State Florida	ZIP Code 33917	_	Company NAIC Number
	SECTION E – BUILDING E FOR ZOI		ORMATION (SUR NE A (WITHOUT I		REQUIRED)
con	Zones AO and A (without BFE), complete Items Enplete Sections A, B,and C. For Items E1–E4, use per meters.	E1–E5. If the Certinatural grade, if	ificate is intended to available. Check the	support a measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,
E1.	Provide elevation information for the following ar the highest adjacent grade (HAG) and the lowes	id check the appre t adjacent grade (opriate boxes to sho LAG).	w whethe	r the elevation is above or below
	Top of bottom floor (including basement, crawlspace, or enclosure) is		× feet	☐ meter	s above or below the HAG.
	 Top of bottom floor (including basement, crawlspace, or enclosure) is 	·	X feet	meter	s above or below the LAG.
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in	openings provide	_	_	
E3.	the diagrams) of the building is Attached garage (top of slab) is		X feet	☐ meter	
E4.	Top of platform of machinery and/or equipment servicing the building is		× feet	_	
E5.	Zone AO only: If no flood depth number is availal floodplain management ordinance? Yes	ble, is the top of th	— ne bottom floor elev	— ated in acc	cordance with the community's
	SECTION F - PROPERTY OV	VNER (OR OWNE	R'S REPRESENTA	ATIVE) CE	RTIFICATION
The com	property owner or owner's authorized represental munity-issued BFE) or Zone AO must sign here.	tive who complete The statements in	es Sections A, B, an Sections A, B, and	d E for Zoi E are corr	ne A (without a FEMA-issued or ect to the best of my knowledge.
Ргор	perty Owner or Owner's Authorized Representative	e's Name			
Add	ress		City	Sta	ite ZIP Code
Sigr	ature		Date	Tel	ephone
Con	ments				
					Check here if attachments.

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IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 7510 EBSON DR	Route and Box No.	Policy Number:				
City NORTH FORT MYERS	State Florida	ZIP Code 33917	Company NAIC Number			
SECTI	ON G - COMMUNITY INFOR	MATION (OPTIONAL)				
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	n Certificate. Complete the app	nmunity's floodplain mai olicable item(s) and sign	nagement ordinance can complete below. Check the measurement			
G1. The information in Section C was takengineer, or architect who is authorized data in the Comments area below.)	en from other documentation zed by law to certify elevation	that has been signed ar information. (Indicate the	nd sealed by a licensed surveyor, e source and date of the elevation			
G2. A community official completed Sector Zone AO.						
G3. The following information (Items G4-	-G10) is provided for commun	ity floodplain manageme	ent purposes.			
G4. Permit Number	G5. Date Permit Issued		ate Certificate of ompliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction Subst	antial Improvement				
G8. Elevation of as-built lowest floor (including of the building:	g basement)	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	Telep	phone				
Signature	Date					
Comments (including type of equipment and location, per C2(e), if applicable)						
			Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Apt., 17510 EBSON DR	Policy Number;		
City NORTH FORT MYERS	State Florida	ZIP Cod e 33917	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 PHOTO DATE: 04/06/2017



Photo Two

Photo Two Caption LEFT SIDE VIEW PHOTO DATE: 04/06/2017

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 7510 EBSON DR	Policy Number:		
City NORTH FORT MYERS	State Florida	ZIP Code 33917	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.



Photo One Caption REAR VIEW PHOTO DATE: 04/06/2017



Photo Two Caption RIGHT SIDE VIEW PHOTO DATE: 04/06/2017

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 7510 EBSON DR	Policy Number:		
City NORTH FORT MYERS	State Florida	ZIP Code 33917	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.



Photo One Caption LEFT SIDE VIEW PHOTO DATE: 04/06/2017



Photo Two

Photo Two Caption FRONT VIEW PHOTO DATE: 04/06/2017