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.

					FOR INSU	RANCE COMPANY USE	
A1. Building Owner's Name MYRIAM LENTZ 17-76049					Policy Nun	nber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Comp. 845 SOUTH TOWN & RIVER DR						Company I	NAIC Number:
City FORT MYERS		-		State Florida		ZIP Code 33919	
A3. Property Desc PARCEL ID- 20-4		nd Block Numbers, Ta 00.0060 NOT FO		el Number, Legal De STRUCTION, NOT			
A4. Building Use (e.g., Residen	itial, Non-Residential,	Additior	n, Accessory, etc.)	RESIDENTIAL	·	· · · · · · · · · · · · · · · · · · ·
A5. Latitude/Longi	tude: Lat. 26	3°32'32.5"	Long	81°55 <u>'</u> 27.1"	Horizontal Datum	n: NAD	1927 X NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	: Certifi	cate is being used to	o obtain flood insura	ance.	_
A7. Building Diagra	am Number	1A					
A8. For a building	with a crawls _i	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		N/A sq ft			
b) Number of	permanent fic	ood openings in the cra	awispac	ce or enclosure(s) w	vithin 1.0 foot above	adjacent gr	rade N/A
c) Total net ar	ea of flood or	penings in A8.b		sq in			
d) Engineered	flood opening	gs? ☐ Yes ⊠ N	0				
A9. For a building v	with an attach	ed garage:					
a) Square fool				sq ft			
	_			•	ot above adiacent o	rade	N/A
	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A sq in						
d) Engineered	_			- 34 III			
u, Enginocioa	nood opening	gs? ☐ Yes ☒ N	O				
	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Communi LEE COUNTY- 125	•	ommunity Number		B2. County Name LEE			B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zoi	se Flood Elevation(s) ne AO, use Base od Depth)
12071C-0416	F	08/28/2008		/2008	AE		8'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile 区 FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No							
Designation D	ate:		BRS	☐ OPA			0.1
							1/1/

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspondin	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/o 845 SOUTH TOWN & RIVER DR	Policy Number:			
City St.	Company NAIC Number			
FORT MYERS FIG	orida 33	919		
SECTION C – BUILDING EI	LEVATION INFORMA	TION (SURVEY R	EQUIRED)	
C1. Building elevations are based on: Constructi *A new Elevation Certificate will be required when a		ilding Under Constru	uction* X Finished Construction	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE)		· ·	/AF AR/A1_A30 AR/AH AR/AO	
Complete Items C2.a-h below according to the bui Benchmark Utilized: E 254	Iding diagram specified Vertical Datum	in Item A7. In Puert	o Rico only, enter meters.	
Indicate elevation datum used for the elevations in				
☐ NGVD 1929 ※ NAVD 1988 ☐ Other/		v		
Datum used for building elevations must be the san		BF E .	· · · · · · · · · · · · · · · · · · ·	
) -			Check the measurement used.	
a) Top of bottom floor (including basement, crawls)	pace, or enclosure floo	•	X feet	
b) Top of the next higher floor		6. 5	x feet meters	
 c) Bottom of the lowest horizontal structural members 	er (V Zones only)	N/A	X feet meters	
d) Attached garage (top of slab)		<u>6</u> . <u>3</u>	x feet meters	
 e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con 	vicing the building nments)	5, 9	x feet meters	
f) Lowest adjacent (finished) grade next to building	(LAG)	6, 1	x feet meters	
g) Highest adjacent (finished) grade next to building	g (HAG)	6, 3	X feet meters	
h) Lowest adjacent grade at lowest elevation of dec structural support	ck or stairs, including	6,0	X feet meters	
SECTION D - SURVEYOR	ENGINEER, OR AR	CHITECT CERTIFIC	CATION	
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.				
Were latitude and longitude in Section A provided by a li	censed land surveyor?	⊠Yes □ No	Check here if attachments.	
Certifier's Name LELAND F. DySARD	License Number 3859		Ful IDy	
Title			_ /	
P.L.S.	<u> </u>		1 +3869	
Company Name FLA SURVEYS CORP.			Place Seal	
Address 3884 PROGRESS AVE., #104			Here	
City NAPLES	State Florida	ZIP Code 34104	1-26-2017	
Signature	Date 01/26/2017	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. THE ELEVATION OF THE POOL EQUIPMENT PAD IS 6.2' DATE OF FIELD WORK IS 01/26/2017.				

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US							
	ilding Street Address (including Apt., Unit, Suite, 5 SOUTH TOWN & RIVER DR	ox No.	Policy Number:				
City FO	y RT MYERS	State Florida	ZIP Code 33919		Company NAIC Number		
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
con	Zones AO and A (without BFE), complete Items nplete Sections A, B,and C. For Items E1–E4, us er meters.	E1–E5. If the Certise natural grade, if a	ficate is intended to vailable. Check the	support a measurer	LOMA or LOMR-F request, ment used. In Puerto Rico only,		
E1.	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 b) Top of bottom floor (including basement,		× feet	meter:	s above or below the HAG.		
	crawlspace, or enclosure) is			meter:			
E2.	For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provided		8 and/or	•		
E3.	Attached garage (top of slab) is			meters			
E4.	Top of platform of machinery and/or equipment servicing the building is		X feet	meters	s ☐ above or ☐ below the HAG.		
E5.	Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes	able, is the top of th	e bottom floor eleve own. The local offic	ated in acc cial must c	cordance with the community's ertify this information in Section G.		
	SECTION F - PROPERTY O	WNER (OR OWNE	R'S REPRESENTA	TIVE) CE	RTIFICATION		
com	property owner or owner's authorized represent imunity-issued BFE) or Zone AO must sign here perty Owner or Owner's Authorized Representati	. The statements in	s Sections A, B, and Sections A, B, and	d E for Zor E are corn	ne A (without a FEMA-issued or ect to the best of my knowledge.		
Add	ress		City	Sta	te ZIP Code		
Sigr	nature		Date	Tele	ephone		
Con	nments						
					☐ Check here if attachments.		

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corn	<u> </u>		FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St 845 SOUTH TOWN & RIVER DR	uite, and/or Bldg. No.) o	or P.O. Route and Box No.	Policy Number:			
City FORT MYERS	State Florida	ZIP C od e 33919	Company NAIC Number			
SECTIO	N G - COMMUNITY IN	NFORMATION (OPTIONA	L)			
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete tl	ne community's floodplain he applicable item(s) and s	management ordinance can complete sign below. Check the measurement			
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 or Zone AO.	on E for a building locat	ted in Zone A (without a FE	EMA-issued or community-issued BFE)			
G3. The following information (Items G4-	G10) is provided for cor	mmunity floodplain manago	ement purposes.			
G4. Permit Number	G5. Date Permit Issue	ed G6	i. 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 of the building:	basement)		eet meters Datum			
G9. BFE or (in Zone AO) depth of flooding at the	ne building site:	fe	eet meters Datum			
G10. Community's design flood elevation:		fe	eet 🗌 meters Datum			
Local Official's Name		Title				
Community Name		Telephone				
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 845 SOUTH TOWN & RIVER DR	Policy Number:		
City FORT MYERS	State Florida	ZIP Code 33919	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: 01/26/2017



Photo Two

Photo Two Caption LEFT SIDE VIEW PHOTO DATE: 01/26/2017

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 845 SOUTH TOWN & RIVER DR	Policy Number:		
City	State	ZIP Code	Company NAIC Number
FORT MYERS	Florida	33919	

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

Photo One Caption REAR VIEW PHOTO DATE: 01/26/2017



Photo Two

Photo Two Caption RIGHT SIDE VIEW PHOTO DATE: 01/26/2017

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 845 SOUTH TOWN & RIVER DR	Policy Number:		
City FORT MYERS	State Florida	ZIP Code 33919	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

Photo One Caption FRONT VIEW PHOTO DATE: 01/26/2017



Photo Two

Photo Two Caption FRONT VIEW PHOTO DATE: 01/26/2017