

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

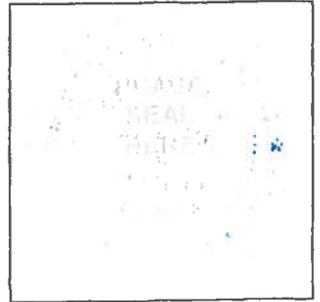
OMB No. 1660-0008
 Expiration Date: July 31, 2015

| SECTION A - PROPERTY INFORMATION | | | FOR INSURANCE COMPANY USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------|---------------------------|
| A1. Building Owner's Name KYLE CROWE | | | Policy Number: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5720 ESTERO BOULEVARD | | | Company NAIC Number: |
| City FORT MYERS BEACH | State FL | ZIP Code 33931 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) STRAP#33-46-24-W2-0030B.0020 | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL | | | |
| A5. Latitude/Longitude: Lat. 26°25'43.0" Long. 81°54'43.8" 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 5 | | | |
| 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) N/A sq ft | | a) Square footage of attached garage N/A sq ft | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A | | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0 | |
| c) Total net area of flood openings in A8.b N/A sq in | | c) Total net area of flood openings in A9.b 0 sq in | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 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 CITY OF FORT MYERS BEACH 120673 | | B2. County Name LEE | | B3. State FL | |
| B4. Map/Panel Number 12071C/0566 | B5. Suffix F | B6. FIRM Index Date 8-28-08 | B7. FIRM Panel Effective/Revised Date 8-28-08 | B8. Flood Zone(s) VE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) EL16' NAVD88 |
| 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 | | | | | |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: H 245 Vertical Datum: 4.08' NAVD88 Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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) 10.9 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor N/A | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) N/A | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) N/A | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 9.4 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) 3.4 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) 5.1 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 4.8 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

| 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. | |
| <input checked="" type="checkbox"/> Check here if comments are provided on back of form. | Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Check here if attachments. | |
| Certifier's Name MICHAEL YOUNG | License Number LS6230 |
| Title SURVEYOR AND MAPPER | Company Name MICHAEL YOUNG LAND SURVEYING |
| Address 18714 SPRUCE DRIVE WEST | City FORT MYERS State FL ZIP Code 33967 |
| Signature <i>Michael S. Young</i> | Date 10-08-15 Telephone 239-267-1700 |



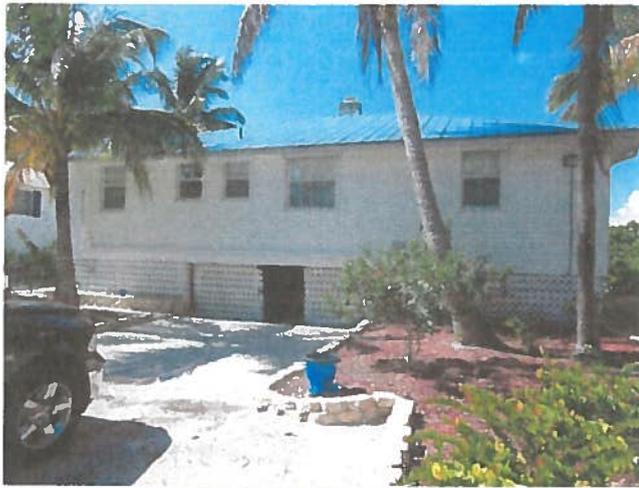
Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

| | | | |
|----------------------------------------------------------------------------------------------------------------------------|----------|----------------|---------------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5720 ESTERO BOULEVARD | | | FOR INSURANCE COMPANY USE |
| City FORT MYERS BEACH | | | Policy Number: |
| | State FL | ZIP Code 33931 | 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 VIEW 10-08-15



RIGHT VIEW 10-08-15

Building Photographs

Continuation Page

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.
5720 ESTERO BOULEVARD

Policy Number.

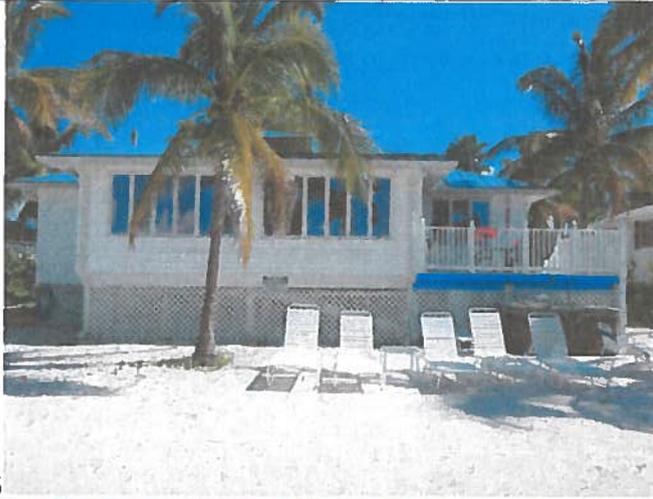
City FORT MYERS BEACH

State FL

ZIP Code 33931

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.



BACK VIEW 10-08-15



LEFT VIEW 10-08-15