

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2005

**ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7.

JOB NUMBER: MNB-C475		SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME <b>GEORGE KORMOS</b>				Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) C.R.P.O. ROUTED AND BOX NO. <b>21665 / 67 INDIAN BOYOU DRIVE</b>				Company NAIC Number	
CITY <b>FORT MYERS BEACH</b>		STATE <b>FLORIDA</b>		ZIP CODE <b>33931</b>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 15, FLAMINGO LAKES SUBDIVISION, PLAT BOOK 34, PAGES 82-83</b>					
BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <b>RESIDENTIAL</b>					
LATITUDE/LONGITUDE (OPTIONAL) N/A		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>UNINCORPORATED AREAS 126073</b>		B2. COUNTY NAME <b>LEE</b>	B3. STATE <b>Florida</b>
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B4. MAP AND PANEL NUMBER <b>128073 0441</b>	B5. SUFFIX <b>B</b>	B6. FIRM INDEX DATE <b>09-19-84</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>09-19-84 / N/A</b>	B8. FLOOD ZONE(S) <b>A15</b>	B9. BASE FLOOD ELEVATIONS (S) (Zone AO, use depth of flooding) <b>12'</b>
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

- FIS Profile  FIRM  Community Determined  Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe):

B12. Is the building located in Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

- 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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- C3. Elevations - Zones A1-A30, AE, AH, A, A (with BFE), AR, AR/A, AR/A1-A30, AR/AH, AR/AO  
Complete Items C3a-1 below, according to the building diagrams specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion.

Datum NGVD 1929 Conversion/Comments N/A

Elevation reference mark used 4.73' Does the elevation reference mark used appear on the FIRM?  Yes  No

- |  |                               |
|--|-------------------------------|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)                          | <u>6</u> . <u>23</u> ft. (m)  |
| <input type="checkbox"/> b) Top of next higher floor   | <u>15</u> . <u>48</u> ft. (m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)                   | <u>N/A</u> . _____ ft. (m)    |
| <input type="checkbox"/> d) Attached garage (top of slab)  | <u>N/A</u> . _____ ft. (m)    |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment Servicing the building          | <u>15</u> . <u>33</u> ft. (m) |
| <input type="checkbox"/> f) Lowest adjacent grade (LAG)  | <u>6</u> . <u>04</u> ft. (m)  |
| <input type="checkbox"/> g) Highest adjacent grade (HAG)   | <u>6</u> . <u>11</u> ft. (m)  |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade      | <u>N/A</u>                    |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C31 ___ sq. in. (sq. cm) | <u>N/A</u>                    |

License Number, Embossed Seal, Signature, and Date



**5571**  
**10-04-05**

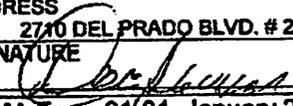
**SECTION D - SURVEYOR, ENGINEER OR ARCHITECT CERTIFICATION**

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 in Sections A, B, and C 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.

CERTIFIER'S NAME NOE AGUILAR LICENSE NUMBER 5571

TITLE PSM COMPANY NAME N/A

ADDRESS 2710 DEL PRADO BLVD. # 2 PMB 2-208 CITY CAPE CORAL STATE FLORIDA ZIP CODE 33904

SIGNATURE  DATE 10-04-05 TELEPHONE 239-878-3028

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTED AND BOX NO.			Policy Number
21858 / 67 INDIAN BOYOU DRIVE			
CITY	STATE	ZIP CODE	Company NAIC Number
FORT MYERS BEACH	FLORIDA	33931	

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS: CROWN OF ROAD 5.42' NGVD 1929

Check here if attachments

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement enclosure) of the building is \_\_ ft. (m) \_\_ in. (cm)  above or  below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_ ft. (m) \_\_ in. (cm) above the highest adjacent grade.
- E4. For 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

**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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME \_\_\_\_\_

ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
SIGNATURE _____	DATE _____	TELEPHONE _____	
COMMENTS _____			

Check here if attachments

**SECTION G – COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor engineer, or architect who is authorized by state or local 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 E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER _____	G5. DATE PERMIT ISSUED _____	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial improvement		
G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m)		Datum: _____
G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (m)		Datum: _____

LOCAL OFFICIAL'S NAME _____	TITLE _____
COMMUNITY NAME _____	TELEPHONE _____
SIGNATURE _____	DATE _____
COMMENTS _____	

Check here if attachments