31857

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

19716

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME
JOYCE W. KIK AND RODNEY J. KIK

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
1886 FARM TRAIL

CITY: SANIBEL ISLAND | STATE: FLORIDA | ZIP CODE: 33957

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 21 ISLAND WOODS

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

RECEIVED
FEB 19 2001
BUILDING DEPT.
CITY OF SANIBEL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°): N/A
HORIZONTAL DATUM: [ ] NAD 1927 [ ] NAD 1983: N/A
SOURCE: [ ] GPS (Type): [ ] USGS Quad Map [ ] Other: N/A

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
CITY OF SANIBEL 120402	LEE	FLORIDA

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0007	E	10-15-85	9-29-96	A12	+10'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
[ ] FIS Profile [X] FIRM [ ] Community Determined [ ] Other (Describe):

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

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [ ] Yes [X] No
Designation Date: N/A

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [ ] Construction Drawings* [ ] Building Under Construction* [X] Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 6 (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 (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram 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 calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum 1929 Conversion/Comments Not Needed/Datum Same as FIRM
Elevation reference mark used USC&GS Z-241 Does the elevation reference mark used appear on the FIRM? [ ] Yes [X] No

[X] a) Top of bottom floor (including basement or enclosure)	+5.0 (ft)/(m)	
[X] b) Top of next higher floor	+13.9 (ft)/(m)	
[ ] c) Bottom of lowest horizontal structural member (V zones only)	___ ft.(m)	
[ ] d) Attached garage (top of slab)	___ ft.(m)	
[X] e) Lowest elevation of machinery and/or equipment servicing the building	+10.4 (ft)/(m)	
[X] f) Lowest adjacent grade (LAG)	___ ft.(m)	
[X] g) Highest adjacent grade (HAG)	___ ft.(m)	
[ ] h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	8	
[ ] i) Total area of all permanent openings (flood vents) in C3h	4152 (sq. in)/(sq. cm)	

License Number, Embossed Seal, Signature, and Date

Bean, Whitaker, Lutz & Kareh, Inc.
Joseph L. Lutz, PLS 3375
Date 2-19-01

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: Joseph L. Lutz
LICENSE NUMBER: 3375
TITLE: Surveyor and Mapper
COMPANY NAME: Bean, Whitaker, Lutz & Kareh, Inc.
ADDRESS: 13041-1 McGregor Boulevard
CITY: Fort Myers | STATE: FL | ZIP CODE: 33919
SIGNATURE:
DATE: 2-19-01
TELEPHONE: 941-481-1331

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

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. FARM TRAIL

CITY SANIBEL ISLAND STATE FLORIDA ZIP CODE 33957

For Insurance Company Use:

Policy Number

Company NAIC Number

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

|__| 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 or 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 in Section G.

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: |__| New Construction |__| 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

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Permit #19711

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME	For Insurance Company Use:
	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. FARM TRAIL	Company NAIC Number

CITY: SANIBEL ISLAND | STATE: FLORIDA | ZIP CODE: 33957

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LOT 21 ISLAND WOODS

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°): N/A
HORIZONTAL DATUM: |__| NAD 1927 |__| NAD 1983: N/A
SOURCE: |__| GPS (Type): _____ |__| USGS Quad Map |__| Other: _____ N/A

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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|__| FIS Profile |X| FIRM |__| Community Determined |__| Other (Describe): _____

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Datum 1929 Conversion/Comments Not Needed/Datum same as FIRM
Elevation reference mark used USC&GS Z 241 Does the elevation reference mark used appear on the FIRM? |__| Yes |X| No

☐ a) Top of bottom floor (including basement or enclosure)	_____ . ___	ft.(m)
☒ b) Top of next higher floor	+10 . 1	(ft)(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	_____ . ___	ft.(m)
☐ d) Attached garage (top of slab)	_____ . ___	ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building	_____ . ___	ft.(m)
☒ f) Lowest adjacent grade (LAG)	+3 . 9	(ft)(m)
☒ g) Highest adjacent grade (HAG)	+4 . 6	(ft)(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	
☐ i) Total area of all permanent openings (flood vents) in C3h	_____	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

Bean, Whitaker, Lutz & Barnes, Inc
Joseph L. Lutz
PLS 3375
Date: 9-25-2000

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I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: Joseph L. Lutz	LICENSE NUMBER: 3375		
TITLE: Surveyor and Mapper	COMPANY NAME: Bean, Whitaker, Lutz & Barnes, Inc. (LB4919)		
ADDRESS: 13041-1 McGregor Boulevard	CITY: Fort Myers	STATE: FL	ZIP CODE: 33919-5910
SIGNATURE	DATE: 9-25-2000	TELEPHONE: 941 481 1221	