

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

PERMIT #19732

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: Michael E & Bridget A FUNK

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 1533 SANDCASTLE ROAD

CITY: SANIBEL ISLAND STATE: FLORIDA ZIP CODE: 33957

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 9, PHASE II THE DUNES AT SANIBEL ISLAND

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

LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ##.#####°): N/A

HORIZONTAL DATUM: N/A SOURCE: GPS (Type): N/A
 NAD 1927 NAD 1983 USGS Quad Map Other: N/A

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>120402 CITY OF SANIBEL</u>		B2. COUNTY NAME <u>LEE</u>	B3. STATE <u>Florida</u>		
B4. MAP AND PANEL NUMBER <u>0007</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>10-15-85</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>9-29-96</u>	B8. FLOOD ZONE(S) <u>A13</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>+9'</u>

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 a 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 5 (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 LSC #65 T123 ER3 Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>+13.9</u> ft.(m)	License Number, Embossed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)	
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)	
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft.(m)	
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>+3.2</u> ft.(m)	
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>+3.8</u> ft.(m)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ sq. in. (sq. cm)	

Signature: Timothy Lee Mann
 License Number: PLS 5838
 Date: 10-13-2000

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: Timothy Lee Mann LICENSE NUMBER: 5838

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: Timothy Lee Mann DATE: 10-13-2000 TELEPHONE: 941-481-1321