

0# 01-20974

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

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|--|--|---|
| SECTION A - PROPERTY OWNER INFORMATION | | For Insurance Company Use: |
| BUILDING OWNER'S NAME MR. AND MRS. KAMATH | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 4215 WEST GULF DRIVE | | Company NAIC Number |
| CITY SANIBEL ISLAND | STATE FL | RECEIVED MAY 20 2003 BUILDING DEPT. CITY OF SANIBEL |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 29-46-22-T2-00021.0020 BWLK JOB #31246 | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -###" or ##.#####) | HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | SOURCE: <input type="checkbox"/> GPS (Type) <input type="checkbox"/> USGS (and Map) |
| N/A | N/A | N/A |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|-----------------|--------------------------------|--|--------------------------|---|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF SANIBEL 120402 | | B2. COUNTY NAME LEE COUNTY | | B3. STATE FLORIDA | |
| B4. MAP AND PANEL NUMBER 120402 - 0005 | B5. SUFFIX E | B6. FIRM INDEX DATE 9-29-96 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 9-29-96 | B8. FLOOD ZONE(S) A10 | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) +10' |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____ | | | | | |
| B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____ | | | | | |
| 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: N/A | | | | | |

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 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 C3.-a-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 N/A Conversion/Comments Not Needed/Datum Same as FIRM

Elevation reference mark used USC&GS TT122ERS Does the elevation reference mark used appear on the FIRM? Yes No

| | |
|--|-----------------|
| √ a) Top of bottom floor (including basement or enclosure) | +10. 0 ft. |
| √ b) Top of next higher floor | +19. 2 ft. |
| o c) Bottom of lowest horizontal structural member (V zones only) | N/A. ___ ft.(m) |
| o d) Attached garage (top of slab) | N/A. ___ ft.(m) |
| √ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) | 10. 0 ft. |
| √ f) Lowest adjacent (finished) grade (LAG) | +7. 1 ft. |
| √ g) Highest adjacent (finished) grade (HAG) | +9. 2 ft. |
| √ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0 | |
| √ i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. | |

License Number, Embossed Seal, Signature, and Date

Bean, Whitaker, Lutz & Kareh, Inc.

Joseph L. Lutz

PLS 3375

Date: 5-12-2003

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 LS 3375 | | |
| TITLE Professional Surveyor and Mapper | COMPANY NAME Bean, Whitaker, Lutz & Kareh, Inc. (LB4919) | | |
| ADDRESS 13041-1 McGregor Boulevard | CITY Fort Myers | STATE FL | ZIP CODE 33919 |
| SIGNATURE | DATE 5-12-2003 | TELEPHONE (941) 481-1331 | |