22507

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.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME
MARK AND KATHLEEN CIMILUCA

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
2287 STARFISH LANE

CITY	STATE	ZIP CODE
SANIBEL ISLAND	FL	33957

RECEIVED
MAR 0 4 2003
BUILDING DEPT.
CITY OF SANIBEL

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 6, BUTTERKNIFE SUBDIVISION, PLAT BOOK 48 PAGES 54 THROUGH 61 BWLK JOB #33081

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, 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

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)
0006	E	9-29-96	9-29-96	A12	+12'

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: 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 Z241 Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

x	a) Top of bottom floor (including basement or enclosure)	+5.6 ft.
x	b) Top of next higher floor	+15.0 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)
x	e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	+13.8 ft.
x	f) Lowest adjacent (finished) grade (LAG)	+5.0 ft.
x	g) Highest adjacent (finished) grade (HAG)	+5.3 ft.
x	h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 31	
x	i) Total area of all permanent openings (flood vents) in C3.h 2,598 sq. in.	

License Number, Embossed Seal, Signature, and Date

Bean, Whitaker, Lutz & Kareh, Inc.
James Anthony Hessler
PLS 6410
Date: 3-03-2003

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	LICENSE NUMBER	
James Anthony Hessler	LS 6410	
TITLE	COMPANY NAME	
Professional Surveyor and Mapper	Bean, Whitaker, Lutz & Kareh, Inc. (LB4919)	
ADDRESS	CITY	STATE / ZIP CODE
13041-1 McGregor Boulevard	Fort Myers	FL 33919
SIGNATURE	DATE	TELEPHONE
	3-03-2003	(239) 481-1331