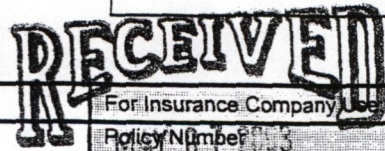


FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.



SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: Ruber M. Costa

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 5379 Shearwater drive

CITY: Sanibel Island STATE: FL

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Lot 1, Heron's Landing #

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

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

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: Sanibel Island 120402

B2. COUNTY NAME: LEE

B3. STATE: Florida

B4. MAP AND PANEL NUMBER: <u>120402 0002</u>	B5. SUFFIX: <u>E</u>	B6. FIRM INDEX DATE: <u>Sept 29/96</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE: _____	B8. FLOOD ZONE(S): <u>A-9</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): <u>+11.0'</u>
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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 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 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 _____ Conversion/Comments _____

Elevation reference mark used _____ 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>13.9</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>12.0</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>4.9</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>11.5</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>4.5</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>4.7</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>22</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>4,134</u> (sq. in) (sq. cm)

License Number, Embossed Seal, Signature, and Date: 5838 Apr 1 29, 03

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: Professional Surveyor & Mapper COMPANY NAME: Metron Surveying & Mapping

ADDRESS: 5245 Ramsey Way CITY: Fort Myers STATE: FL ZIP CODE: 33907

SIGNATURE: Timothy Lee Mann DATE: Apr 29, 03 TELEPHONE: 239-275-8575