

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2004

ELEVATION CERTIFICATE

23375

Important: Read the instructions on pages 1 - 7.

**BWLK# 33471**  
BUILDING OWNER'S NAME

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.  
**1052 WHISPERWOOD WAY**

CITY **SANIBEL ISLAND** STATE **FL** ZIP CODE **33957**

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
**LOT 5, WHISPERWOOD COVE, PLAT BOOK 49 PAGES 78 THROUGH 80**

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, FLORIDA 120402**

B2. COUNTY NAME  
**LEE**

B3. STATE  
**FLORIDA**

B4. MAP AND PANEL NUMBER <b>1204020007</b>	B5. SUFFIX <b>E</b>	B6. FIRM INDEX DATE <b>9-29-96</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>9-29-96</b>	B8. FLOOD ZONE(S) <b>A13</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>+9'</b>
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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 **1** (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, ARIA, 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 Z-241 Does the elevation reference mark used appear on the FIRM?  Yes  No

x a) Top of bottom floor (including basement or enclosure) **+9. 1 ft**

o b) Top of next higher floor **N/A. \_\_\_ft.(m)**

o c) Bottom of lowest horizontal structural member (V zones only) **N/A. \_\_\_ft.(m)**

x d) Attached garage (top of slab) **+5. 6 ft**

x e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **+9. 0 ft**

x f) Lowest adjacent (finished) grade (LAG) **+4. 5 ft**

x g) Highest adjacent (finished) grade (HAG) **+4. 6 ft**

x h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **7**

x i) Total area of all permanent openings (flood vents) in C3.h **928 sq. in.**

Bean, Whitaker, Lutz & Kareh, Inc.  
JOSEPH L. LUTZ  
PLS 3375  
Date: 2-26-2004

License Number, Embossed Seal, Signature, and Date

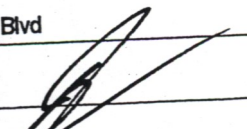
**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

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 **LAND SURVEYOR** COMPANY NAME **Bean, Whitaker, Lutz & Kareh**

ADDRESS **13041 McGregor Blvd** CITY **Fort Myers** STATE **Florida** ZIP CODE **33919**

SIGNATURE  DATE **2-26-2004** TELEPHONE **(239)481-1331** (239)481-1073 FAX