

RECEIVED

APR 01 2004

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

23891

BUILDING DEPT.

Important: Read the instructions on pages 1-7.

VLK# 32711 OF SANIBEL

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME
WILLIAM J. TORPEY AND AMANDA J. CROSS

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
1349 BAY DRIVE

Company NAIC Number

CITY
SANIBEL ISLAND

STATE
FL

ZIP CODE
33957

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
ADDITION ON THE SOUTHERLY SIDE OF THE RESIDENCE, 18-46-23-T1-0003.0000

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

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
1204020004

B5. SUFFIX
E

B6. FIRM INDEX DATE
9-29-96

B7. FIRM PANEL EFFECTIVE/REVISED DATE
9-29-96

B8. FLOOD ZONE(S)
A13

B9. BASE FLOOD ELEVATION(S)
(Zone AO, use depth of flooding)
+9'

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)

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, 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 TT-122-ERS Does the elevation reference mark used appear on the FIRM? Yes No

- x a) Top of bottom floor (including basement or enclosure) **+4. 2 ft.**
- x b) Top of next higher floor **+12. 5 ft.**
- o c) Bottom of lowest horizontal structural member (V zones only) **N/A**
- o d) Attached garage (top of slab) **N/A**
- x e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **+12. 5 ft.**
- x f) Lowest adjacent (finished) grade (LAG) **+3. 8 ft.**
- x g) Highest adjacent (finished) grade (HAG) **+4. 1 ft.**
- x h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **4**
- x i) Total area of all permanent openings (flood vents) in C3.h **300 sq. in.**

License Number, Embossed Seal, Signature, and Date

Bean, Whitaker, Lutz & Kareh, Inc.

James Anthony Hessler
PLS 6410
Date: 3-17-04

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 **JAMES ANTHONY HESSLER**

LICENSE NUMBER **6410**

LAND SURVEYOR

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

ADDRESS
13041 McGregor Blvd

CITY
Fort Myers

STATE
Florida

ZIP CODE
33919

SIGNATURE

DATE
3-17-04

TELEPHONE
(239)481-1331 (239)481-1073 FAX