

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name RIGSBY		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2441 SHOP ROAD		Company NAIC Number:
City SANIBEL	State Florida	ZIP Code 33957
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL IN GOVERNMENT LOT 4, SECTION 11, T. 46 S., RGE. 21 E. 11-46-21-T2-00009.0120		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>26° 28' 44"</u> Long. <u>82° 10' 09"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>5</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>		
c) Total net area of flood openings in A8.b <u>0</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage <u>0</u> sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>		
c) Total net area of flood openings in A9.b <u>0</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CITY OF SANIBEL 120402		B2. County Name LEE		B3. State Florida	
B4. Map/Panel Number 12071C0506	B5. Suffix F	B6. FIRM Index Date 08/28/2008	B7. FIRM Panel Effective/ Revised Date 08/28/2008	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 10'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:
 FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____ CBRS OPA

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OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2441 SHOP ROAD			Policy Number:
City SANIBEL	State Florida	ZIP Code 33957	Company NAIC Number

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. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: USC&GS X-242 Vertical Datum: NGVD 1929

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.


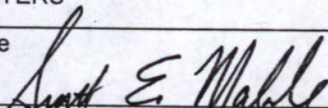
Check the measurement used.

- | | | | | | |
|---|------|-------------------------------------|------|--------------------------|--------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 12.1 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| b) Top of the next higher floor | n/a | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | n/a | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| d) Attached garage (top of slab) | n/a | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | 11.8 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 02.4 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 02.8 | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | n/a | <input checked="" type="checkbox"/> | feet | <input type="checkbox"/> | meters |

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 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name SCOTT E. MARHENKE	License Number 4920	 <p style="text-align: center;">Place Seal Here</p>
Title P.S.M.		
Company Name OMNI SURVEYS, INC.		
Address 4568 TILTON COURT		
City FORT MYERS	State Florida	
Signature 	Date 05/23/2019	Telephone (239) 939-3666

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Comments (including type of equipment and location, per C2(e), if applicable)

C2.e) is an elevated A/C bracket attached to the North side of the building

Vertical Datum Conversion (NGVD-1.18 to convert to NAVD 1988) is per VERTCON at NGS.NOAA.gov

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

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IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
2441 SHOP ROAD

Policy Number:

City
SANIBEL

State
Florida

ZIP Code
33957

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT/RIGHT SIDE VIEW 05/23/2019



Photo Two

Photo Two Caption REAR/LEFT SIDE VIEW 05/23/2019