B.P.#00-20197

FEMA Form 81-31, AUG 99

ERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

REPLACES ALL PREVIOUS EDITIONS

	O.M.B. No. 3067-0077 Expires July 31, 2002
1	20197 Unil H
	For Insurance Company Use:
	Policy Number

		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN		tions on pages 1		201110
		SECTION A -	PROPERTY OW	NER INFORMATI	ION	For Insurance Company Use:
UILDING OWNER'S NAME				Alexander of the second		Policy Number
DANIEL WAYNE HOMES						
BUILDING STREET ADDRES UNIT H, 5422 SHEARWATER		t., Unit, Suite, and/or E		ROUTE AND BOX N	NO.	Company NAIC Number
GITY 11,0422 STIENKWATER	CDIVIE		Supler)	STATE	ZIP C	ODE
SANIBEL ISLAND				FL	33957	
PROPERTY DESCRIPTION (Number, Legal Desc	cription, etc.)		MA CALLAN
UNIT "H", PART OF TRACT "S						Mesal
BUILDING USE (e.g., Residen RESIDENTIAL	tial, Non-resider	ntial, Addition, Accesso	ory, etc. Use a Con	nments area, if neces	sary.)	NOU A
LATITUDE/LONGITUDE (OPT	TIONAL)	HORIZON	NTAL DATUM:	S	OURCE: GPS (Ty	NOV 0 2 2001
(##°-##-#### or ##.###		☐ NAD 1927			USGS Q	uad MBUILDING DEPT
N/A			N/A		N/A	COTEDING DEPT
	SEC	TION B - FLOOD	INSURANCE RA	ATE MAP (FIRM)	INFORMATION	CITY OF SANIBEL
B1. NFIP COMMUNITY NAME	& COMMUNI	TY NUMBER	B2. COUNTY NA	ME		B3. STATE
CITY OF SANIBEL 12040	02		LEE			FLORIDA
B4. MAP AND PANEL E	35. SUFFIX	B6. FIRM INDEX	R7 FI	RM PANEL	B8. FLOOD	B9. BASE FLOOD ELEVATION(S)
NUMBER	SO. SOFFIX	DATE		REVISED DATE	ZONE(S)	(Zone AO, use depth of flooding)
0002	E	10-15-85		29-96	A9	+11'
310. Indicate the source of the Ba	ase Flood Eleva	tion (BFE) data or bas	se flood depth enter	ed in B9.		And the state of t
	TRM	☐ Community De		Other (Descri	be):	
311. Indicate the elevation datum	used for the Bi	E in B9: NGVD 1	929	□ NAVD 1988	Other (Describe):	
312. Is the building located in a C	oastal Barrier R	esources System (CE	BRS) area or Otherv	vise Protected Area (OPA)? Yes	No Designation Date: N/A
	SECTIO	ON C - BUILDING	ELEVATION INF	FORMATION (SUI	RVEY REQUIRED)	
1. Building elevations are based	on: Constru	uction Drawings*	☐ Building Un	der Construction*		struction
*A new Elevation Certificate			he building is comple	ete.		
Building Diagram Number 7					is being completed - so	ee pages 6 and 7. If no
diagram accurately represent						
C3. Elevations - Zones A1-A30,				R/A, AR/AE, AR/A1-A	A30, AR/AH, AR/AO	
Complete Items C3a-i below						nt from the datum used for
the BFE in Section B, conver						
the Comments area of Section						
Datum N/A Conversion/Con			Sept.			
Elevation reference mark use				sed appear on the FII	RM? ☐ Yes ☒ No	
x a) Top of bottom floor (incl				5. <u>2</u> ft		
x b) Top of next higher floor		,	_	14.7ft	Sea	Bean, Whitaker, Lutz &
o c) Bottom of lowest horizontal structural member (V zones only)				<u>VA</u> ft(m)	ate ate	Kareh, Inc.
o d) Attached garage (top of		or the control or my/		<u>VA</u> ft.	Emboss and Dat	
o e) Lowest elevation of made		a inment		<u>п</u> е	1/2/	
servicing the building (I			+	14 . 5 ft.(m)	License Number, Signature,	
				4.2ft	Zun	M
x f) Lowest adjacent (finished			-	<u> </u>	88	Joseph L. Lutz
x g) Highest adjacent (finishe				<u>J. U</u> II	jeo j	PLS 3375 Date: 11-01-2001
o h) No. of permanent openi						Date
o i) Total area of all permane						
		ION D - SURVEYO				
This certification is to be sign	ned and seale	d by a land surveyo	r, engineer, or ard	chitect authorized by	y law to certify eleva	tion information.
I certify that the information	in Sections A,	B, and C on this c	ertificate represer	nts my best efforts	to interpret the data	available.
I understand that any false	statement may	y be punishable by	tine or imprisonm	ent under 18 U.S.	LICENSE NUMBER	
CERTIFIER'S NAME					LS 3	375
Joseph L. Lutz				CONTRACTOR AND A STANKE	LOS	J1 J
TITLE	nd Manner	COMPANY NAME Bean, Whitaker, Lutz & Kareh,			Lutz & Kareh Inc	c. (LB4919)
Professional Surveyor a	i iu iviapper			CITY	STATI	
ADDRESS	lovard	1		Fort Myers	FL	33919
13041-1 McGregor Bou	levalu	/		DATE		PHONE
SIGNATURE	(///	/		11-01-2001		(941) 481-1331

SEE REVERSE SIDE FOR CONTINUATION