

clubhouse

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME CALAIS HOMEOWNERS ASSOCIATION		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7064 PELICAN BAY BOULEVARD		Company NAIC Number	
CITY NAPLES	STATE FL	ZIP CODE 34108	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) CALAIS @ PELICAN BAY CLUB HOUSE, PHASE 2			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) NON - RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###.##" or ##.#####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFP COMMUNITY NAME & COMMUNITY NUMBER COLLER 120067		B2. COUNTY NAME COLLER		B3. STATE FLORIDA	
B4. MAP AND PANEL NUMBER 120067 381	B5. SUFFIX E	B6. FIRM INDEX DATE 07/20/96	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08/03/92	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) +11.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete items C3-a-l 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 SITE B.M. Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 11. 0 ft.(m)
- 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)
- o d) Attached garage (top of slab) N/A. ___ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 11. 0 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 10. 7 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 10. 8 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
- o l) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)

PSM No. 4163

10/03/05

[Signature]

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 Eric D. Kurtz LICENSE NUMBER 4163

TITLE Professional Surveyor & Mapper COMPANY NAME A. Trigo & Associates, Inc.

ADDRESS 2223 Trade Center Way CITY Naples STATE FL ZIP CODE 34109-2035

SIGNATURE *[Signature]* DATE 10/03/05 TELEPHONE (239) 594-4448

FEMA Form 81-31, January 2002 See reverse side for continuation. Replaces all previous editions