

MAP OF BOUNDARY SURVEY

REAL PROPERTY DESCRIPTION:
PARCEL E, BLOCK 5A, GOLDEN GATE UNIT NO. 1, AS RECORDED IN PLAT BOOK 5, PAGE 64, OF THE PUBLIC RECORDS OF COLLIER COUNTY, FLORIDA

PARCEL ID#: 36640640002
ADDRESS: 4074 23RD AVENUE SW
NAME: VEZINA

FLOOD ZONE INFO: THE HERBON SHOWN RESIDENCE LIES WITHIN FLOOD ZONE AH 11.5' & X600 PER F.I.R.M. 18021C - 0412 E, DATED 5/16/2012

THE HERBON SHOWN PARCEL BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

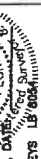
BEGINNING AT THE NORTHWEST CORNER OF BLOCK 5A, GOLDEN GATE, UNIT NO. 1, IN ACCORDANCE WITH AND SUBJECT TO PLAT RECORDED IN PLAT BOOK 5, PAGE 64 PUBLIC RECORDS OF COLLIER COUNTY, FLORIDA, THENCE ALONG THE NORTHERLY LINE OF SAID BLOCK 5A, EAST 96.00 FEET; THENCE LEAVING THE OUTLINES OF BLOCK 5A, TO CROSS AND INCLUDE SAME, SOUTH 150 FEET; THENCE WEST 96.0 FEET TO THE WESTERLY LINE OF BLOCK 5A, THENCE NORTH 150.0 FEET TO THE POINT OF BEGINNING PER O.R. BOOK 1250, PAGE 0200

I HEREBY CERTIFY TO:

MARCEL VEZINA II

THAT A MAP OF BOUNDARY SURVEY OF THE HERBON DESCRIBED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF IN ACCORDANCE WITH THE STANDARDS OF PRACTICE AS PER CHAPTER 64-11, FLORIDA ADMINISTRATIVE CODE.

Digitally signed by
William A. Macrides,
 Macrides, PLS
 Date: 2023.08.27
 07:36:42 -0400



WILLIAM A. MACRIDES, PLS No. 5871, L.S., ONLY OFFICIAL SURVEYOR
 BILL MACRIDES LLC / NAPLES LAND SURVEYS 18700A SW 11TH AVE, NAPLES, FL 34109

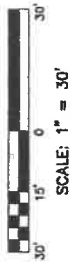
64-17.051(3)(b) - NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL AND ORIGINAL SEAL OF THE FLORIDA LICENSED SURVEYOR AND APPRaiser.

64-17.051(3)(b) - ADDITIONS OR DELETIONS TO SURVEY MAPS OR REPORTS BY OTHER THAN SIGNING PARTY IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY.

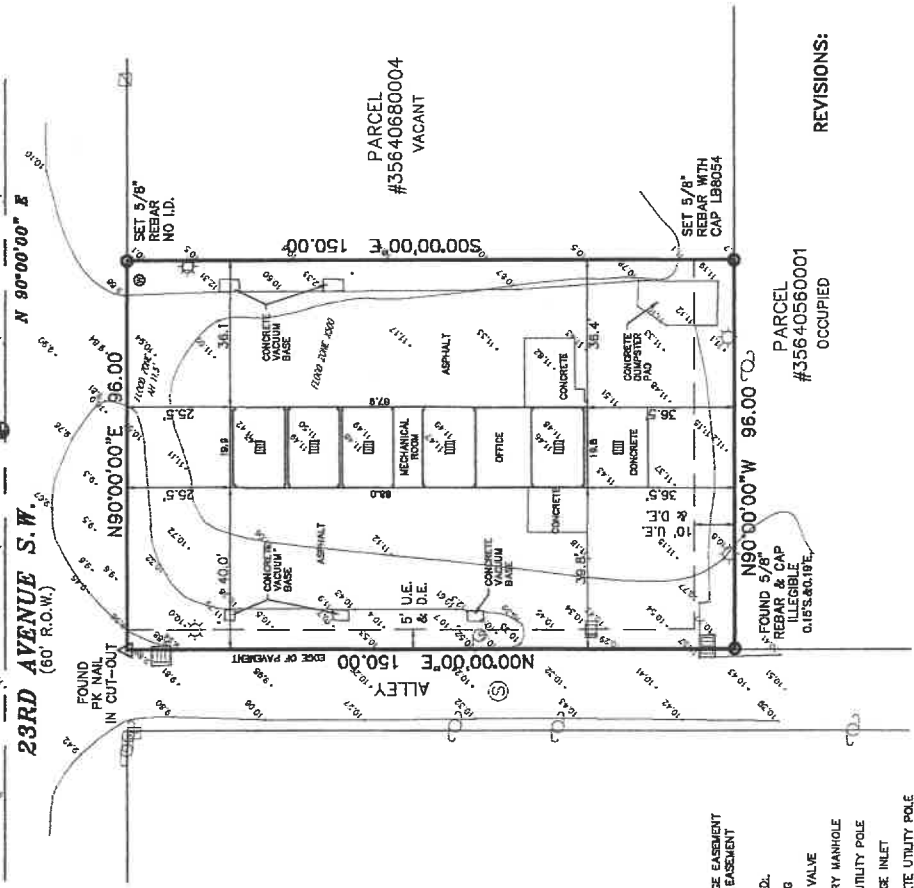
64-17.052(2)(d) - WHEN LOCATION OF EASEMENTS OR RIGHTS-OF-WAY OF RECORD, OTHER THAN THOSE ON RECORD PLATS IS REQUIRED, THE INFORMATION MUST BE FURNISHED TO THE SURVEYOR AND APPRaiser.

NOTES:

1. BEARINGS SHOWN HEREON BASED ON THE SOUTH RIGHT-OF-WAY OF 23RD AVENUE SW AS N 90°00'00" E.
2. THIS PROPERTY IS SUBJECT TO EASEMENTS, RESERVATIONS OR RESTRICTIONS OF RECORD.
3. DIMENSIONS SHOWN HEREON ARE IN FEET AND DECIMALS THEREOF, ROUNDED TO NEAREST TENTH.
4. IMPROVEMENTS OTHER THAN THOSE SHOWN HAVE NOT BEEN LOCATED UNDER SCOPE OF THIS SURVEY.
5. LEGAL DESCRIPTION SUPPLIED BY CLIENT OR CLIENTS AGENT.
6. LOCATIONS SHOWN HEREON BASED ON ABOVE GROUND EVIDENCE.
7. ELEVATIONS IF SHOWN HEREON ARE BASED ON NAVD83 DATUM.
8. ∇ = MAND ELEVATIONS AS FOUND IN THE FIELD.
9. Drainage and Utility easements shown hereon per OR Book 994, Page 1751



BENCHMARK
 ELEV. = 10.14'
 SET PK NAIL
 & DISK, NLS 8054, P



PARCEL #35640680004 VACANT

PARCEL #35640560001 OCCUPIED

REVISIONS:

- LEGEND**
- D.E. = DRAINAGE EASEMENT
 - U.E. = UTILITY EASEMENT
- SYMBOL LEGEND:**
- ☼ = LIGHTING
 - ⊕ = WATER VALVE
 - ⊙ = SANITARY MANHOLE
 - ⊗ = WOOD UTILITY POLE
 - ⊖ = DRAINAGE INLET
 - ⊚ = CONCRETE UTILITY POLE

FOR: MARCEL VEZINA

SCALE:	DATE:	DRAWN:	CHECKED:	BOOK:	PAGE:
1" = 30'	09/16/2023	V.A.H.	V.A.H.	389	58 / 37

Naples Land Surveys
 6101 Lancewood Way
 Naples, FL 34116

Phone: 239-353-9300
 email: bill.macridespls@gmail.com

DATA FILE NO:
 FILE NO: 23.217

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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: <u>Marcel Vezina</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>4074 23rd Ave SW</u>	Company NAIC Number: _____
City: <u>Naples</u> State: <u>FL</u> ZIP Code: <u>34116</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>A portion of Block 5A, Golden Gate Unit No. 1 - PID35640640002</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Non-residential</u>	
A5. Latitude/Longitude: Lat. <u>26.186161</u> Long. <u>-81.688733</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1B</u>	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): <u>140.00</u> sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>	
d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0.00</u> sq. ft.	
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: _____ sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: _____	
d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.	
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Collier County</u>	B1.b. NFIP Community Identification Number: <u>120067</u>
B2. County Name: <u>Collier</u>	B3. State: <u>FL</u> B4. Map/Panel No.: <u>12021C 0412</u> B5. Suffix: <u>H</u>
B6. FIRM Index Date: <u>05/16/2012</u>	B7. FIRM Panel Effective/Revised Date: <u>05/16/2012</u>
B8. Flood Zone(s): <u>X</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>N/A</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4074 23rd Ave SW	FOR INSURANCE COMPANY USE
City: <u>Naples</u> State: <u>FL</u> ZIP Code: <u>34116</u>	Policy Number: _____ 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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: 951S Vertical Datum: 9.74' NAVD

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

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | | |
|---|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>11.65</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>11.60</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>11.50</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>11.60</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | _____ | <input 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 state 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 and describe in the Comments area.

Certifier's Name: WILLIAM A. MACRIDES License Number: PLS 5621

Title: PROFESSIONAL LAND SURVEYOR

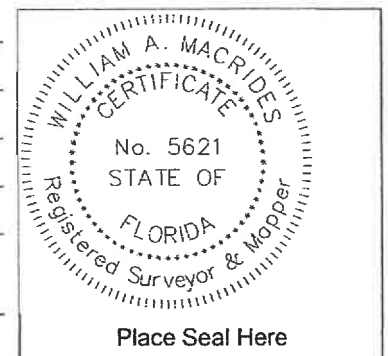
Company Name: NAPLES LAND SURVEYS

Address: 6101 LANCEWOOD WAY

City: NAPLES State: FL ZIP Code: 34116

Signature: William A. Macrides, PLS Digitally signed by William A. Macrides, PLS
Date: 2023.08.27 06:24:38 -04'00' Date: 08/24/2023

Telephone: (239) 353-9300 Ext.: _____ Email: bill.macridespls@gmail.com



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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

centerline elev = 10.1'+/-

C2E = equipment in storage room

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
4074 23rd Ave SW

City: Naples State: FL ZIP Code: 34116

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4074 23rd Ave SW	FOR INSURANCE COMPANY USE
City: <u>Naples</u> State: <u>FL</u> ZIP Code: <u>34116</u>	Policy Number: _____ Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
4074 23rd Ave SW

FOR INSURANCE COMPANY USE

City: Naples State: FL ZIP Code: 34116

Policy Number: _____

Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
 4074 23rd Ave SW

FOR INSURANCE COMPANY USE

City: Naples State: FL ZIP Code: 34116

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

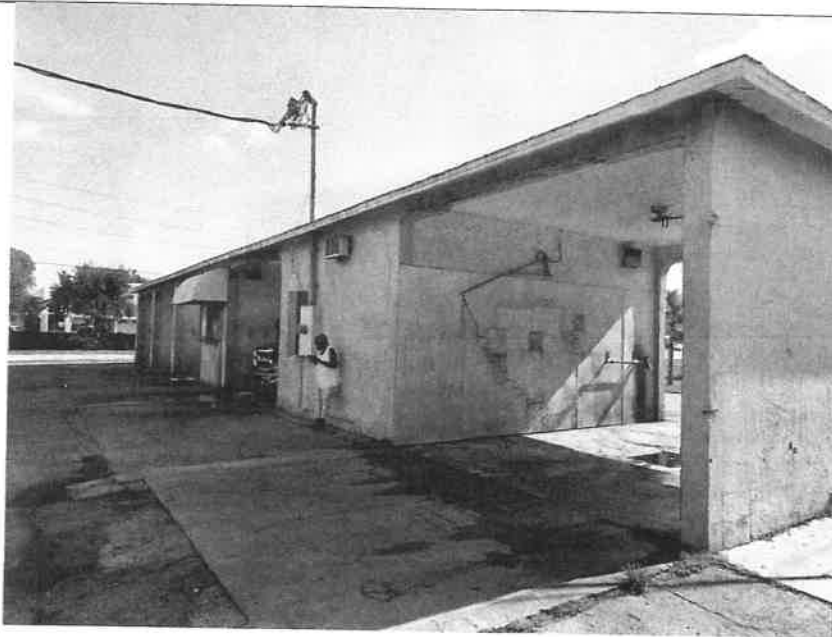


Photo One

Photo One Caption: front 8/24/2023

Clear Photo One



Photo Two

Photo Two Caption: left 8/24/2023

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
4074 23rd Ave SW

FOR INSURANCE COMPANY USE

City: Naples State: FL ZIP Code: 34116

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

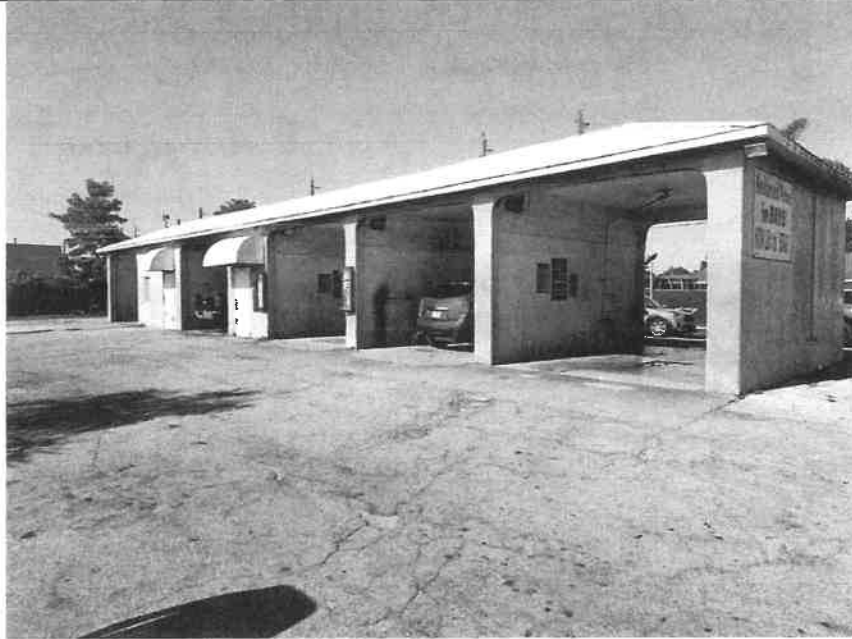


Photo Three

Photo Three Caption: rear 8/24/2023

Clear Photo Three



Photo Four

Photo Four Caption: right 8/24/2023

Clear Photo Four