

| FEDERAL EMERGENCY MANAGEMENT AGENCY<br>PRELIMINARY DAMAGE ASSESSMENT SITE ESTIMATE                 |  |   | DATE<br><u>10/03/2022</u>        |
|--|--|---|----------------------------------|
| PART I — APPLICANT INFORMATION   |  |   |                                  |
| COUNTY<br><u>Lee</u>   | NAME OF APPLICANT<br><u>Heriberto "Eddie" Santiago</u> | NAME OF LOCAL CONTACT   | PHONE NO.<br><u>239-823-4161</u> |
| PART II — SITE INFORMATION   |  |   |                                  |
| KEY FOR DAMAGE CATEGORY (Use appropriate letters in the "category" blocks below)                   |  |   |                                  |
| a. DEBRIS REMOVAL  |  | d. WATER CONTROL FACILITIES   |                                  |
| b. PROTECTIVE MEASURES   |  | e. PUBLIC BUILDINGS   |                                  |
| c. ROADS AND BRIDGES   |  | f. PUBLIC UTILITIES   |                                  |
| g. OTHER (Parks, Recreational Facilities, etc.)<br><u>SCHOOL</u>                                   |  |   |                                  |
| SITE NO.   | CATE-GORY  | LOCATION (Use map location, address, etc.)<br><u>Mariner Middle</u> |                                  |
| DESCRIPTION OF DAMAGE<br><u>Minimal damage to all Roof (Metal) in all Building (entire School)</u> |  |   |                                  |
| IMPACT:<br><u>Metal Roof (All Building)</u>  |  | % COMPLETE  | COST ESTIMATE                    |
| SITE NO.   | CATE-GORY  | LOCATION (Use map location, address, etc.)<br><u>Mariner Middle</u> |                                  |
| DESCRIPTION OF DAMAGE<br><u>Damage to (All Building soffit) in the entire School</u>               |  |   |                                  |
| IMPACT:<br><u>Soffit Damage (All Building)</u>   |  | % COMPLETE  | COST ESTIMATE                    |
| SITE NO.   | CATE-GORY  | LOCATION (Use map location, address, etc.)                          |                                  |
| DESCRIPTION OF DAMAGE  |  |   |                                  |
| IMPACT:  |  | % COMPLETE  | COST ESTIMATE                    |
| SITE NO.   | CATE-GORY  | LOCATION (Use map location, address, etc.)                          |                                  |
| DESCRIPTION OF DAMAGE  |  |   |                                  |
| IMPACT:  |  | % COMPLETE  | COST ESTIMATE                    |
| NAME OF INSPECTOR  |  | AGENCY  | OFFICE PHONE NO.                 |
|  |  |   | HOME PHONE NO.                   |