DERAL EMERGENCY MANAGEMENT AGENT ATIONAL 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 Policy Number PPENCOT BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number STATE ZIP CODE PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 103-01-ZIBE BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: | | GPS (Type): (## ° - ##' - ##.##" or ##.####") NAD 1927 | NAD 1983 |_ | USGS Quad Map |_ | Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE **B6. FIRM INDEX B7. FIRM PANEL** B8, FLOOD B9. BASE FLOOD ELEVATION(S) EFFECTIVE/REVISED DATE ZONES B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIRM ★ Community Determined |__| Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: |__| NGVD 1929 |__| NAVD 1988 |__| Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? |__| Yes |__| No Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: |__|Construction Drawings* |__|Building Under Construction* |X|Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number ____ (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-i 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 Does the elevation reference mark used appear on the FIRM? |__| Yes | a) Top of bottom floor (including basement or enclosure) 09 ft.(m) □b) Top of next higher floor ft.(m) ac) Bottom of lowest horizontal structural member (V zones only) ft.(m) ☐d) Attached garage (top of slab) 09 ft.(m) e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) f) Lowest adjacent (finished) grade (LAG) 76 ft.(m) g) Highest adjacent (finished) grade (HAG) 16 ft.(m) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade i) Total area of all permanent openings (flood vents) in C3.h 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 LICENSE NUMBER TITLE COMPANY NAME **ADDRESS** CITY STATE ZIP CODE SIGNATURE DATE TELEPHONE FEMA Form 81-31, January 2003 SEE REVERSE SIDE FOR CONTINUATION REPLACES ALL PREVIOUS EDITIONS

IMPORTANT: In these spaces, copy the	esponding information from Se		For Insurance Company Use:
1600 E. XHK	ite, and/or Bldg. No.) OR P.O. ROUTE AN	ND BOX NO.	Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number
SECTION D - SURVE	EYOR, ENGINEER, OR ARCHITE	CT CERTIFICATION (Co	ONTINUED)
Copy both sides of this Elevation Certificat	te for (1) community official, (2) i	nsurance agent/compa	ny, and (3) building owner.
COMMENTS			
SECTION E - BUILDING ELEVATION INFO	DRMATION (SURVEY NOT REQU	IRED) FOR ZONE AO A	Check here if attachment
For Zone AO and Zone A (without BFE), comp	plete Items E1. through E4. If the E	levation Certificate is in	tended for use as supporting
information for a LOMA or LOMR-F, Section C	must be completed.	_	
E1. Building Diagram Number (Select see pages 6 and 7. If no diagram accurat	the building diagram most similar to	o the building for which t	his certificate is being complete
E2. The top of the bottom floor (including base	ement or enctosure) of the building	is _ ft.(m) _ ir	n.(cm) [above or below
(check one) the highest adjacent grade. (Use natural grade, if available.)		
E3. For Building Diagrams 6-8 with openings _ ft.(m) _ lin.(cm) above the hig	(see page 7), the next higher floor thest adjacent grade	or elevated floor (elevat	ion b) of the building is
E4. The top of the platform of machinery and/		g is ft. (m)	lin. (cm) I labove or I I
below (check one) the highest adjacent g	rade. (Use natural grade, if availal	ole.)	
E5. For Zone AO only: If no flood depth numb floodplain management ordinance? \	per is available, is the top of the bot	tom floor elevated in acc	cordance with the community's
	TY OWNER (OR OWNER'S REPR	12	
The property owner or owner's authorized repr	resentative who completes Section	s A, B, C (Items C3.h an	d C3.i only), and E for Zone A
(without a FEMA-issued or community-issued	BFE) or Zone AO must sign here.	The statements in Section	ons A, B, C, and E are correct to
he best of my knowledge. PROPERTY OWNER'S OR OWNER'S AUTHO	ORIZED REPRESENTATIVE'S NA	ME	
ADDRESS			
	CITY	STATE	ZIP CODI
SIGNATURE	DATE	TELEF	PHONE
COMMENTS			
			Check here if attachment
	ECTION G - COMMUNITY INFORI		
The local official who is authorized by law or o	rdinance to administer the commu	nity's floodplain manager	ment ordinance can complete
Sections A, B, C (or E), and G of this Elevatior G1. The information in Section C was take			
engineer, or architect who is authorize	ed by state or local law to certify el	as been signed and emit evation information. (Indi	icate the source and date of the
elevation data in the Comments area	below.)		
G2. A community official completed Section or Zone AO.	on E for a building located in Zone	A (without a FEMA-issue	d or community-issued BFE)
G3. The following information (Items G4-G	39) is provided for community flood	plain management purpo	oses.
			OF COMPLIANCE/OCCUPANC
77 This pormit has been issued for L. I.N.		SUED	
67. This permit has been issued for: New G8. Elevation of as-built lowest floor (including			ft /m\Datum:
			ft.(m)Datum: ft.(m)Datum:
 BFE or (in Zone AO) depth of flooding at the 			
OCAL OFFICIAL'S NAME		TITLE	
OCAL OFFICIAL'S NAME		TITLE	
OCAL OFFICIAL'S NAME COMMUNITY NAME SIGNATURE		TITLE	
G9. BFE or (in Zone AO) depth of flooding at the COAL OFFICIAL'S NAME COMMUNITY NAME BIGNATURE COMMENTS		TITLE	
OCAL OFFICIAL'S NAME COMMUNITY NAME SIGNATURE		TITLE	Check here if attachments