RAL EMERGENCY MANAGEMENT AGE! 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 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.) OKCE BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a 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** ount **B4. MAP AND PANEL B5. SUFFIX** FIRM INDEX **B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) B8. FLOOD NUMBER EFFECTIVE/REVISED DATE DATE ZONE(S) (Zone AO, use depth of flooding) 040750,0990 6-01 10-0 4539.9 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. I FIS Profile |X 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 **Designation Date:** SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) |__ |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 Rm 191 Does the elevation reference mark used appear on the FIRM? a) Top of bottom floor (including basement or enclosure) 44 ft.(m) b) Top of next higher floor 16 ft.(m) C) Bottom of lowest horizontal structural member (V zones only) ft.(m) d) Attached garage (top of slab) 33876 e) Lowest elevation of machinery and/or equipment LAURI ANN servicing the building (Describe in a Comments area.) ft.(m) HOPPS f) Lowest adjacent (finished) grade (LAG) ft.(m) g) Highest adjacent (finished) grade (HAG) 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 N/A _ sq. in. (sq. cm) 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** SIGNATURE TELEPHONE

IMPORTANT: In these spaces, copy the esponding information from So			For Insurance Company Use:
	ting Apt., u. Suite, and/or Bldg. No.) OR P.O. R	OUTE AND BOX N	Policy Number
city Paulden	A STATE	ZIP CODE	Company NAIC Number
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)			
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.			
COMMENTS			
			Check here if attachments
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)			
For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting			
information for a LOMA or LOMR-F, Section C must be completed.			
E1. 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.)			
E2. The top of the bottom floor (including basement or enclosure) of the building is ft. (m) in. (cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)			
E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is			
ft. (m) lin. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.			
E4. The top of the platform of machinery and/or equipment servicing the building is ft. (m) in. (cm) above or below			
(check one) the highest adjacent grade. (Use natural grade, if available.)			
E5. For 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.			
	F - PROPERTY OWNER (OR OWNER'S R		
		THE RESIDENCE OF THE PARTY OF T	THE RESIDENCE OF THE PARTY OF T
The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and 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 Sections A, B, C, and E are correct to			
the best of my knowledge.			4 \$ W
PROPERTY OWNER'S OR OWNER'S	S AUTHORIZED REPRESENTATIVE'S NAME		
ADDRESS	CITY	STATE	ZIP CODE
		OMIL	
SIGNATURE	DATE	TELEPH	ONE
COMMENTS			
			Check here if attachments
	SECTION G - COMMUNITY INFORM	ATION (OPTIONAL)	
The local official who is authorized b	by law or ordinance to administer the commu	MANAGEMENT OF THE PARTY OF THE	t ordinance can complete
Sections A, B, C (or E), and G of this	s Elevation Certificate. Complete the applica	ble item(s) and sign below.	
G1. [] The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor,			
engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)			
	1. [1] 1 (4. [1] 1. [1] 1. [1] 1. [1] 1. [1] 1. [1] 1. [1] 1. [1] 1. [1] 1. [1] 1. [1] 1. [1] 1. [1] 1. [1] 1.	A (without a FEMA-issued o	r community-issued BFE) or
G2. [] A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.			
G3. The following information (I	tems G4-G9) is provided for community floo	lplain management purpose	s.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF	COMPLIANCE/OCCUPANCY
		ISSUED	
G7. This permit has been issued for			
G8. Elevation of as-built lowest floor G9. BFE or (in Zone AO) depth of flo	(including basement) of the building is:		ft. (m) Datum:
Ge. DEC OF (III ZONE AC) depth of the	ooding at the building site is:	•	ft. (m) Datum:
LOCAL OFFICIAL'S NAME	TIT	.E	
COMMUNITY NAME TELEPHONE			
SIGNATURE DATE			
COMMENTS			
			Check here if attachments