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

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 INSUR	ANCE COMPANY USE
A1. Building Owner's Name Alan Harris Policy Number:					per:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number:					AIC Number:	
City Columbia	State ZIP Code Maryland 21044					
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Map 035 Parcel 178, deed 2259/382					
A4. Building Use (e.g., Reside	ntial, Non-Residential, /	Addition,	Accessory, e	etc.) Residential		
A5. Latitude/Longitude: Lat.	N 39-12-02.9	Long. W	76-52-39.2	Horizontal	Datum: NAD 1	927 × NAD 1983
A6. Attach at least 2 photogra	phs of the building if the	Certific	ate is being u	sed to obtain flood	insurance.	
A7. Building Diagram Number	7					
A8. For a building with a crawl	space or enclosure(s):					
a) Square footage of craw	/Ispace or enclosure(s)			N/A sq ft		
b) Number of permanent f	lood openings in the cra	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	de 0
c) Total net area of flood of	ppenings in A8.b		0.00 sq in			
d) Engineered flood open	ings? ☐ Yes ⊠ N	lo				
A9. For a building with an attac	ched garage:					
a) Square footage of attac	a) Square footage of attached garage 564.00 sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0						
c) Total net area of flood of	ppenings in A9.b		0.00 sq	in		
d) Engineered flood openi	d) Engineered flood openings? Yes No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number Howard County 240044		B2. County Name Howard County			B3. State Maryland	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood El (Zone AO, use	levation(s) e Base Flood Depth)
24027C 0135 D	11-06-2013	11-06-2		X	369.9	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile ☐ FIRM ☐ Community Determined ☒ Other/Source: FEMA DIGITAL FIRM MAP						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No						
Designation Date: CBRS DPA						

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10560 Owen Brown Rd			Policy Number:			
City Sta Columbia Ma	te ZIP ryland 2104	Code 14	Compan	y NAIC I	Number	
SECTION C – BUILDING EL	EVATION INFORMAT	TON (SURVEY RI	EQUIRED)		
C1. Building elevations are based on: Construction	on Drawings*	ding Under Constru	ction*	─────────────────────────────────────	hed Construction	
*A new Elevation Certificate will be required when c		•				
C2. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: HC BM 35FM1 Vertical Datum: NAVD 1988						
Indicate elevation datum used for the elevations in it	tems a) through h) below	N.				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S						
Datum used for building elevations must be the sam	ie as that used for the B	FE.	Chec	k the me	easurement used.	
a) Top of bottom floor (including basement, crawlsp	pace, or enclosure floor)		371.7	✓ feet	meters	
b) Top of the next higher floor			381.3	× feet	meters	
c) Bottom of the lowest horizontal structural member	er (V Zones only)			feet	meters	
d) Attached garage (top of slab)			371.1	✓ feet	meters	
e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Com	vicing the building nments)		371.7	✓ feet	meters	
f) Lowest adjacent (finished) grade next to building	(LAG)		370.7	✓ feet	meters	
g) Highest adjacent (finished) grade next to building	g (HAG)		375.9	✓ feet	meters	
h) Lowest adjacent grade at lowest elevation of dec structural support	ck or stairs, including		370.2	× feet	meters	
SECTION D – SURVEYOR,	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 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 li	censed land surveyor?	⊠ Yes □ No	CI	eck her	e if attachments.	
Certifier's Name	License Number					
C. Allen Paugh	475		OF MAG	1111.		
Title Surveyor		HHILE	OF HAR	Ville.		
Company Name		<u> </u>	2		ace	
KCI Technologies Inc.				E C	eal	
Address		19	433		ere	
11830 West Market Place	Traffaction	11/1/2	473	OR HILL	1010	
City Fulton	State Maryland	ZIP Code 20759	WALLEY OF THE STATE OF THE STAT	Willia.		
Signature C- Aller ay 1	Date 09-16-2021	Telephone (410) 792-8086	Ext.			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per C2(e), if applicable) The lowest machinery reported in C2 (e) above is the hot water tank on the basement floor. The BFE of the AE zone around the house is at elevation 369.9 as reported in B9 above. All of the elevations gathered during the survey are above 369.9.						

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY U					
Building Street Address (including Apt., Unit, Suite, and/o	or Bldg. No.) or P.O.	Route and Box No.	Policy Number:		
	ate aryland	ZIP Code 21044	Company NAIC Number		
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.					
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).					
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, 		feet mete	rs above or below the HAG.		
crawlspace, or enclosure) is		feet mete			
E2. For Building Diagrams 6–9 with permanent flood operation the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in S	ection A Items 8 and/o			
E3. Attached garage (top of slab) is		feet _ mete	ers above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		feet _ mete	ers above or below the HAG.		
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes	, is the top of the book No Unknown.	ttom floor elevated in ac The local official must	ccordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWN	ER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION		
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sec e statements in Sect	ctions A, B, and E for Zo ions A, B, and E are co	one A (without a FEMA-issued or rrect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's	Name				
Address	City	S	tate ZIP Code		
Signature	Date	Te	elephone		
Comments					
			Check here if attachments.		

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information f	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or F 10560 Owen Brown Rd	Policy Number:				
City State Columbia Maryland	ZIP Code 21044	Company NAIC Number			
SECTION G – COMMUNITY INF	ORMATION (OPTIONAL)				
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.					
G1. The information in Section C was taken from other documental engineer, or architect who is authorized by law to certify elevat data in the Comments area below.)	tion that has been signed ar ion information. (Indicate th	nd sealed by a licensed surveyor, e source and date of the elevation			
G2. A community official completed Section E for a building located or Zone AO.	d in Zone A (without a FEM	A-issued or community-issued BFE)			
G3. The following information (Items G4–G10) is provided for com	munity floodplain managem	ent purposes.			
G4. Permit Number G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	ubstantial Improvement				
G8. Elevation of as-built lowest floor (including basement) of the building:	[feet	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at the building site:	feet	meters Datum			
G10. Community's design flood elevation:	feet	meters Datum			
Local Official's Name	Title				
Community Name	Telephone				
Signature	Date				
Comments (including type of equipment and location, per C2(e), if applic	able)				
	-				
		Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10560 Owen Brown Rd			Policy Number:	
City	State	ZIP Code	Company NAIC Number	
Columbia	Maryland	21044		

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front view taken 09/16/2021

Clear Photo One



Photo Two

Photo Two Caption Right side view taken 09/16/2021

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 10560 Owen Brown Rd	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Columbia	Maryland	21044	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption Rear view taken 09/16/2021

Clear Photo Three



Photo Four

Photo Four Caption Left side view taken 09/16/2021

Clear Photo Four