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

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

Important: Read the instructions on pages 1-9.

- Tallonia Tool Market Tool Tool Tool Tool Tool Tool Tool Too		ROPERTY INFORMA		For Insurance Company Use:
A1. Building Owner's Name Miriam P				Policy Number
			Company NAIC Number	
	ZIP Code 21042			A CONTROL OF THE CONT
A3. Property Description (Lot and Blo Tax Map 24, Parcel 696, Lot 10, Deed		al Description, etc.)		
 A4. Building Use (e.g., Residential, Na. A5. Latitude/Longitude: Lat. N 39-15-16. A6. Attach at least 2 photographs of the suilding Diagram Number 3/2. A8. For a building with a crawlspace of any Square footage of crawlspace of the suilding with a crawlspace of the suilding w	16.6 Long. W 76-49-36.9 The building if the Certificate is being use or enclosure(s): The or enclosure(s) so the crawlspace or love adjacent grade so the crawlspace	A9. For a but a) Squ b) No. with a in c) Tota d) Eng	ance. uilding with an attact lare footage of attact of permanent flood in 1.0 foot above ad al net area of flood openi	hed garage <u>462</u> sq ft openings in the attached garage ljacent grade <u>0</u> ppenings in A9.b <u>0</u> sq in ngs? ☐ Yes ⊠ No
	SECTION B - FLOOD INSURAN	CE RATE MAP (FIRM	I) INFORMATION	
B1. NFIP Community Name & Commu Howard County 240044	nity Number B2. County Howard Co			33. State Maryland
B4. Map/Panel Number B5. Suf 240044 0023 B	Date Effe	B7. FIRM Panel ective/Revised Date ecember 4, 1986	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) NONE
□ FIS Profile □ FIRM □ Community Determined □ Other (Describe) NONE B11. Indicate elevation datum used for BFE in Item B9: □ NGVD 1929 □ NAVD 1988 □ Other (Describe) unavailable B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? □ Yes □ No Designation Date □ □ OPA				
SEC	CTION C - BUILDING ELEVATION	N INFORMATION (S	URVEY REQUIRE	ED)
C2. Elevations – Zones A1-A30, AE, AF below according to the building diag Benchmark Utilized Caron East R1	gram specified in Item A7. Use the sa	BFE), AR, AR/A, AR/AE, ame datum as the BFE.	AR/A1-A30, AR/AH	0.72 conversion.
 b) Top of the next higher floor c) Bottom of the lowest horizonta d) Attached garage (top of slab) e) Lowest elevation of machinery (Describe type of equipment ai f) Lowest adjacent (finished) grain g) Highest adjacent (finished) grain h) Lowest adjacent grade at lowe 	de next to building (LAG)	346.3	theck the measurem t	o Rico only)
structural support SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
This certification is to be signed and se information. <i>I certify that the informatio understand that any false statement me</i> Check here if comments are provided.	aled by a land surveyor, engineer, or n on this Certificate represents my be ay be punishable by fine or imprisonn ed on back of form. Were latitu	architect authorized by last efforts to interpret the	aw to certify elevation data available.I , Section 1001.⊠ ion A provided by a	PLACE
Certifier's Name C. Allen Paugh		License Number 4	75	Sold State of State o
Title Surveyor	Company Name KCI Technol	ogies Inc.		
Address 8161 Maplelawn Blvd	City Fulton	State MD	ZIP Code 20759	
Signature & Men Parey	Date 6-6-12 REV 11/14/53	Telephone 301-95	3-1821	

IMPORTANT: In these spaces, co	ppy the corresponding information from S	Section A.	For Insurance Company Use:
	Unit, Suite, and/or Bldg. No.) or P.O. Route and B	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	Policy Number
City Ellicott City State MD ZIP Code	21042		Company NAIC Number
SECTION I	D - SURVEYOR, ENGINEER, OR ARCHITE	CT CERTIFICATION (CON	ITINUED)
Copy both sides of this Elevation Certific	cate for (1) community official, (2) insurance agent	/company, and (3) building ow	ner.
All elevations shown above in c.2 are 19	r of building is lowest machinery (item c2.e above) 029 datum after 0.72 conversion from 1988 datum as the site is in zone A (without BFE), but the elev	i.	peen provided.
Signature C. Allen Paugh	Date 6-	6-12 1/14/13	M 01 11 16 16 16 16 16 16 16 16 16 16 16 16
SECTION E - BUILDING ELEV	ATION INFORMATION (SURVEY NOT REC		Check here if attachments ND ZONE A (WITHOUT BEE)
For Zones AO and A (without BFE), cor and C. For Items E1-E4, use natural gr E1. Provide elevation in formation for t grade (HAG) and the lowest adjace a) Top of bottom floor (including b b) Top of bottom floor (including b b) Top of bottom floor (including b clevation C2.b in the diagrams) of the clevation C2.b in the diagrams) of E3. Attached garage (top of slab) is get attach	mplete Items E1-E5. If the Certificate is intended to ade, if available. Check the measurement used the following and check the appropriate boxes to stent grade (LAG). asement, crawlspace, or enclosure) is 6.6 asement, crawlspace, or enclosure) is 0.3 asement, crawlspace, or enclosure) is 0.3 asement flood openings provided in Section A Item of the building is N/A. above or below or equipment servicing the building is 6.7 feet or equipment servicing the conficial must certify this information. The local official must certify this information of the property of the service of the property of the proper	to support a LOMA or LOMR-F In Puerto Rico only, enter mete how whether the elevation is ab feet meters above or feet meters above or set above or below the HAG. t meters above or below the HAG. t meters above or below the HAG. t meters above or below the HAG. televated in accordance with the mation in Section G. EPRESENTATIVE) CERTIFIED on the End of the Eprecia of the Epreci	request, complete Sections A, B, ers. pove or below the highest adjacent below the HAG. below the LAG. of Instructions), the next higher floor AG. below the HAG. community's floodplain management FICATION MA-issued or community-issued BFE)
		÷	☐ Check here if attachments
	SECTION G - COMMUNITY INFORM		
and G of this Elevation Certificate. Comp	or or ordinance to administer the community's flood olete the applicable item(s) and sign below. Check	the measurement used in Iter	ms G8 and G9.
G1. The information in Section C w is authorized by law to certify e	as taken from other documentation that has been levation information. (Indicate the source and dat	signed and sealed by a license e of the elevation data in the C	ed surveyor, engineer, or a rchitect who comments area below.)
G2. A community official completed	Section E for a building located in Zone A (without	ut a FEMA-issued or community	y-issued BFE) or Zone AO.
G3. The following information (Item	s G4-G9) is provided for community floodplain ma	inagement purposes.	
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Com	pliance/Occupancy Issued
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (inc G9. BFE or (in Zone AO) depth of floodi G10. Community's design flood elevation Local Official's Name Community Name	ng at the building site: Title	feet meters (PR) Datur feet meters (PR) Datur feet meters (PR) Datur	m
Signature	Date)	
Comments			
оншеко			
			☐ Check here if attachments

Building Photographs

See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4217 Southfield Road,	Policy Number
City Ellicott City State MD ZIP Code 21042	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



Front view, taken 6-1-12

Building Photographs Continuation Page

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4217 Southfield Road	Policy Number
City Ellicott City State MD ZIP Code 21042	Company NAIC Number

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."



Rear view, taken 6-1-12

Building PhotographsSee Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4217 Southfield Road,	Policy Number
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Air conditioner, lowest machinery or equipment in C2e above. Taken 6-1-12