U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

					FOR INSURANCE COMPANY USE				
						Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5636 April Journey Rd						Company NAIC Number:			
City Columbia			State M	D ZIP Code	21044				
A3. Property Description (Tax Map 30, Parcel 397, U	Lot and Block Nu nit U-49, Vil Dors	umbers, Tax Parcel N seys Search, Section	Number, Legal D า 3, Area 1	escription, etc.)					
 A4. Building Use (e.g., Re A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num A8. For a building with a c a) Square footage of b) Number of perman or enclosure(s) wit c) Total net area of flod d) Engineered flood of 	it. 39°13'57.4"N agraphs of the burber 3 rawlspace or encorawlspace or entitle flood openinhin 1.0 foot above bod openings in appenings?	Long76^50′59.6″\ uilding if the Certificat closure(s): nclosure(s) ngs in the crawlspace ve adjacent grade A8.b Yes No	W te is being used to get the specific term of the second	to obtain flood insu A9. For a a) Si b) N w c) To d) E	urance. building with an attacquare footage of attacumber of permanent ithin 1.0 foot above a otal net area of flood ngineered flood open	ched garage 0 sq ft flood openings in the attached garage djacent grade 0 openings in A9.b 0 sq in nings? Yes No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION									
B1. NFIP Community Name Howard County 240044	e & Community N	Number	B2. County Nar Howard County			B3. State MD			
B4. Map/Panel Number 240044 0155	B5. Suffix D	B6. FIRM Index D November 6, 20	13 Effective	FIRM Panel ve/Revised Date ember 6, 2013	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 322.5			
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source: FEMA DFIRM GIS 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 ☐ OPA									
	OFOTIO	N.O. BUILDING	E1 E1 (4 E1 O 1 1						
	SECTIO	N C – BUILDING	ELEVATION I	NFORMATION	(SURVEY REQUIF	RED)			
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ELEVATION CERTIFICATE, page 2 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. Policy Number: 5636 April Journey Rd City Columbia State MD ZIP Code 21044 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 The air conditioner is lowest machinery in item c2.e. This building is a condominium. The elevations shown for LAG (C.2F) and HAG (C.2G) are for the entire building block. Date 3/18/14 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 ____ ☐ feet ☐ meters ☐ above or ☐ below the HAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is ☐ feet ☐ meters ☐ above or ☐ below the LAG. E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is ☐ feet ☐ meters ☐ above or ☐ below the HAG. E3. Attached garage (top of slab) is ☐ feet ☐ meters ☐ above or ☐ below the HAG. E4. Top of platform of machinery and/or equipment servicing the building is _ _ ☐ feet ☐ meters ☐ above or ☐ below the HAG. E5. 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 SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, 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, and E are correct to the best of my knowledge. Property Owner's or Owner's Authorized Representative's Name Address City State ZIP Code Signature Date Telephone Comments Check here if attachments SECTION G - COMMUNITY INFORMATION (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. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) 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. The following information (Items G4-G10) is provided for community floodplain management purposes. G3. G4. Permit Number G5. Date Permit Issued G6. Date Certificate Of Compliance/Occupancy Issued G7. This permit has been issued for: ☐ New Construction ☐ Substantial 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

Date

Signature

Comments

Check here if attachments.

ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

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. 5636 April Journey Rd

Policy Number:

City Columbia

State MD

ZIP Code 21044

Company NAIC Number:

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.



Front View

ELEVATION CERTIFICATE, page 4

Building PhotographsContinuation Page

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., Unit, \$ 5636 April Journey Rd			
City Columbia	State MD	ZIP Code 21044	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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Rear View