U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

ederal Emergency Management Agency ational Flood Insurance Program Important: Read the instructions on pages 1-9

National Flood insurance Frogram important. Nead the i	ristructions on pages 1-9.			
SECTION A - PRO	OPERTY INFORMATION	For Insurance Company Use:		
A1. Building Owner's Name Sachs Adam Gordon L/E	Policy Number			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P. 5675 Vantage Point RD	Company NAIC Number			
City Columbia State MD ZIP Code 21044				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal I Lot: C 3, Parcel: 0336, Deed: /13323/00241	Description, etc.)			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc. A5. Latitude/Longitude: Lat. 39°13'14.37"N Long. 76°51'12.09"W A6. Attach at least 2 photographs of the building if the Certificate is being used A7. Building Diagram Number 3 A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) sq ft b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b sq in d) Engineered flood openings?	Horizontal Datum d to obtain flood insurance. A9. For a building with an atta a) Square footage of atta b) No. of permanent floo within 1.0 foot above a	ached garage sq ft d openings in the attached garage adjacent grade sq in		
SECTION B - FLOOD INSURANCE	RATE MAP (FIRM) INFORMATIO	N		
B1. NFIP Community Name & Community Number Howard County 240044 B2. County Na Howard County		B3. State Maryland		
240044 0028 C Date Effective	. FIRM Panel B8. Flood ve/Revised Date Zone(s) .pril 2, 1997 AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 309.0		
B11. Indicate elevation datum used for BFE in Item 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 OPA				
SECTION C - BUILDING ELEVATION	INFORMATION (SURVEY REQUIR	RED)		
C1. Building elevations are based on: ☐ Construction Drawings* *A new Elevation Certificate will be required when construction of the buildir C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE below according to the building diagram specified in Item A7. Use the same Benchmark Utilized How CO 30EM2 Vertical Datum 1988 Conversion/Comments 0.72 For 1929 Elevation	E), AR, AR/A, AR/AE, AR/A1-A30, AR/A e datum as the BFE.			
Top of bottom floor (including basement, crawlspace, or enclosure floor)	Check the measure r) 313.2			
b) Top of the next higher floor	321.9			
c) Bottom of the lowest horizontal structural member (V Zones only)		meters (Puerto Rico only)		
d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)		meters (Puerto Rico only) rto Rico only)		
f) Lowest adjacent (finished) grade next to building (LAG)	310.1 ⊠ feet ☐ meters (Pue	rto Rico only)		
g) Highest adjacent (finished) grade next to building (HAG)	320.3			
 Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	312.7 ☐ feet ☐ meters (Pue	rto Rico only)		
SECTION D - SURVEYOR, ENGINEE				
licensed land	efforts to interpret the data available.Intunder 18 U.S. Code, Section 1001. and longitude in Section A provided by surveyor?	a MARY		
Certifier's Name Allen Paugh	License Number 475	EX (REAL) X E		
Title Surveyor Company Name KCl Technologi	ies, Inc.	18 989 8		
Address 8161 Maple Lawn City Fulton Signature Date 8/30/2012	State MD ZIP Code 20759 Telephone (410) 792-8086	LINE SULLING		
Date 0/30/2012 /	1 5150110115 (410) / 32-0000	***************************************		

IMPORTANT 1 "				
	copy the corresponding information		Table State	Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5675 Vantage Point RD		Poli	cy Number	
City ColumbiaState MD ZIP Code 21044		Con	npany NAIC Number	
SECTION	D - SURVEYOR, ENGINEER, OR AF	CHITECT CERTIFICATIO	N (CONTINU	IED)
Copy both sides of this Elevation Certif	icate for (1) community official, (2) insurance	ce agent/company, and (3) buil	ding owner.	
Comments Lowest machinery is air control of the con	onditioner. ninium. The elevations shown for LAG and	HAG in section C above repre	esent the LAG	and HAG for the entire
Signature	A	Date 8/30/12		□ Check here if attachments
SECTION E - BUILDING ELEV	VATION INFORMATION (SURVEY N	OT REQUIRED) FOR ZON	E AO AND Z	
 and C. For Items E1-E4, use natural generation for grade (HAG) and the lowest adjate a) Top of bottom floor (including b) For Building Diagrams 6-9 with perfect (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth 	basement, crawlspace, or enclosure) isbasement, crawlspace, or enclosure) isermanent flood openings provided in Section of the building is feet	t used. In Puerto Rico only, en exes to show whether the elevatives to show whether the elevatives to show whether the elevatives to show whether the elevation in Piece meters feet meters feet meters feet meters feet meters floor elevated in accordance	nter meters. tion is above of ters above of above ges 8-9 of Instrelow the HAG.	or below the highest adjacent or below the HAG. or below the LAG. uctions), the next higher floor below the HAG.
SECTION	F - PROPERTY OWNER (OR OWNE	R'S REPRESENTATIVE)	CERTIFICAT	ION
The property owner or owner's authorize or Zone AO must sign here. <i>The state</i> Property Owner's or Owner's Authorize	zed representative who completes Sections ments in Sections A, B, and E are correct to ed Representative's Name	A, B, and E for Zone A (witho to the best of my knowledge.	ut a FEMA-iss	ued or community-issued BFE)
Address	Cit	,	State	ZIP Code
Signature	Dat		Telephone	
Comments			Собрабо	
	SECTION G - COMMUNITY IN	FORMATION (OPTIONAL)		Check here if attachments
he local official who is authorized by law	w or ordinance to administer the community	s floodplain management ord	inance can cor	mplete Sections A, B, C (or E),
61. The information in Section C w	plete the applicable item(s) and sign below was taken from other documentation that ha	is been signed and sealed by a	a licensed surv	eyor, engineer, or architect who
	elevation information. (Indicate the source d Section E for a building located in Zone A			Particle Co. VIII Tomor VI Particle Control Co
	ns G4-G9) is provided for community floods		mmunity-issue	ed BFE) of Zone AO.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate 0	Of Compliance	Occupancy Issued
67. This permit has been issued for:	☐ New Construction ☐ Substant	ial Improvement		
68. Elevation of as-built lowest floor (in		☐ feet ☐ meters (PF	R) Datum	
	9. BFE or (in Zone AO) depth of flooding at the building site: feet meters (PR) Datum			
610. Community's design flood elevation	<u> </u>	feet meters (PF		
Local Official's Name		Title		
Community Name		Telephone		
Signature	Date			
Comments				
···				
				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. 5675 Vantage Point 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 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.

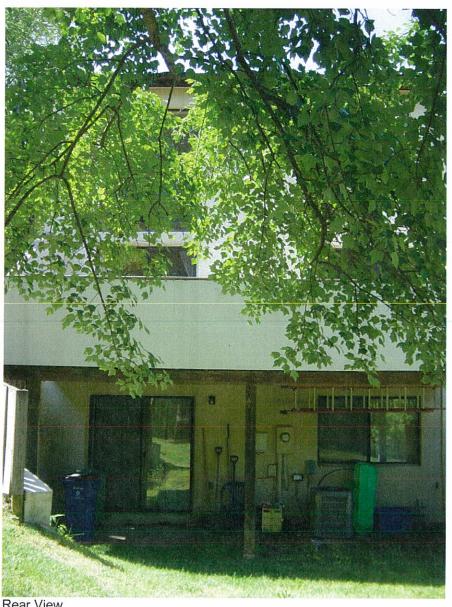


Front View

Building Photographs Continuation Page

	For Insurance Company Use:
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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."



Rear View