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

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **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.

SECT	ION A - PROPERTY INFO	RMATION	F	OR INSUR	ANCE COMPANY USE
A1. Building Owner's Name  Elk Ridge Investors, LLC			P	olicy Numb	er:
	Judine Ant Heit Cuite and	Vor Dide, No. ) or D.O.	Davida and		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				Company NAIC Number:	
5695 Main Street, Suite 200	5695 Main Street, Suite 200				
City Elkridge		State Maryland		IP Code 1075	
A3. Property Description (Lot ar	nd Block Numbers, Tax Par	-		<del></del>	
Tax Map 32, Grid 22, Parcel 101	·	· <del>-</del>	<u> </u>		
A4. Building Use (e.g., Residen	tial, Non-Residential, Additi	on, Accessory, etc.)	Commerical		
A5. Latitude/Longitude: Lat. 39	0.21697 Long	. <u>-76.70785</u>	Horizontal Datum:	☐ NAD 1	927 🗵 NAD 1983
A6. Attach at least 2 photograph	ns of the building if the Cert	ificate is being used to	o obtain flood insuran	ce.	
A7. Building Diagram Number	3				
A8. For a building with a crawlsp	pace or enclosure(s):				
a) Square footage of crawls	space or enclosure(s)	0 sq ft			
b) Number of permanent flo	od openings in the crawlsp	ace or enclosure(s) w	rithin 1.0 foot above a	djacent gra	de0
c) Total net area of flood op	enings in A8.b0	_sq in			
d) Engineered flood openin	gs? ☐ Yes ☒ No				
A9. For a building with an attach	ed garage:				
a) Square footage of attach	ed garage941	_ sq ft			
b) Number of permanent flo	ood openings in the attache	d garage within 1.0 fo	ot above adjacent gra	de	0
c) Total net area of flood op	enings in A9.b 0	sq in			
d) Engineered flood openin	gs? ☐ Yes ဩ No				
, ,					
SE	CTION B – FLOOD INSUI	RANCE RATE MAP	(FIRM) INFORMAT	ON	
B1. NFIP Community Name & C	ommunity Number	B2. County Name	<b>;</b>		B3. State
Howard County 240044		Howard County			Maryland
B4. Map/Panel B5. Suffix Number	B6. FIRM Index B7.	FIRM Panel Effective/	B8. Flood Zone(s)	(Zon	e Flood Elevation(s) le AO, use Base
240044 0180 D	11/06/2013 11/	Revised Date 06/2013	AE		d Depth) ).0
B10. Indicate the source of the f	Base Flood Elevation (BFE)	data or base flood de	epth entered in Item E	9:	
☐ FIS Profile ⊠ FIRM	Community Determined	Other/Source:			
B11. Indicate elevation datum u	sed for BFE in Item B9:	NGVD 1929 ⊠ NA	\VD 1988	r/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					
		_			

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or 5695 Main Street, Suite 200	Policy Number:				
City Stat Elkridge Mar	re ZIP 0 yland 2107		Company NAIC Number		
SECTION C – BUILDING ELI	EVATION INFORMAT	ION (SURVEY RI	EQUIRED)		
C1. Building elevations are based on:					
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 licensed land surveyor?					
Certifier's Name C. Allen Paugh  Title Maryland Property Line Surveyor  Company Name KCI Technologies, Inc.  Address 11850 West Market Place, Suite A  City Fulton  Signature  Copy all pages of this Elevation Certificate and all attachme  Comments (including type of equipment and location, per The furnace is the lowest machinery (C2e).		ZIP Code 20759 Telephone (410) 792-8086 ficial, (2) insurance	agent/company, and (3) building owner.		

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

MPO	RTANT: In these spaces, copy the corre	sponding information	from Section A.	FOR INSURANCE COMPANY USE
	ing Street Address (including Apt., Unit, Su Main Street, Suite 200	ite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City		State	ZIP Code	Company NAIC Number
Elkric	dae	Maryland	21075	Sempany in the realiser
			RMATION (SURVEY NO	L BEOLIIBED)
		R ZONE AO AND ZON		T REQUIRED)
comp	Cones AO and A (without BFE), complete It blete Sections A, B,and C. For Items E1–E4 meters.	ems E1–E5. If the Certifi 4, use natural grade, if a	icate is intended to support vailable. Check the measure	a LOMA or LOMR-F request, ement used. In Puerto Rico only,
į	Provide elevation information for the follow the highest adjacent grade (HAG) and the a) Top of bottom floor (including basemen	lowest adjacent grade (L	AG).	
ı	crawlspace, or enclosure) is b) Top of bottom floor (including basemen	 t,	[_] feet [_] mete	ers above or below the HAG.
	crawlspace, or enclosure) is		feet mete	ers above or below the LAG.
1	For Building Diagrams 6–9 with permanent the next higher floor (elevation C2.b in	flood openings provided		
1	the diagrams) of the building is	<del></del>	[_] feet [_] mete	ers above or below the HAG.
E3. /	Attached garage (top of slab) is		feet mete	ers above or below the HAG.
	Top of platform of machinery and/or equipr servicing the building is	nent	feet _ mete	ers above or below the HAG.
	Zone AO only: If no flood depth number is floodplain management ordinance?			ccordance with the community's t certify this information in Section G.
	SECTION F - PROPER	TY OWNER (OR OWNE	R'S REPRESENTATIVE) C	CERTIFICATION
The r	property owner or owner's authorized repre	sentative who completes	s Sections A B and F for 7	one A (without a FEMA-issued or
comr	munity-issued BFE) or Zone AO must sign	here. The statements in	Sections A, B, and E are co	prrect to the best of my knowledge.
Prope	erty Owner or Owner's Authorized Represe	entative's Name		
Addre	ess		City	State ZIP Code
Signa	ature	I	Date T	elephone
Comi	ments			
				Check here if attachments.
EMA	Form 086-0-33 (7/15)	Replaces all previ	ous editions.	Form Page 3 of 6

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	esponding information	n from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 5695 Main Street, Suite 200	uite, and/or Bldg. No.) o	or P.O. Route and Box No	Policy Number:
City Elkridge	State Maryland	ZIP Code 21075	Company NAIC Number
SECTIO	ON G - COMMUNITY IN	NFORMATION (OPTIONA	AL)
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete to	he community's floodplain he applicable item(s) and	management ordinance can complete sign below. Check the measurement
			ed and sealed by a licensed surveyor, te the source and date of the elevation
G2. A community official completed Section or Zone AO.	on E for a building loca	ted in Zone A (without a F	EMA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for co	mmunity floodplain mana	gement purposes.
G4. Permit Number	G5. Date Permit Issu	ed G	66. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improvement	t
G8. Elevation of as-built lowest floor (including of the building:	g basement)	□	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 loc	cation, per C2(e), if app	licable)	
			Check here if attachments.

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

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:
5695 Main Street, Suite 200			
City	State	ZIP Code	Company NAIC Number
Elkridge	Maryland	21075	

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 12/23/2016



Photo Two

Photo Two Caption Rear View taken 12/23/2016

#### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

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. 5695 Main Street, Suite 200			Policy Number:
City	State	ZIP Code	Company NAIC Number
Elkridge	Maryland	21075	

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 One

Photo One Caption Right Front View taken 12/23/2016



Photo Two

Photo Two Caption Left Front View taken 12/23/2016