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

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

National Flood Insurance Program

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION	For Insurance Company Use:
A1. Building Owner's Name White Andrews S	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6240 Bright Plume	Company NAIC Number
City Columbia State MD ZIP Code 21044	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot: D 11,Parcel: 0339, Deed: /00842/00623	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 1A A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) sq ft a) Square footage of attached a square footage of a square footage of attached a square footage of a sq	ached garage sq ft od openings in the attached garage adjacent grade d openings in A9.b sq in
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	N
B1. NFIP Community Name & Community Number Howard County 240044 B2. County Name Howard County	B3. State Maryland
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood 240044 0033 B Date Effective/Revised Date Zone(s) March 15, 1977 December 4, 1986 A12	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 399.0
B11. Indicate elevation datum used for BFE in Item B9: ☑ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describeration of the National Date ☐ CBRS) area or Otherwise Protected Area (OPA)? Designation Date ☐ CBRS ☐ OPA	be) ☐ Yes ⊠ No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUI	RED)
 C1. Building elevations are based on:	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 402.7 ⊠ feet ☐ meters (Pue	
 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 402.7	
c) Bottom of the lowest horizontal structural member (V Zones only) feet	meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building 402.3 ☐ feet ☐ meters (Pue	meters (Puerto Rico only) erto Rico only)
(Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) 402.2 ☑ feet ☐ meters (Pue	erto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) 404.1 🛛 feet 🔲 meters (Pue	
	meters (Puerto Rico only)
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATI	ON
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevatinformation. 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. Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by licensed land surveyor? Yes No	WILLIAM OF MARKET
Certifier's Name Allen Paugh License Number 475	EN ANN ISE
Title Surveyor Company Name KCl Technologies, Inc.	
Address 8161 Maple Lawn City Fulton State MD ZIP Code 2075	9 Long 35 Million

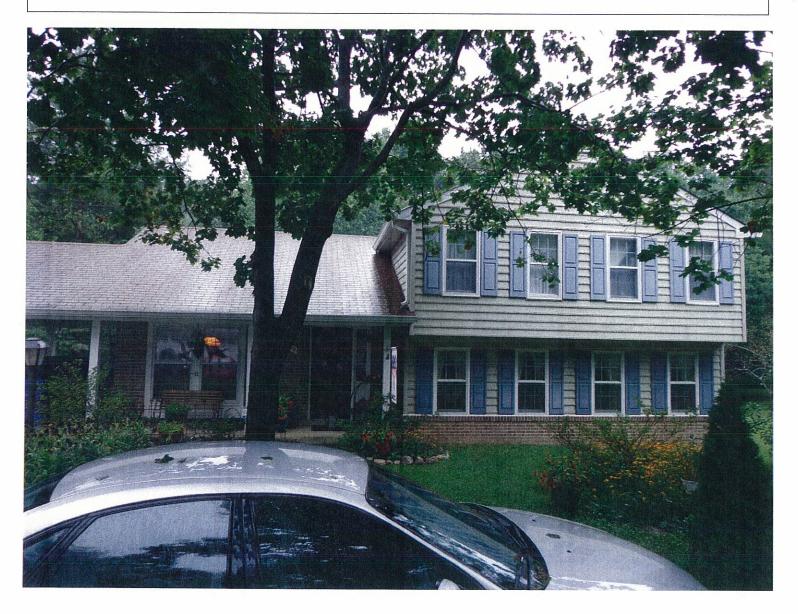
		ing information from Section A	A. For Insurance Con	npany Use:
Building Street Address (included 6240 Bright Plume	ding Apt., Unit, Suite, and/or Bldg.	. No.) or P.O. Route and Box No.	Policy Number	
City ColumbiaState MD ZIP	Code 21044		Company NAIC No	umber
SE	CTION D - SURVEYOR, EN	GINEER, OR ARCHITECT CER	TIFICATION (CONTINUED)	
		official, (2) insurance agent/company		
	y in C2e above isair condtioner.			
For Zones AO and A (without and C. For Items E1-E4, use E1. Provide elevation in form grade (HAG) and the low a) Top of bottom floor (in b) Top of bottom floor (in	BFE), complete Items E1-E5. If the natural grade, if available. Check thation for the following and check exest adjacent grade (LAG). Including basement, crawlspace, on cluding basement, crawlspace, on cluding basement, crawlspace, or	the Certificate is intended to support k the measurement used. In Puerto the appropriate box es to show whet or enclosure) is	a LOMA or LOMR-F request, complete S Rico only, enter meters. her the elevation is above or below the highest ☐ meters ☐ above or ☐ below the feet ☐ above Or ☐ a	dections A, B, ghest adjacent the HAG.
(elevation C2.b in the dia E3. Attached garage (top of E4. Top of platform of machi E5. Zone AO only: If no floor	agrams) of the building is slab) is fee inery and/or equipment servicing and depth number is available, is the		ow the HAG. It ☐ meters ☐ above or ☐ below the Haccordance with the community's floodpla	IAG.
SE	CTION F - PROPERTY OWN	NER (OR OWNER'S REPRESE	NTATIVE) CERTIFICATION	
or Zone AO must sign here. The	he statements in Sections A, B, a	and E are correct to the best of my k	one A (without a FEMA-issued or commu nowledge.	nity-issued BFE)
Property Owner's or Owner's A	Authorized Repres entative's Nam	e		
Address		City	State ZIP Code	
Signature	-	Date	Telephone	
Comments		el e	P. of Man.	
	7	- GAL I	□ Check	here if attachmen
	SECTION G - C	COMMUNITY INFORMATION (nere ii attaciiiieii
and G of this Elevation Certificat	te. Complete the applicable item((s) and sign below. Check the meas		
is authorized by law to	certify elevation information. (In	ndicate the source and date of the el	d sealed by a licensed surveyor, engineer evation data in the Comments area below	' .)
		r community floodplain management	-issued or community-issued BFE) or Zor	ne AO.
G4. Permit Number	G5. Date Permit Issue		e Certificate Of Compliance/Occupancy Is	d
	OS. Date i emit issue	Go. Date	e Certificate Of Compliance/Occupancy is	
37. This permit has been issue38. Elevation of as-built lowest39. BFE or (in Zone AO) depth	floor (including basement) of the of flooding at the building site:		meters (PR) Datum meters (PR) Datum meters (PR) Datum	
G10. Community's design flood e	or or attorn			
G10. Community's design flood e		Title		
	5.0744.071	Title Telephone		
Local Official's Name				
Community Name		Telephone		
Local Official's Name Community Name Signature	S. G.	Telephone		

Check here if attachments

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. 6240 Bright Plume	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:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6240 Bright Plume	Policy Number
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