

**Federal Emergency Management Agency  
ELEVATION CERTIFICATE**

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16**

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

**copy** all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

<b>SECTION A- PROPERTY INFORMATION</b>		<b>FORM INSURANCE COMPANY USE</b>	
A1. Building Owner's Name Doris Redding, Trustee		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6810 Allview Drive		Company NAIC Number:	
City	Columbia	State	MD
		Zip Code	21046
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Map 36, Parcel 218, Lot 30, Deed 15656/239			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat. N 39-11-01.1 Long. W 76-51-24.8 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983			
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): N/A		A9. For a building with an attached garage: N/A	
a) Square footage of crawlspace or enclosure(s)	0 sq ft	a) Square footage of attached garage	0 sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	0	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	
c) Total net area of flood openings in A8.b	0 sq in	c) Total net area of flood openings in A9.b	0 sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**SECTION B- FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP Community Name & Community Number Howard County 240044		B2. County Name Howard County		B3. State Md	
B4. Map/Panel Number 240044 0165	B5. Suffix D	B6. FIRM Index Date November 6, 2013	B7. FIRM Panel Effective/ Revised Date November 6, 2013	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) None

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  
 FIS Profile  FIRM  Community Determined  Other/Source: FEMA DFIRM DATA

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

**SECTION C- BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

C2. Elevations -Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with BFE), AR, ARIA, AR/AE, AR/A1 - A30, AR/AH, AR/AC.  
 Complete Items C2.a -h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  
 A new Elevation Certificate will be required when construction of the building is complete.

Benchmark Utilized: Leica RTN Network Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.  
 NGVD 1929  NAVD 1988  Other/Source:

Datum used for building elevations must be the same as that used for the BFE. Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	286.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	295.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)		<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	-	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	287.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	286.7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	294.7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	288.3	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters



# ELEVATION CERTIFICATE

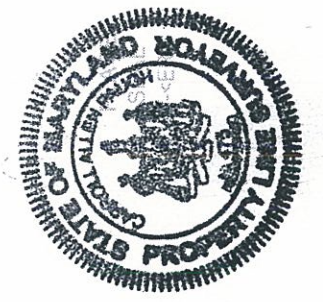
OMB Control Number: 1660-0008  
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## SECTION D- SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.

Check here if attachments. Were latitude and longitude in Section A provided by a licensed land surveyor?  
 Yes  No

Certifier's Name Allen Paugh		License Number 475	
Company Name KCI Technologies Inc.			
Title Surveyor	City Fulton	State MD	Zip Code 20759
Address 11850 West Market Place, Suite A	Date 05-09-16	Telephone 410-792-8086	



Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)"

The hot water heater is the lowest machinery in C2.e above. The garage has been converted into a sunroom. The elevation of the AE Flood zone just west of the house is 286.1.

*C. Allen Paugh* Date 5/9/16

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 *7* meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ feet *7* 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 *7* meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_ feet *7* meters  above or  below the HAG.
- E4. Top of platform of machinery and /or equipment servicing the building is \_\_\_\_\_ feet *7* 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 ordinance?  Yes  No *7* Unknown. The local official must certify this information in Section G.

## 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 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.

- G1.  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.
- G3.  The following information (Items G4 -G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building:	- <input type="text"/> feet <input type="text"/> meters	Datum
G9. BFE or (in Zone AO) depth of flooding at the building site:	- <input type="text"/> feet <input type="text"/> meters	Datum
G10. Community's design flood elevation:	- <input type="text"/> feet <input type="text"/> meters	Datum

Local Official's Name  Title

Community Name  Telephone

Signature  Date

Comments

Check here if attachments.



# BUILDING PHOTOGRAPHS

See instructions for Item A6

OMB Control Number: 1660-0008  
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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6810 Allview Dr.	<b>FOR INSURANCE COMPANY USE</b>
City Columbia	Policy Number:
State MD	Company NAIC Number:
Zip Code 21046	

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 04-21-16



Rear View 04-21-16