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.

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY L	JSE			
A1. Building Owner's Name Policy Number:					
Howard County, Maryland					
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8081 Main Street 	Company NAIC Number:				
City State Ellicott City Maryland	ZIP Code 21043				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Map 025A, Parcel 052; Deed - Liber 18572 Folio 508 (Howard County, MD)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Non-Residential	ential				
A5. Latitude/Longitude: Lat. N 39° 16' 02.79" Long. W 76° 47' 45.71" Horizontal	Datum: NAD 1927 X NAD 1983				
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain floor	insurance.				
A7. Building Diagram Number2A					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) 630.00 sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot	above adjacent grade 0	_			
c) Total net area of flood openings in A8.b sq in					
d) Engineered flood openings? Yes No	d) Engineered flood openings?				
A9. For a building with an attached garage:					
a) Square footage of attached garageN/A sq ft					
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 A9.b sq in					
d) Engineered flood openings?					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
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 Date B7. FIRM Panel Effective/ B8. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)					
24027C 0095 D 11-06-2013 Revised Date 11-06-2013 AE	132.7				
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
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					

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding			FOR INSURA	NCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/ 8081 Main Street	or Bldg. No.) or P.O. Ro	oute and Box No.	Policy Number	
City State ZIP Code Ellicott City Maryland 21043		Company NAI	C Number	
SECTION C – BUILDING E	LEVATION INFORMA	TION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construct *A new Elevation Certificate will be required when C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the but Benchmark Utilized: Howard County BM 25DF	construction of the build	BFE), AR, AR/A, AR/ in Item A7. In Puerto	/AF AR/A1_A30	, AR/AH, AR/AO. er meters.
Indicate elevation datum used for the elevations in	items a) through h) belo	DW.		
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other				
a) Top of bottom floor (including basement, crawls b) Top of the next higher floor c) Bottom of the lowest horizontal structural member d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment see (Describe type of equipment and location in Cooff) Lowest adjacent (finished) grade next to building Highest adjacent (finished) grade next to building h) Lowest adjacent grade at lowest elevation of destructural support SECTION D – SURVEYOR This certification is to be signed and sealed by a land sure certify that the information on this Certificate represent statement may be punishable by fine or imprisonment up Were latitude and longitude in Section A provided by a line	space, or enclosure floor over (V Zones only) rvicing the building mments) g (LAG) ng (HAG) nck or stairs, including ck, ENGINEER, OR ARG rveyor, engineer, or arc s my best efforts to inter- inder 18 U.S. Code, Sec	CHITECT CERTIFIC	120.2	meters
Certifier's Name Edward W. Siegert	License Number MD #21706			
Title Survey Division Chief Company Name Howard County Maryland DPW Address 9250 Bendix Road	MD WZ1700		PROTECTION A PROTECTION AND ADDRESS OF THE PROTECTION ADDRESS OF THE PROTECTION ADDRESS OF THE P	OF MARY
City Columbia	State Maryland	ZIP Code 21045	THE SONA	LAND SURFERENCE
Signature a AD	Date 04-11-2019	Telephone (410) 313-5855	Ext.	236 144 1965
Copy all pages of this Elevation Certificate and all attachme	ents for (1) community off	icial, (2) insurance ag	jent/company, ar	nd (3) building owner.
Comments (including type of equipment and location, per 1) Lowest Level of the building is a basement within the r for A8a above was computed using the interior area and upper level. The southern third of the building is a frame a 3) Basement (and most of rest of building) has been gutte water heater appear to have been on the next highest (fir well approximately 2.5' deep. 4) Building has a deck (at E supported with beams directly attached to the building - n	northern 2/3rds original sassuming a constant was addition sitting partially or ed - no mechanical equist) floor. There is a sum the same	all width where the st on the river/branch w pment is present on p pump with it's top f ging Branch below, o	one could be me vall that extends the lowest floor. flush to the base	easured on the both east and west. Furnace and hot ment floor and a

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section	n A. FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route a 8081 Main Street					
City State ZIP Cod Ellicott City Maryland 21043	de Company NAIC Number				
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					
Property Owner or Owner's Authorized Representative's Name Address City	State ZIP Code				
Signature Date	Telephone				
Comments					
	☐ Check here if attachments.				

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8081 Main Street			o. Policy Number:
City Ellicott City	State Maryland	ZIP Code 21043	Company NAIC Number
SECTIO	N G - COMMUNITY IN	NFORMATION (OPTION	NAL)
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, ent	Certificate. Complete tl	ne community's floodplai he applicable item(s) and	in management ordinance can complete d sign below. Check the measurement
G1. The information in Section C was take engineer, or architect who is authorize data in the Comments area below.)	n from other documented by law to certify elev	tation that has been sign ation information. (Indica	ned and sealed by a licensed surveyor, ate the source and date of the elevation
G2. A community official completed Section or Zone AO.	n E for a building locat	ted in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Items G4–C	310) is provided for cor	mmunity floodplain mana	agement purposes.
G4. Permit Number	G5. Date Permit Issue	ed	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improvemen	nt
G8. Elevation of as-built lowest floor (including of the building:	basement)	□	feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at th	e 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 loca	tion, per C2(e), if appli	cable)	
			*
			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. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8081 Main Street			FOR INSURANCE COMPANY USE Policy Number:
Ellicott City	Maryland	21043	

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

Clear Photo One

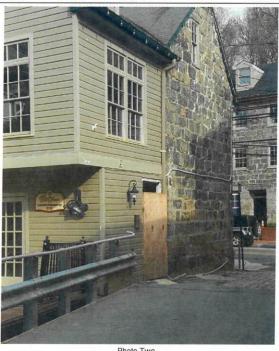


Photo Two

Photo Two Caption

Left View

Clear Photo Two

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 (includin 8081 Main Street	g Apt., Unit, Suite, and/or Bldg. No.) o	or P.O. Route and Box No.	Policy Number:	
City	State	ZIP Code	Company NAIC Number	
Ellicott City	Maryland	21043		

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 Three

Photo Three Caption

Rear View - Branch/Stream directly at Bottom Foundation

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption No Right View - neighboring building directly adjoins

Clear Photo Four