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 INSU	RANCE COMPANY USE		
A1. Building Owner's Name 4 Fishs LLC Policy Number:					ber:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8147 Main Street					Company N	IAIC Number:		
City Ellicott City								
•		nd Block Numbers, Tax up 025A Grid 0000 Par		199 N.E.O.	scription, etc.)			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Commercial								
A5. Latitude/Longit	A5. Latitude/Longitude: Lat. N 39-16-01.7 Long. W 76-47-49.6 Horizontal Datum: NAD 1927 NAD 1983							
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being used to	o obtain flood insura	ance.		
A7. Building Diagra	am Number	1A						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foot	age of crawls	space or enclosure(s)		0 sq ft				
b) Number of	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0	
c) Total net are	ea of flood op	enings in A8.b0	s	q in				
d) Engineered	flood opening	gs? 🗌 Yes 🗵 No)					
A9. For a building with an attached garage:								
a) Square footage of attached garage 0 sq ft								
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0								
c) Total net area of flood openings in A9.b 0 sq in								
		-		. 34 111				
d) Engineered flood openings?								
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION		
B1. NFIP Community Name & Community Number B2. County Name B3. State								
240044				Howard County			Maryland	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel fective/	B8. Flood Zone(s)	(Zo	B9. Base Flood Elevation(s) (Zone AO, use Base	
240044 0095	D	11/06/2013		evised Date /2013	AE	133.0	od Depth)	
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:								
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)? \(\subseteq \text{No} \)								
Designation Date: CBRS OPA								

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Building Street Address (including Apt., Unit, Suite, and/or 8147 Main Street	Policy Number:				
City Sta Ellicott City Ma	te ZIP ryland 210	Code 43	Company NAIC Number		
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when concerning to the building and the properties of the p	on Drawings*	ding Under Constru ng is complete. FE), AR, AR/A, AR. in Item A7. In Puerl NAVD88 w.	Check the measurement used. X Finished Construction		
h) Lowest adjacent grade at lowest elevation of dec	. ,		X feet meters		
structural support	ENGINEER OR ARC	CHITECT CERTIE	ICATION		
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?					
Title			WHITH HARMAN		
Comments (including type of equipment and location, per C2(e), if applicable) C2e (lowest machinery) is heat pump. This address is a town house style building with a party wall on one side and an active stream bed at ground level at the rear wall.					

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Building Street Address (including Apt., Unit, Suite, and/8147 Main Street	or Bldg. No.) or P.O. Rou	ite and Box No.	Policy Number:		
City	tate ZIP	Code	Company NAIC Number		
Ellicott City M	aryland 210	43	,		
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATION AO AND ZONE A (WIT	N (SURVEY NOT	REQUIRED)		
For Zones AO and A (without BFE), complete Items E1–complete Sections A, B,and C. For Items E1–E4, use na enter meters.	E5. If the Certificate is in tural grade, if available.	tended to support a Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,		
 E1. Provide elevation information for the following and of the highest adjacent grade (HAG) and the lowest ac a) Top of bottom floor (including basement, 	check the appropriate bood djacent grade (LAG).	kes to show whethe	r the elevation is above or below		
crawlspace, or enclosure) is		☐ feet ☐ meter	s 🗌 above or 🗌 below the HAG.		
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		☐ feet ☐ meter	s 🗌 above or 🗌 below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood op	enings provided in Section	on A Items 8 and/or	9 (see pages 1–2 of Instructions).		
the next higher floor (elevation C2.b in the diagrams) of the building is		☐ feet ☐ meter			
E3. Attached garage (top of slab) is		☐ feet ☐ meter	s above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ meter	s 🔲 above or 🔲 below the HAG.		
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes			cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWN	ER (OR OWNER'S REP	RESENTATIVE) CE	ERTIFICATION		
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	Sta	ate ZIP Code		
Signature	Date	Te	lephone		
Comments					
			Check here if attachments.		

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IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 8147 Main Street	Policy Number:				
City Ellicott City	State Maryland	ZIP Code 21043	Company NAIC Number		
SECTION	ON G - COMMUNITY INFO	RMATION (OPTIONAL)			
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 the a	ommunity's floodplain ma applicable item(s) and sig	anagement ordinance can complete n below. Check the measurement		
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 or Zone AO.	ion E for a building located	in Zone A (without a FEN	IA-issued or community-issued BFE)		
G3. The following information (Items G4-	-G10) is provided for comm	unity floodplain managen	nent purposes.		
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction Sul	ostantial Improvement			
G8. Elevation of as-built lowest floor (including basement) of the building:					
G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters					
G10. Community's design flood elevation:			t meters Datum		
Local Official's Name Title					
Community Name Telephone					
Signature Date					
Comments (including type of equipment and location, per C2(e), if applicable)					
())					
			Check here if attachments.		

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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City Ellicott City	State Maryland	ZIP Code 21043	Company NAIC Number

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 Caption Front View taken 09/27/2016

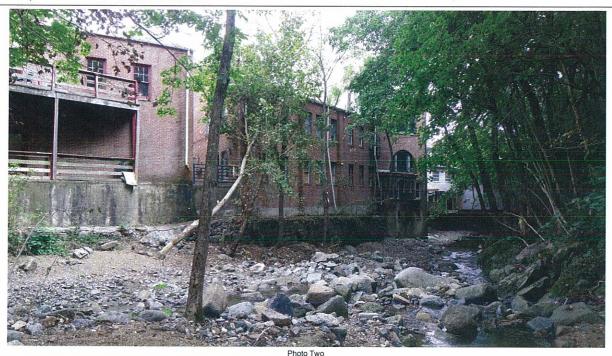


Photo Two Caption Rear View taken 09/27/2016