# 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 USE		
A1. Building Owner's Name Navia LLC	Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8167 Main St	Company NAIC Number:		
City State Ellicott City Maryland	ZIP Code 21043		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 1 Lot, .044 A, Map 025A, Parcel 0040			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Non-Residential	al		
A5. Latitude/Longitude: Lat. N 39-16-02.4 Long. W 76-47-50.1 Horizontal Date	um: ☐ NAD 1927 区 NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood inst	urance.		
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			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot about	ve adjacent grade 0		
c) Total net area of flood openings in A8.b sq in			
d) Engineered flood openings? ☐ Yes ☒ No			
A9. For a building with an attached garage:			
a) Square footage of attached garage sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacen	t grade 0		
c) Total net area of flood openings in A9.b sq in			
d) Engineered flood openings? ☐ Yes ☒ No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORM	MATION		
B1. NFIP Community Name & Community Number B2. County Name	B3. State		
Howard County 240044 Howard County	Maryland		
Number Date Effective/ Zone(s)	Base Flood Elevation(s) (Zone AO, use Base Flood Depth)		
240044 0095 D 11-06-2013 Revised Date 11-06-2013 X	None		
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**

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
			Policy Number:	
City State	e ZIP (	Code	Company NAIC Number	
Ellicott City Mary	rland 2104	3		
SECTION C – BUILDING ELE	EVATION INFORMAT	ION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construction		ling Under Constru	ction* X Finished Construction	
*A new Elevation Certificate will be required when co		•		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), \ Complete Items C2.a–h below according to the build Benchmark Utilized: Howard County 25DMT2	/E, V1–V30, V (With BF ing diagram specified ir Vertical Datum: l	ltem A7. In Puert	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.	
Indicate elevation datum used for the elevations in ite	ems a) through h) below	v.		
□ NGVD 1929      □ NAVD 1988      □ Other/S	ource:			
Datum used for building elevations must be the same	e as that used for the B	FE.	Check the measurement used.	
a) Top of bottom floor (including basement, crawlspa	ace or enclosure floor)	1	36.80 × feet meters	
b) Top of the next higher floor			38.20 × feet meters	
c) Bottom of the lowest horizontal structural member	(V Zanas anly)		☐ feet ☐ meters	
d) Attached garage (top of slab)	(V Zones only)	)	☐ feet ☐ meters	
e) Lowest elevation of machinery or equipment serv	icing the building	1	36.80 🗵 feet 🗍 meters	
(Describe type of equipment and location in Comr				
f) Lowest adjacent (finished) grade next to building	(LAG)	(6)	32.30 × feet meters	
g) Highest adjacent (finished) grade next to building	(HAG)	1	41.00 X feet meters	
h) Lowest adjacent grade at lowest elevation of deck structural support	c or stairs, including		feet meters	
SECTION D – SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIF	ICATION	
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 lic	ensed land surveyor?	⊠Yes □ No	Check here if attachments.	
Certifier's Name	License Number 475			
C. Allen Paugh Title	475		- WARRINGER	
Surveyor			OF MARY HALL	
Company Name				
KCI Technologies, Inc.				
Address 11850 West Market Place				
City	State	ZIP Code	The sure sure	
Fulton	Maryland	20759	ALM WHATHAM	
Signature Alley Ceres	Date 07-01-2017	Telephone (410) 792-8086	Ext.	
Copy all pages of this Elevation Certificate and all attachments 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 rear of the building plots in flood zone AE with a BFE of 132.9, however the elevations gathered during the survey show the building is in zone X. This building has several first floors, each a few inches above the other. (3 store fronts) The second floor is at elevation 149.5. The rear portion of the building is building diagram 1B. The lowest machinery reported in C2(e) above is the hydraulic pump equipment for the elevator.				
J				

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No. 8167 Main St	) or P.O. Route and Box No.	Policy Number:	
City State	ZIP Code	Company NAIC Number	
Ellicott City Maryland	21043		
SECTION E – BUILDING ELEVATION IN FOR ZONE AO AND Z	NFORMATION (SURVEY NO CONE A (WITHOUT BFE)	T REQUIRED)	
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 ap the highest adjacent grade (HAG) and the lowest adjacent grad a) Top of bottom floor (including basement,	opropriate boxes to show wheth le (LAG).	er the elevation is above or below	
crawlspace, or enclosure) is	feet  met	ers 🔲 above or 🔲 below the HAG.	
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	feet _ mete	ers 🔲 above or 🔲 below the LAG.	
E2. For Building Diagrams 6–9 with permanent flood openings prov	rided in Section A Items 8 and/o	or 9 (see pages 1–2 of Instructions),	
the next higher floor (elevation C2.b in the diagrams) of the building is	feet _ met	ers 🔲 above or 🔲 below the HAG.	
E3. Attached garage (top of slab) is	feet met	ers 🔲 above or 🗌 below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is	feet met	ers  above or below the HAG.	
E5. Zone AO only: If no flood depth number is available, is the top of floodplain management ordinance? Yes No Ur		ccordance with the community's t certify this information in Section G.	
SECTION F - PROPERTY OWNER (OR OW	VNER'S REPRESENTATIVE) (	CERTIFICATION	
The property owner or owner's authorized representative who comp community-issued BFE) or Zone AO must sign here. The statement	letes Sections A, B, and E for 2 s in Sections A, B, and E are co	Zone A (without a FEMA-issued or orrect to the best of my knowledge.	
Property Owner or Owner's Authorized Representative's Name			
Address	City	State ZIP Code	
Signature	Date 1	elephone	
Comments			
		•	
		Check here if attachments.	

### **ELEVATION CERTIFICATE**

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. 8167 Main St			Policy Number:
City	State ZIP Code		Company NAIC Number
Ellicott City	Maryland 21043		
SECTI	ON G - COMMUNITY INFORMATION (OPT	IONAL)	
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, electronic controls in the section of the sec	n Certificate. Complete the applicable item(s)	dplain mar ) and sign	nagement ordinance can complete below. Check the measurement
	ken from other documentation that has been zed by law to certify elevation information. (In		
G2. A community official completed Secon Zone AO.	tion E for a building located in Zone A (witho	ut a FEMA	A-issued or community-issued BFE)
G3,  The following information (Items G4-	-G10) is provided for community floodplain n	nanagem	ent purposes.
G4. Permit Number	G5. Date Permit Issued	G6. [	Date Certificate of compliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Improve	ement	
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 lo	cation, per C2(e), if applicable)		
			Check here if attachments.

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

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City	State	ZIP Code	Company NAIC 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 taken 06/15/2017

Clear Photo One



Photo Two

Photo Two Caption Rear View taken 06/15/2017

Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, at 8167 Main St	nd/or Bldg. No.) or P.C	). 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 Thre	ee	
Photo Three Caption	Photo Three		5. Antibody B. 1995 (1995)
Photo Three Caption			Clear Photo Three
	Photo Fou	r	
Photo Four Continu	Photo Four		812. 212 va v
Photo Four Caption			Clear Photo Four