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

ELEVATION CERTIFICATEImportant: 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					Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Company N	IAIC Number:	
City			State		ZIP Code		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)							
A4. Building Use (e.g., Resider	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)						
A5. Latitude/Longitude: Lat. Long. Horizontal Datum: D					n: 🔘 NAD 1	1927 🔘 NAD 1983	
A6. Attach at least 2 photograp	hs of the building if the	Certific	cate is being used to	o obtain flood insura	ance.		
A7. Building Diagram Number							
A8. For a building with a crawls	pace or enclosure(s):						
a) Square footage of crawl	space or enclosure(s)		sq ft				
b) Number of permanent flo	ood openings in the cra	wlspac	e or enclosure(s) w	vithin 1.0 foot above	adjacent gr	ade	
c) Total net area of flood o	penings in A8.b	s	sq in				
d) Engineered flood openir	igs? 🖸 Yes 🖸 No	0					
A9. For a building with an attacl	ned garage:						
a) Square footage of attacl	ned garage		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? Yes No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
		NSURA	1	· ,	TION	D2 Ctata	
B1. NFIP Community Name & C	ommunity Number		B2. County Name	2		B3. State	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)	
R10 Indicate the source of the	Base Flood Flevation (BEE) 4	ata or hase flood d	enth entered in Item	RO:		
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)?							
Designation Date: OCBRS OD OPA							
<u> </u>							

ELEVATION CERTIFICATE

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IMPORTAN	IT: In these spaces, copy the corresponding information from Section	FOR INSURANCE COMPANY USE		
Building St	reet Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route	Policy Number:		
City	State ZIP Co	ode	Company NAIC Number	
	SECTION C - BUILDING ELEVATION INFORMATION	ON (SURVEY RE	QUIRED)	
A ne C2. Elev Com Beno Indic Datu a) T b) T c) B d) A e) L f) L	ding elevations are based on: Construction Drawings Building ew Elevation Certificate will be required when construction of the building ations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE) plete Items C2.a–h below according to the building diagram specified in chmark Utilized:	ng Under Construis complete. i), AR, AR/A, AR/A, Item A7. In Puerto	Check the measurement used. Check the measurement used.	
	owest adjacent (imished) grade next to building (HAG) _ owest adjacent grade at lowest elevation of deck or stairs, including _	·		
	tructural support			
I certify the statemen	SECTION D – SURVEYOR, ENGINEER, OR ARCH fication is to be signed and sealed by a land surveyor, engineer, or archit nat the information on this Certificate represents my best efforts to interpret may be punishable by fine or imprisonment under 18 U.S. Code, Section and longitude in Section A provided by a licensed land surveyor?	ect authorized by et the data availa n 1001.	law to certify elevation information.	
Certifier's	Name License Number			
Title Company	v Name		Place	
			Seal Here	
Address			Пете	
City	State 2	ZIP Code		
Signature	Date 7	Гelephone	-	
	ages of this Elevation Certificate and all attachments for (1) community offic	ial, (2) insurance a	agent/company, and (3) building owner.	
Comment	s (including type of equipment and location, per C2(e), if applicable)			

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			F	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite	, and/or Bldg. No.) or I	P.O. Route and Bo	x No.	Policy Number:
City	State	ZIP Code	(Company NAIC Number
SECTION E – BUILDING FOR Z	ELEVATION INFOR			REQUIRED)
For Zones AO and A (without BFE), complete Item complete Sections A, B,and C. For Items E1–E4, u enter meters.				
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low	and check the appropest adjacent grade (L/	oriate boxes to show AG).	w whether t	the elevation is above or below
Top of bottom floor (including basement, crawlspace, or enclosure) is		[O] feet	meters	above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	·-	feet	meters	above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in		_		
the diagrams) of the building is E3. Attached garage (top of slab) is	·		meters meters	
E4. Top of platform of machinery and/or equipmer servicing the building is	nt	_	meters	
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes	nilable, is the top of the	e bottom floor eleva	ated in acco	ordance with the community's
SECTION F - PROPERTY	OWNER (OR OWNER	R'S REPRESENTA	TIVE) CEF	RTIFICATION
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 Representa	ative's Name			
Address	C	City	Stat	e ZIP Code
Signature	D	Date	Tele	ephone
Comments				
				Check here if attachments.

ELEVATION CERTIFICATE

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 (including Apt., Unit, St	No.) or P.O. Route and Box	No.	Policy Number:			
City	State	ZIP Code		Company NAIC Number		
SECTIO	N G – COMMUNI	TY INFORMATION (OPTIC	DNAL)			
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. Comp					
G1. The information in Section C was taken engineer, or architect who is authoriz data in the Comments area below.)						
G2. A community official completed Section or Zone AO.	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 f	or community floodplain ma	nageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issued G6.			ate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	on 🔘 Substantial Improvem	nent			
G8. Elevation of as-built lowest floor (including of the building:	g basement)		ng feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	the building site:		ofeet	meters Datum		
G10. Community's design flood elevation:	-		o feet	meters Datum		
Local Official's Name		Title				
Community Name		Telephone				
Signature		Date				
Comments (including type of equipment and loc	cation, per C2(e), i	f applicable)				
				Check here if attachments.		