## **ELEVATION CERTIFICATE** Important: Follow the instructions on pages 1–9.

| -   |             |           |          |                |         |            |         |           |          |               |               |          |                                     |
|-----|-------------|-----------|----------|----------------|---------|------------|---------|-----------|----------|---------------|---------------|----------|-------------------------------------|
| Con | 1 all pages | of thic E | lovation | Cortificato an | 1 oll o | ttachmonte | for (1) | community | official | (2) incurance | agont/company | and (2   | <ol> <li>building owner.</li> </ol> |
| COP | all pages   |           |          | Certinicate an | ı alı a | llaunnenis |         | COMMUNIC  | unicial, | (2) insurance | ayeni/company | , anu to | ) building owner.                   |

| SEC                                                                                                     | FION A – PROPERTY INF                                                            |                                             |                        |                                  |                                              |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------|------------------------|----------------------------------|----------------------------------------------|--|--|--|--|--|
| A1. Building Owner's Name                                                                               |                                                                                  | Policy Number:                              |                        |                                  |                                              |  |  |  |  |  |
|                                                                                                         |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
| A2. Building Street Address (inc<br>Box No.                                                             | Number:                                                                          |                                             |                        |                                  |                                              |  |  |  |  |  |
| City State ZIP Code                                                                                     |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
|                                                                                                         |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)            |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
| A4. Building Use (e.g., Residen                                                                         | A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) |                                             |                        |                                  |                                              |  |  |  |  |  |
| A5. Latitude/Longitude: Lat.                                                                            | Long                                                                             | g                                           | Horizontal Datum:      | NAD 1927                         | 7 🗌 NAD 1983                                 |  |  |  |  |  |
| A6. Attach at least 2 photograp                                                                         | hs of the building if the Cer                                                    | tificate is being used to                   | o obtain flood insuran | ce.                              |                                              |  |  |  |  |  |
| A7. Building Diagram Number                                                                             |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
| A8. For a building with a crawls                                                                        | pace or enclosure(s):                                                            |                                             |                        |                                  |                                              |  |  |  |  |  |
| a) Square footage of crawls                                                                             |                                                                                  | sq ft                                       |                        |                                  |                                              |  |  |  |  |  |
| b) Number of permanent flo                                                                              |                                                                                  | ·                                           | ithin 1.0 foot above a | diacent grade                    |                                              |  |  |  |  |  |
| c) Total net area of flood op                                                                           |                                                                                  |                                             |                        | ajacont grado                    |                                              |  |  |  |  |  |
|                                                                                                         |                                                                                  | sq in                                       |                        |                                  |                                              |  |  |  |  |  |
| d) Engineered flood openin                                                                              | gs? 🗌 Yes 🗌 No                                                                   |                                             |                        |                                  |                                              |  |  |  |  |  |
| A9. For a building with an attach                                                                       | ned garage:                                                                      |                                             |                        |                                  |                                              |  |  |  |  |  |
| a) Square footage of attach                                                                             | ned garage                                                                       | sq ft                                       |                        |                                  |                                              |  |  |  |  |  |
| b) Number of permanent flo                                                                              |                                                                                  |                                             | ot above adiacent gra  | ade                              |                                              |  |  |  |  |  |
| c) Total net area of flood op                                                                           |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
|                                                                                                         |                                                                                  | 34 m                                        |                        |                                  |                                              |  |  |  |  |  |
| d) Engineered flood openin                                                                              | igs? 🔄 Yes 🔄 No                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION                                                 |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
| B1. NFIP Community Name & C                                                                             | community Number                                                                 | B2. County Name                             | )                      | B                                | 3. State                                     |  |  |  |  |  |
|                                                                                                         |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
| B4. Map/Panel B5. Suffix<br>Number                                                                      | B6. FIRM Index B7<br>Date B7                                                     | 7. FIRM Panel<br>Effective/<br>Revised Date | B8. Flood Zone(s)      | B9. Base F<br>(Zone A<br>Flood D | Flood Elevation(s)<br>AO, use Base<br>Depth) |  |  |  |  |  |
|                                                                                                         |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
| 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:                |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
|                                                                                                         |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |
| _                                                                                                       |                                                                                  |                                             | or Otherwise Protect   | ted Area (OPA                    | A)? 📋 Yes 📋 No                               |  |  |  |  |  |
| Designation Date:                                                                                       |                                                                                  | S 🗌 OPA                                     |                        |                                  |                                              |  |  |  |  |  |
|                                                                                                         |                                                                                  |                                             |                        |                                  |                                              |  |  |  |  |  |

| ELEVATION CERTIFICATE                                                                                                                                                                                                                 | OMB No. 1660-0008<br>Expiration Date: November 30, 2018                                                                                                                                                                                                            |                                                                                                                                    |                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| IMPORTANT: In these spaces, copy the corres                                                                                                                                                                                           | FOR INSURANCE COMPANY USE                                                                                                                                                                                                                                          |                                                                                                                                    |                                                                                                                |  |
| Building Street Address (including Apt., Unit, Suit                                                                                                                                                                                   | Policy Number:                                                                                                                                                                                                                                                     |                                                                                                                                    |                                                                                                                |  |
| City                                                                                                                                                                                                                                  | State Z                                                                                                                                                                                                                                                            | IP Code                                                                                                                            | Company NAIC Number                                                                                            |  |
| SECTION C – BUILD                                                                                                                                                                                                                     | DING ELEVATION INFORM                                                                                                                                                                                                                                              | ATION (SURVEY R                                                                                                                    | EQUIRED)                                                                                                       |  |
| <ul> <li>C1. Building elevations are based on: Ca</li> <li>*A new Elevation Certificate will be required</li> <li>C2. Elevations – Zones A1–A30, AE, AH, A (wi Complete Items C2.a–h below according to Benchmark Utilized:</li></ul> | onstruction Drawings*<br>d when construction of the bu<br>ith BFE), VE, V1–V30, V (with<br>o the building diagram specific<br>Vertical Datu<br>ations in items a) through h) b<br>Other/Source:<br>the same as that used for th<br>t, crawlspace, or enclosure flo | Building Under Constr<br>ilding is complete.<br>In BFE), AR, AR/A, AR<br>ed in Item A7. In Puer<br>um:<br>elow.<br>le BFE.<br>por) | uction*       Finished Construction         t/AE, AR/A1–A30, AR/AH, AR/AO.         to Rico only, enter meters. |  |
| <ul><li>d) Attached garage (top of slab)</li><li>e) Lowest elevation of machinery or equip</li></ul>                                                                                                                                  | ment servicing the building                                                                                                                                                                                                                                        | ·                                                                                                                                  |                                                                                                                |  |
| (Describe type of equipment and location                                                                                                                                                                                              | on in Comments)                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                                |  |
| <ul> <li>f) Lowest adjacent (finished) grade next to</li> </ul>                                                                                                                                                                       | • • •                                                                                                                                                                                                                                                              |                                                                                                                                    |                                                                                                                |  |
| <ul> <li>g) Highest adjacent (finished) grade next t</li> <li>h) Lowest adjacent grade at lowest elevati<br/>structural support</li> </ul>                                                                                            | <b>U</b> ( )                                                                                                                                                                                                                                                       |                                                                                                                                    | feet meters                                                                                                    |  |
|                                                                                                                                                                                                                                       | VEYOR, ENGINEER, OR A                                                                                                                                                                                                                                              |                                                                                                                                    | FICATION                                                                                                       |  |
| This certification is to be signed and sealed by a<br>I certify that the information on this Certificate re<br>statement may be punishable by fine or impriso                                                                         | a land surveyor, engineer, or<br>epresents my best efforts to in<br>nment under 18 U.S. Code, S                                                                                                                                                                    | architect authorized b<br>nterpret the data avail<br>Section 1001.                                                                 | y law to certify elevation information.                                                                        |  |
| Were latitude and longitude in Section A provide                                                                                                                                                                                      |                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                                |  |
| Certifier's Name                                                                                                                                                                                                                      | License Number                                                                                                                                                                                                                                                     |                                                                                                                                    | #5544 OR #4839                                                                                                 |  |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                                |  |
| Company Name                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                                |  |
| Address                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                                |  |
| City                                                                                                                                                                                                                                  | State                                                                                                                                                                                                                                                              | ZIP Code                                                                                                                           |                                                                                                                |  |
| Signature                                                                                                                                                                                                                             | Date                                                                                                                                                                                                                                                               | Telephone                                                                                                                          | <b>.</b>                                                                                                       |  |
| Copy all pages of this Elevation Certificate and all                                                                                                                                                                                  | attachments for (1) communit                                                                                                                                                                                                                                       | y official, (2) insurance                                                                                                          | agent/company, and (3) building owner.                                                                         |  |
| Comments (including type of equipment and loc                                                                                                                                                                                         | ation, per C2(e), if applicable                                                                                                                                                                                                                                    | )                                                                                                                                  |                                                                                                                |  |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                                |  |

## **ELEVATION CERTIFICATE**

## **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

| IMPORTANT: In these spaces, copy the     | FOR INSURANCE COMPANY USE |          |                     |
|------------------------------------------|---------------------------|----------|---------------------|
| Building Street Address (including Apt., | Policy Number:            |          |                     |
| City                                     | State                     | ZIP Code | 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

## Photo One Caption



Photo Two Caption

FEMA Form 086-0-33 (7/15)

Replaces all previous editions.

| ELEVATION CERTIFICATE                                                                                                              | BUILDING PH<br>Continuat   |                           | OMB No. 1660-0008<br>Expiration Date: November 30, 2018<br>FOR INSURANCE COMPANY USE |  |  |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------------------------------------------------------------------|--|--|
| IMPORTANT: In these spaces, copy the co                                                                                            | orresponding information   | on from Section A.        |                                                                                      |  |  |
| Building Street Address (including Apt., Unit                                                                                      | , Suite, and/or Bldg. No.) | or P.O. Route and Box No. | Policy Number:                                                                       |  |  |
| City                                                                                                                               | State                      | ZIP Code                  | Company NAIC Number                                                                  |  |  |
| If submitting more photographs than will f<br>with: date taken; "Front View" and "Rea<br>photographs must show the foundation with | ar View"; and, if require  | ed, "Right Side View" and | "Left Side View." When applicable,                                                   |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    | Photo                      | One                       |                                                                                      |  |  |
| Photo One Caption                                                                                                                  |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
|                                                                                                                                    |                            |                           |                                                                                      |  |  |
| Photo Two Conting                                                                                                                  | Photo                      | Тwo                       |                                                                                      |  |  |
| Photo Two Caption                                                                                                                  |                            |                           |                                                                                      |  |  |

**BUILDING PHOTOGRAPHS** 

Replaces all previous editions.