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

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		ION A – PROPERTY					RANCE COMPANY USE		
A1. Building Own			Policy Num						
The Dunding Own			I oney I turn						
A2. Building Stree Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Co Box No.								
City State ZIP Code									
A3. Property Des	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)								
A4. Building Use	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)								
A5. Latitude/Long	itude: Lat.		Long.		Horizontal Datur	n: 🗌 NAD 1	1927 🗌 NAD 1983		
A6. Attach at leas	t 2 photograph	ns of the building if the	Certific	ate is being used to	o obtain flood insur	ance.			
A7. Building Diag	am Number								
A8. For a building	with a crawlsp	bace or enclosure(s):							
a) Square for	tage of crawls	space or enclosure(s)		sq ft					
b) Number of	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	e adjacent gr	ade		
c) Total net a	rea of flood op	enings in A8.b	s	a in					
d) Engineere	d flood opening	gs? 🗌 Yes 🗌 No	о С						
A9. For a building	with an attach	ed garage:							
a) Square for	a) Square footage of attached garage sq ft								
		ood openings in the att			ot above adiacent	orade			
		enings in A9.b							
a) Engineere	a fiood opening	gs? 🗌 Yes 🗌 N	0						
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION			
B1. NFIP Community Name & Community Number B2. County Name B3. State							B3. State		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E E	IRM Panel ffective/ evised Date	B8. Flood Zone(s	Zo (Zo	se Flood Elevation(s) ne AO, use Base od 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:									
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🦳 No									
Designation	-		CBRS				,		
Designation			JDKO						

ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November 30, 2018		
IMPORTANT: In these spaces, copy the corres	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite	Policy Number:		
City	State Z	IP Code	Company NAIC Number
SECTION C – BUILD	ING ELEVATION INFORM	IATION (SURVEY R	EQUIRED)
*A new Elevation Certificate will be required C2. Elevations – Zones A1–A30, AE, AH, A (with Complete Items C2.a–h below according to Benchmark Utilized: Indicate elevation datum used for the elevat NGVD 1929  NAVD 1988  Datum used for building elevations must be	d when construction of the but th BFE), VE, V1–V30, V (with the building diagram specific Vertical Datu tions in items a) through h) b Other/Source:	n BFE), AR, AR/A, AR ed in Item A7. In Puer um: elow. e BFE.	/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.
a) Top of bottom floor (including basement	, crawlspace, or enclosure flo	oor)	feet meters
b) Top of the next higher floor		·	feet 🗌 meters
c) Bottom of the lowest horizontal structura	I member (V Zones only)	·	feet 🗌 meters
d) Attached garage (top of slab)		·	feet 🗌 meters
<ul> <li>e) Lowest elevation of machinery or equipr (Describe type of equipment and location)</li> </ul>	nent servicing the building n in Comments)		feet D meters
f) Lowest adjacent (finished) grade next to	building (LAG)	·	feet Deters
g) Highest adjacent (finished) grade next to	o building (HAG)	·	feet Deters
<ul> <li>h) Lowest adjacent grade at lowest elevation structural support</li> </ul>	on of deck or stairs, including	J	feet 🗌 meters
SECTION D - SUR	VEYOR, ENGINEER, OR A	RCHITECT CERTIF	ICATION
This certification is to be signed and sealed by a I certify that the information on this Certificate re statement may be punishable by fine or imprisor	presents my best efforts to in nment under 18 U.S. Code, S	nterpret the data avail Section 1001.	y law to certify elevation information. able. I understand that any false
Were latitude and longitude in Section A provide	· · · · · · · · · · · · · · · · · · ·		
Certifier's Name	License Number		#5544 OR #4839
Title			
Company Name			
Address			
City	State	ZIP Code	
Signature	Date	Telephone	L.
Copy all pages of this Elevation Certificate and all	attachments for (1) community	y official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and loca	ation, per C2(e), if applicable	)	

## **BUILDING PHOTOGRAPHS**

ELEVATION CERTIFICATE		IOIOGRAPHS ons for Item A6.	OMB No. 1660-0008 Expiration Date: November 30, 2018		
PORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY US		
	ding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				
City	State	ZIP Code	Company NAIC Number		
If using the Elevation Certificate to instructions for Item A6. Identify all phe "Left Side View." When applicable, p vents, as indicated in Section A8. If su	otographs with date taken; "F hotographs must show the	ront View" and "Rear View"; a foundation with representative	nd, if required, "Right Side View" and e examples of the flood openings or		
	Pho	to One			
Photo One Caption					
	Pho	to Two			
Photo Two Caption					

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

Replaces all previous editions.

ELEVATION CERTIFICATE		tion Page	OMB No. 1660-0008 Expiration Date: November 30, 2018 FOR INSURANCE COMPANY USE	
IMPORTANT: In these spaces, copy the co	orresponding informati	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 with: date taken; "Front View" and "Rea photographs must show the foundation with	ar View"; and, if requir	ed, "Right Side View" and	"Left Side View." When applicable,	
	Dha	to One		
Photo One Caption	FIIU	lo One		
	Pho	to Two		
Photo Two Caption				

**BUILDING PHOTOGRAPHS** 

Replaces all previous editions.