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	ior (1) community official, (2) insurance a	ident/company, and (3) building own
SECTION A – PROPERTY INFO	RMATION	FOR INSURANCE COMPANY US
A1. Building Owner's Name	Policy Number:	
A2. Building Street Address (including	JIS	Section Newscape.
Box No. Box No.	/or Bldg. No.) or P.O. Route and	Company NAIC Number:
City LEST UNION A3. Property Description (Lot and Block Numbers, Tax Parcel TAX MAP TO THE TAX	ROAD	Company is no realison.
City	State	ZIP Code
A3 Property Description (1 at and Black Number T. D.	14V	26456
TAN MAD TO THE TANK NUMBERS, 18X Parce	el Number, Legal Description, etc.)	
TAISCEL 85.5 CEN	TOA: DISTOLET -	ED Book 220 pg 8
) and the second	11, 10003301V. EU. 1	- 17-11
Long. 201. 17 VI. 37 Long. 8	80 50 08.19 Horizontal Datum	n: NAD 1927 FANAD 1983
Ao. Attach at least 2 photographs of the building if the Certific	icate is being used to obtain flood insure	ance.
A7. Building Diagram Number		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) 1, 0	La3 soft	
b) Number of permanent flood openings in the crawlspace	on or analogura/o) within 1.0 fact above	
c) Total net area of flood openings in A8.b 3, 240	The origination (a) within 1.0 tool above a	adjacent grade
d) Engineered flood openings? Yes No	sq in	
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 g 	garage within 1.0 foot above adjacent gra	rada
c) Total net area of flood openings in A9.b	sq in	auc
d) Engineered flood openings?	-	
SECTION B - FLOOD INSURA	ANCE RATE MAP (FIRM) INFORMAT	TION
B1. NEIP Community Name & Community Number	B2. County Name	B3. State
DODDRIDGE COUNTY 50024		
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIR	RM Panel B8. Flood B9. Ba	ILI V
Date Effe		ase Flood Elevation(s) one AO, use Base Flood Depth)
540024 C OCT 4, 2011 OCT.	vised bale	338,4
B10. Indicate the source of the Base Flood Elevation (BFE) da		N/A NAME OF THE OWNER
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐	Other/Source:	
		2 100 1
B11. Indicate elevation datum used for BFE in Item B9: NO		er/Source:
B12. Is the building located in a Coastal Barrier Resources Sys	stem (CBRS) area or Otherwise Protect	ted Area (OPA)? Tyes VNo
Designation Date: CBRS	☐ OPA	

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IMPORTANT: In these spaces, copy the corresponding information from Section	A FOR INCLIDANCE COMPANY IN
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route a	nd Box No. Policy Number:
1542 STONE VALLEY ROAD	Tolloy Hulliber.
City State ZIP Cod	le Company NAIC Number
MEST UNION INV 264	, and the state of
SECTION C - BUILDING ELEVATION INFORMATION	
C4 D " "	(SURVEY REQUIRED)
A new Elevation Certificate will be required when construction of the building is	Under Construction* Finished Construction
Complete Items C2.a-h below according to the building diagram expedited in the	
Benchmark Utilized: 4P5 Vertical Datum: 4	W GORS NETWORK
Indicate elevation datum used for the elevations in items a) through h) below.	WORS METHORY
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Source:	
Datum used for building elevations must be the same as that used for the BFE.	
	Check the measurement used.
 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 	835.96 ☐ feet ☐ meters
	839.73 Pfeet meters
Bottom of the lowest horizontal structural member (V Zones only)	feet
d) Attached garage (top of slab)	feet meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	22/ 05
f) I covered a director of the covered and the	
g) Highest adia and to a	336.74 Feet meters
h) Lowest adjacent grade at lowest ployeties of deals and it.	339.33 Feet meters
	336.92 Feet meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITI	ECT CERTIFICATION
This certification is to be signed and sealed by a land surveyor, engineer, or architect I certify that the information on this Certificate represents my best efforts to interpret the statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1	authorized by law to certify elevation information. the data available. I understand that any false
were latitude and longitude in Section A provided by a licensed land surveyor?	Yes No Check here if attachments.
Certifier's Name License Number	
JOHN STRICKLING 715	Madagaaaa
title	STRICKS
PROFESSIONAL SURVEYOR	O CENSE 18
	- Place of
STRICKLING SURVEYING	la Seal *
Address	AS AS AS ES
City RD ENGLANDS RUN RD	The state of the s
State ZIP	Code Pasional Sur
WEST UNION WV 26.	456
Signature Date Tele	phone Ext.
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (673 1592
Comments (including type of equipment and leastless as 200) is	L) Insurance agent/company, and (3) building owner.
Comments (including type of equipment and location, per C2(e), if applicable) Ce) = AIR GNDITION UNIT	
	*
THA E	

ELEVATION CERTIFICATE

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

	MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US							COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.						Policy	Number:			
	542	STONE	VALLEY	ROAD			1			
City	WEST	T UNIC	on!	State 14 V	ZIP	Code 156		Compa	ny NAIC Nu	mber
		SECTIO	N E – BUILDING FOR Z	ELEVATIO	N INFORMATIO ID ZONE A (WIT	N (SURV HOUT BI	EY NOT	REQUI	RED)	
com	Zones AO a plete Section r meters.	and A (without BF ons A, B,and C. F	E), complete Items for Items E1–E4, u	s E1–E5. If th se natural gra	ne Certificate is in ade, if available. O	tended to Check the	support a measurer	LOMA ment us	or LOMR-F red. In Puerto	request, o Rico only,
	the highest	: adjacent grade (n for the following (HAG) and the low	and check th est adjacent (e appropriate box grade (LAG).	res to show	v whether	r the ele	vation is abo	ove or below
	crawlsp	oottom floor (inclu pace, or enclosure	e) is		3.37	feet	meter	s 🗌 a	above or 🔽	below the HAG.
		oottom floor (inclu ace, or enclosure			7,78	feet	meter	s 🗌 a	above or 🗷	below the LAG.
	the next high	g Diagrams 6–9 v gher floor (elevatins) of the building	with permanent floo ion C2.b in		provided in Section	n A Items			979	Instructions),
		arage (top of slat					☐ meter	A-0-0000		below the HAG.
E4.	Top of plate servicing the	form of machiner ne building is	y and/or equipmen	nt	1,47	feet	meter			below the HAG.
E5.	Zone AO o floodplain r	nly: If no flood de management ordi	epth number is ava inance?	ilable, is the t	op of the bottom Unknown. The	floor eleva local offic	ted in acc ial must c	cordanc certify th	e with the co is informatio	mmunity's n in Section G.
		SECTION	F-PROPERTY	OWNER (OR	OWNER'S REPI	RESENTA	TIVE) CE	RTIFIC	ATION	
The	property ow	vner or owner's a	uthorized represer	ntative who co	ompletes Sections	s A. B. and	E for Zo	ne A (w	thout a FEN	IA-issued or
com	munity-issu	ed BFE) or Zone	AO must sign here	e. The statem	ents in Sections	A, B, and	are con	rect to th	ne best of my	knowledge.
com	erty Owner	or Owner's Auth	orized Representa	e. The statem tive's Name	nents in Sections	A, B, and	E are con	rect to th	ne best of my	y knowledge.
Prop	erty Owner	or Owner's Auth	AO must sign her	e. The statem tive's Name	nents in Sections	A, B, and	E are corr	rect to th	ne best of my	y knowledge.
com	erty Owner	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr	rect to th	ne best of my	y knowledge. ZIP Code
Prop	rety Owner Tess 130 4	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta	rect to the	ne best of my	y knowledge.
Prop	erty Owner	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta ובו	rect to th	ne best of my	y knowledge. ZIP Code
Prop	rety Owner Tess 130 4	or Owner's Auth	orized Representa	e. The statem tive's Name	nents in Sections	A, B, and	E are corr Sta ובו	ate	ne best of my	ZIP Code
Prop	ress 130 Brature	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta ובו	ate	ne best of my	ZIP Code
Prop	ress 130 Brature	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta ובו	ate	ne best of my	ZIP Code
Prop	ress 130 Brature	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta ובו	ate	ne best of my	ZIP Code
Prop	ress 130 Brature	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta ובו	ate	ne best of my	ZIP Code
Prop	ress 130 Brature	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta ובו	ate	ne best of my	ZIP Code
Prop	ress 130 Brature	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta ובו	ate	ne best of my	ZIP Code
Prop	ress 130 Brature	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta ובו	ate	ne best of my	ZIP Code
Prop	ress 130 Brature	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta ובו	ate	ne best of my	ZIP Code
Prop	ress 130 Brature	or Owner's Auth	orized Representa	e. The statem tive's Name	City	A, B, and	E are corr Sta ובו	ate	ne best of my	ZIP Code

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, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: STONE VALLEY ROAD State ZIP Code Company NAIC Number 26456 MEST UNIDA WV SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, G1. 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.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. The following information (Items G4-G10) is provided for community floodplain management 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 Improvement Elevation of as-built lowest floor (including basement) feet meters Datum of the building: 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 location, per C2(e), if applicable) Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

542 STONE VALLEY ROAD

City State ZIP Code Company NAIC Number

1JEST UNION 110N 110N 26456

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.

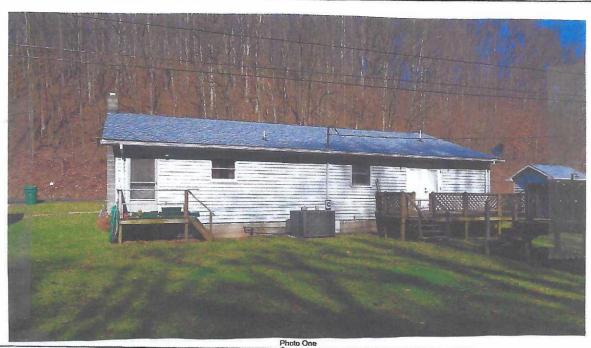


Photo One Caption

BACK

VIEW

Clear Photo One



Photo Two Caption

FRONT

VIEW

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

MPORT	ANT: In thes	e spaces, copy th	e corresponding	information fr	om Section A.	FOR INSURANCE COMPANY USE
	Street Addres		Unit, Suite, and/or l		O. Route and Box No.	Policy Number:
City		MAIDN	State	9	ZIP Code 26456	Company NAIC Number

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 Three Caption

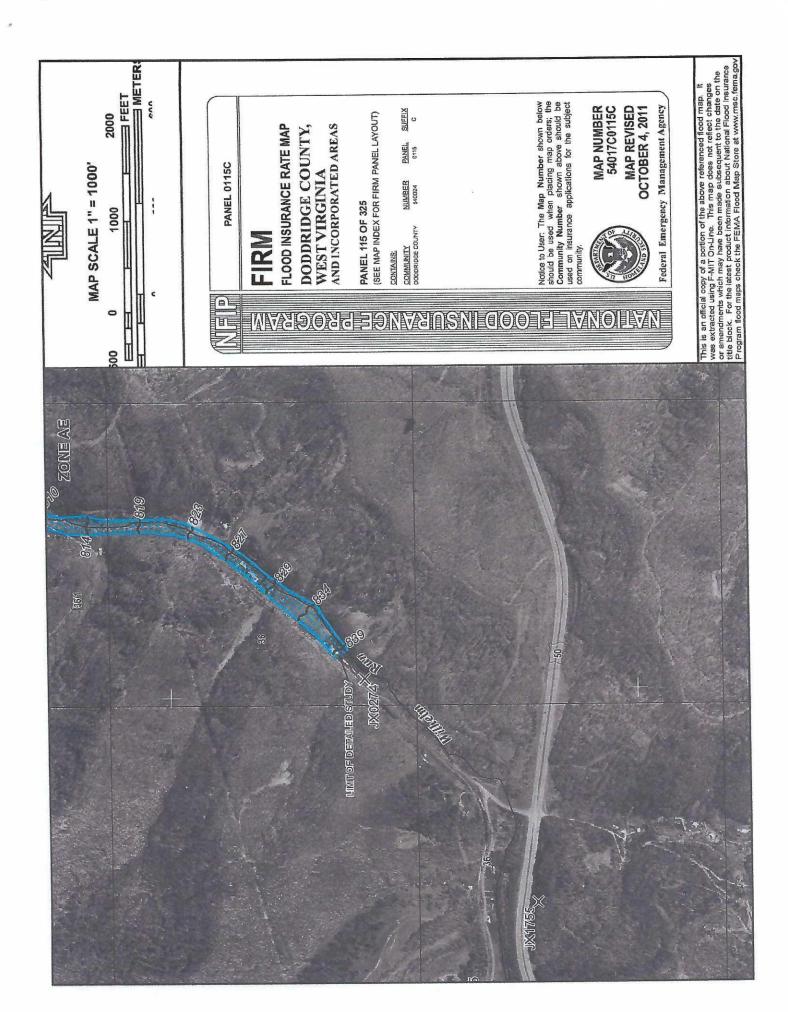
Clear Photo Three



Photo Four Caption

LEPT

Clear Photo Four



WV Flood Map

