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	Policy Number:		
MONKEY ROW TRAILER PARK LLC			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and	Company NAIC Number:		
412 SMITHTON ROAD			
PIZ SMITHTON ROAD City State INTEST UNION UV A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	ZIP Code 26456		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	. 1		
DEED BOOK 288 PAGE 26, TAX MAP 8	PARCEL 66		
A4. Building Use (e.g., Residential, Non-Residential, Addition American RESIDEN	ITIAL		
DEED BOOK 28B PAGE 26, TAX MAP 8 A4. Building Use (e.g., Residential, Non-Residential, Addition American RESIDEN A5. Latitude/Longitude: Lat 39°17′52.45″ Long. 20°45′45.06″ Horizontal Datu	m: NAD 1927 NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insu			
A7. Building Diagram Number			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s) 938 sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot abov	re adjacent grade		
c) Total net area of flood openings in A8.b			
d) Engineered flood openings?			
A9. For a building with an attached garage:			
a) Square footage of attached garage			
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?			
COSTON D. EL COD INCLIDANCE DATE MAD (EIDM INECOMATION			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1 NEIB Community Name & Community Number B2 County Name B3. State			
B1. NFIP Community Name & Community Number B2. County Name			
DODDRIDGE COUNTY 540024 DODDRIDGE B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood B9.	Page Flood Flooring (2)		
B4. Map/Panel B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s)	Base Flood Elevation(s) (Zone AO, use Base Flood Depth)		
54017c0120 C 10/4/2011 10/4/2011 AE	783.11		
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)? Yes No			
Designation Date:			

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IMPORTANT: In these spaces, copy the corresponding information from Sec	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou	Policy Number:		
912 SMITHTON ROAD		9	
City State ZIP	Code	Company NAIC Number	
WEST UNION INV 264	456		
SECTION C - BUILDING ELEVATION INFORMAT	TION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construction Drawings* Buil	ding Under Constru	ction* Finished Construction	
*A new Elevation Certificate will be required when construction of the buildi	ng is complete.		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.			
Benchmark Utilized: W Cooks WETWORK Vertical Datum: WAD 1988			
Indicate elevation datum used for the elevations in items a) through h) below	w.		
☐ NGVD 1929			
Datum used for building elevations must be the same as that used for the E	BFE.	Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	787-3	The state of the s	
b) Top of the next higher floor		feet meters	
c) Bottom of the lowest horizontal structural member (V Zones only)		feet meters	
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) 			
f) Lowest adjacent (finished) grade next to building (LAG)	780° 2D		
g) Highest adjacent (finished) grade next to building (HAG)	784.45	feet meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	783.76	v feet meters	
SECTION D - SURVEYOR, ENGINEER, OR ARC	CHITECT CERTIFI	CATION	
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 licensed land surveyor?		Check here if attachments.	
Certifier's Name License Number		Month of the same	
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JOHN STRICKLING 115		NO NOTHICK	
JOHN STRICKLING 715		TO THE ENERGY AND A STATE OF THE PARTY OF TH	
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PROFESSIONAL SURVEYOR		Place	
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Title PROFESSIONAL SURVEYOR Company Name STRICKLING SURVEYING Address		Place sta Seal	
Title PROFESSIONAL SURVEYOR Company Name STRICKLING SURVEYING Address PO Box 5	7IP Code	Place sta Seal	
Title PROFESSIONAL SURVEYOR Company Name STRICKLING SURVEYING Address PO Box 5 City State	ZIP Code	Place STA Seal	
Title PROFESSIONAL SURVEYOR Company Name STRICKLING SURVEYING Address PO Box 5 City State	ZIP Code 26436 Telephone	Place STA Seal SOMAL STATE OF THE STATE OF T	
Title PROFESSIONAL SURVEYOR Company Name STRICKLING SURVEYING Address POBOX 5 City State SMITHBURG Date (6 SEPT 2022 3	76436 Telephone 54871 041	STASONAL SEE	
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Title PROFESSIONAL SURVEYOR Company Name STRICKLING SURVEYING Address PO BOX 5 City State SMITHBURG INV 2 Signature Date (LSEPT 2022 32 Copy all pages of this Elevation Certificate and all attachments for (1) community of	76436 Telephone 54871 041	STASONAL SEE	
Title PROFESSIONAL SURVEYOR Company Name STRICKLING SURVEYING Address PO BOX 5 City State SMITHBURG INV 2 Signature Date (LSEPT 2022 32 Copy all pages of this Elevation Certificate and all attachments for (1) community of	76436 Telephone 54871 041	STASONAL SEE	
Title PROFESSIONAL SURVEYOR Company Name STRICKLING SURVEYING Address PO BOX 5 City State SMITHBURG INV 2 Signature Date (LSEPT 2022 32 Copy all pages of this Elevation Certificate and all attachments for (1) community of	76436 Telephone 54871 041	STASONAL SEE	
Title PROFESSIONAL SURVEYOR Company Name STRICKLING SURVEYING Address PO BOX 5 City State SMITHBURG INV 2 Signature Date (LSEPT 2022 32 Copy all pages of this Elevation Certificate and all attachments for (1) community of	76436 Telephone 54871 041	STASONAL SEE	

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Building Street Address (including Apt., Unit, Suite, and/o	IMPORTANT: In these spaces, copy the corresponding information from Section A.			
912 SMITHTON PONT	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			
THE REAL PROPERTY.			o NAION L	
	_	Code	Company NAIC Number	
WEST UNION WI				
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATION AO AND ZONE A (WI	ON (SURVEY NOT THOUT BFE)	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 appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).				
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		☐ feet ☐ meter	s above or below the HAG.	
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		☐ feet ☐ meter	s above or below the LAG.	
E2. For Building Diagrams 6-9 with permanent flood ope	enings provided in Secti	on A Items 8 and/or	9 (see pages 1–2 of Instructions),	
the next higher floor (elevation C2.b in the diagrams) of the building is		☐ feet ☐ meter	s above or below the HAG.	
E3. Attached garage (top of slab) is		☐ feet ☐ meter	s above or below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is		☐feet ☐ meter	s above or below the HAG.	
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes I	is the top of the bottom No Unknown. The	floor elevated in ac e local official must	cordance with the community's certify this information in Section G.	
SECTION F - PROPERTY OWNE	ER (OR OWNER'S REP	RESENTATIVE) CI	RTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sections statements in Sections	as A, B, and E for Zo A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.	
Property Owner or Owner's Authorized Representative's Name				
Property Owner or Owner's Authorized Representative's				
JOHN STRICKLING, PS 715		St	ate ZIP Code	
JOHN STRICKLING, PS 715 Address	City	St	ate ZIP Code	
JOHN STRICKLING, PS 715 Address PO Box 5	City SMITHBURG	14	V 26456	
JOHN STRICKLING, PS 715 Address PO Box 5	City SMITHBURG Date	<i>لدا</i> Te	√ 2645b lephone	
JOHN STRICKLING, PS 715 Address PO Box 5	City SMITHBURG	<i>لدا</i> Te	V 26456	
JOHN STRICKLING, PS 715 Address PO Box 5 Signature	City SMITHBURG Date	<i>لدا</i> Te	√ 2645b lephone	
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IMPORTANT: In these spaces, copy the corres	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suit	Policy Number:		
912 SMITHTON ROA	4D		
City	State	ZIP Code	Company NAIC Number
WEST UNION	LIV	26456	
	G - COMMUNITY INF	FORMATION (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.			
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, 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.)			
G2. A community official completed Section or Zone AO.	n E for a building locate	d in Zone A (without a FE	MA-issued or community-issued BFE)
G3. The following information (Items G4-G	(10) is provided for com	munity floodplain manag	ement purposes.
G4. Permit Number	G5. Date Permit Issued	d G6	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction S	Substantial Improvement	
G8. Elevation of as-built lowest floor (including lof the building:	basement)	[] f	eet meters Datum
G9. BFE or (in Zone AO) depth of flooding at the	e building site:	_ _ f	eet meters Datum
G10. Community's design flood elevation:		Df	eet meters Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and loca	ation, per C2(e), if applic	able)	
, , , , , , , , , , , , , , , , , , , ,		•	
			☐ 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.

912 SMITHTON ROAD

City State ZIP Code Company NAIC Number

14EST LINION WY 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.

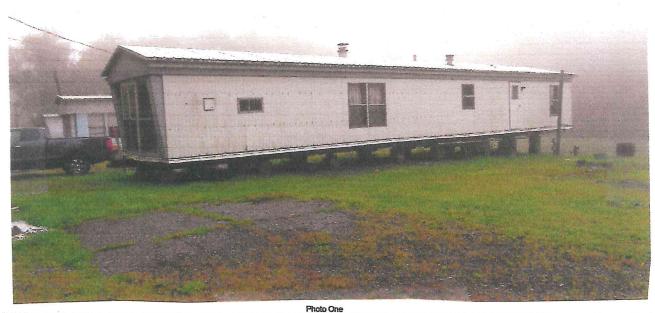


Photo One Caption RIGHT SIDE

IEW Clear Photo One



Photo Tv

Photo Two Caption

EFT SIDE VIEW

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-000₹

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE Policy Number:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				
912	SMITHTOOL	ROAD	. 4	
City		State	ZIP Code	Company NAIC Number
WEST	UNION	LLV	26456	

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

FRONT 1

MEH

Clear Photo Three

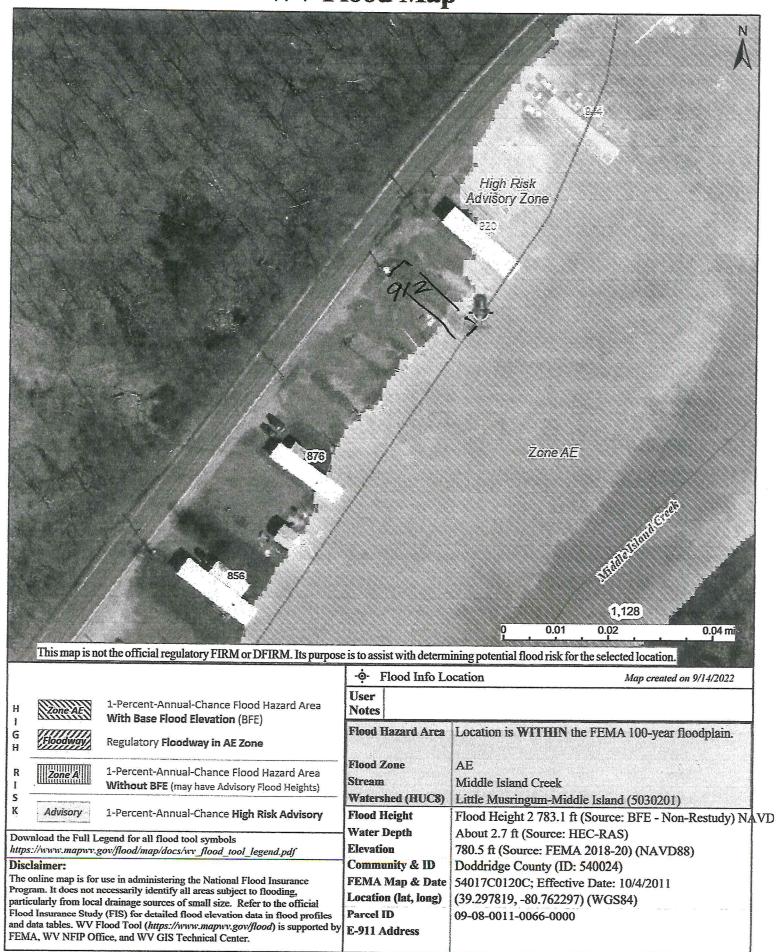


Photo Four Caption

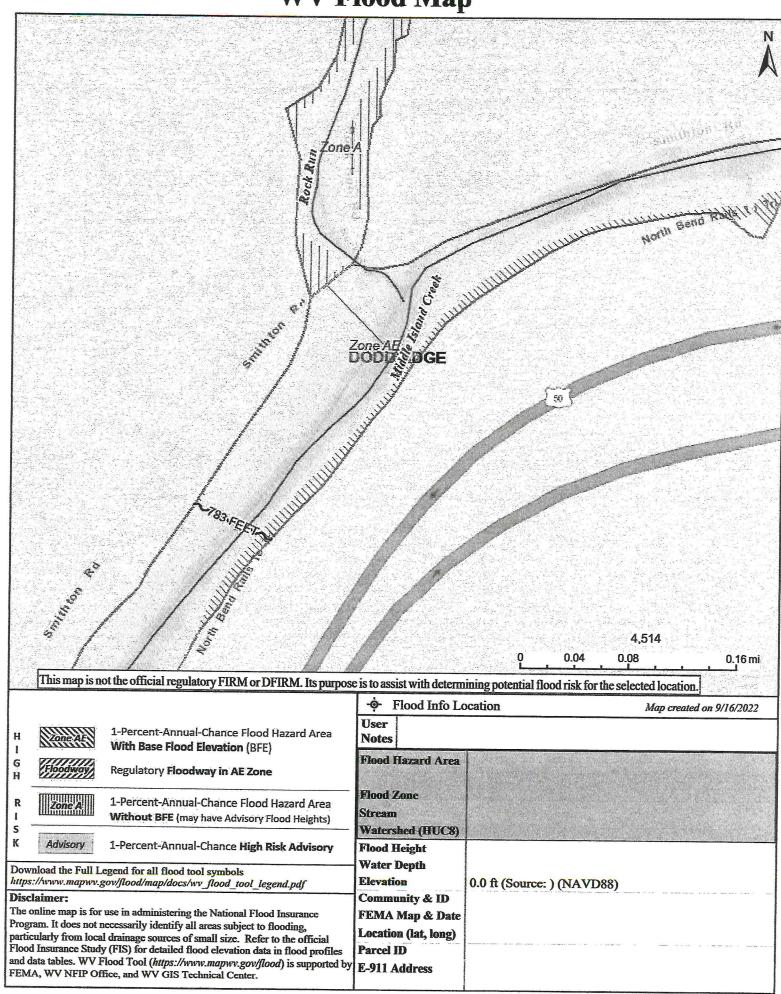
BACK SI

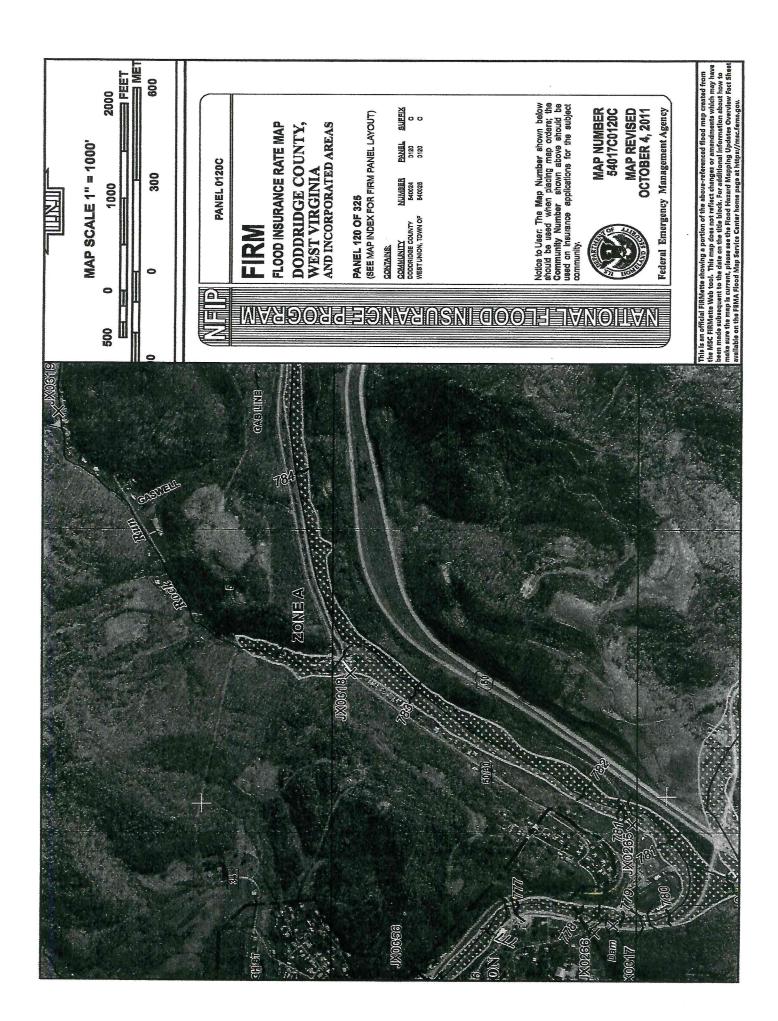
Clear Photo Four

WV Flood Map



WV Flood Map





CROSS SECTION (all distances are feet)

DESCRIPTION	STATION ELEV.	LATITUDE	LONGITUDE	Column1
Toe of slope	o	786.3 39^17'52.86"	80^45'45.73"	
Edge of pavement	14	785.76	4 4 9	Smithton Road
Edge of pavement	37	785.01	3 S S S	Smithton Road
Trailer	67	784.45		
	112	783.04	SSA BANK AND A	
Trailer	134	780. 5		
20 APR 40 - 12 APR 1	168	776.23		· · · · · · · · · · · · · · · · · · ·
Top of bank	291	772.2		
Edge of water	300	766.7 39^17'51.04"	80^45'42.72"	Middle Island Creek