### 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.

CECTION & SPORTSWINDOWS OF CONTROL (2) III SUI dilice							
SECTION A – PROPERTY INFORMATION  A1. Building Owner's Name	FOR INSURANCE COMPANY US						
Roxi Bolania	Policy Number:						
RON BURNS AND SHARON MALKER  A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.							
Box No.	Company NAIC Number.						
IB9B SMITHTON ROAD  City 6 State  ILIEST UNION JUV  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)							
State	ZIP Code						
A3. Property Description (Lot and Block Numbers, Tax Parcel Number Legal Description etc.)	26456						
WEST UNION DISTRICT, TAX MAP 12 PARCEL	21 -1						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  RESIDA	36, 34						
A5. Latitude/Longitude: Lat. 39°17'56.63" Long.80°44'45.45" Horizontal Datu	=NTIAL						
A6. Attach at least 2 photographs of the building if the Codificate is being used to 10.15.	m: [] NAD 1927 [] NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insul A7. Building Diagram Number	rance.						
A8. For a building with a crawlenges or enclosure(s):							
a) Square footage of crawlspace or enclosure(s) <u>672</u> sq ft							
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent grade1 D						
c) Total net area of flood openings in A8.b 1310 sq in							
d) Engineered flood openings?							
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 garage within 1.0 foot above adjacent	grade						
c) Total net area of flood openings in A9.b sq in							
d) Engineered flood openings?							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMA  B1. NFIP Community Name & Community Number B2. County Name	TION						
	B3. State						
DEDDRIDGE GUNTY 540024 DODDRIDGE	INV						
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Zone(s)	B9. Base Flood Elevation(s)						
Revised Date	(Zone AO, use Base `Flood Depth)						
540024/0140 C OCT 4, 2011 Oct 4, 2011 A	785.40						
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 ANAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes							
Designation Date:							
CBRS OPA	*						

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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:			
1898 SMITHTON ROAD				
City & State ZIP Code	Company NAIC Number			
MEST UNION WV 26456				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY RE	EQUIRED)			
C1. Building elevations are based on: Construction Drawings* Building Under Constru				
*A new Elevation Certificate will be required when construction of the building is complete.	Cuon M I missied Constituction			
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE) VF V1-V30 V (with BFE) AR AD(A AD)	AE ARIA1_A20 ARIAH ARIAO			
Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized:   PS  Vertical Datum:	Rico only, enter meters.			
Indicate elevation datum used for the elevations in items a) through h) below.				
	E- 10-11			
Datum used for building elevations must be the same as that used for the BFE.	<i>LETHORK</i>			
	Check the measurement used.			
a) Top of bottom floor (including basement, crawispace, or enclosure floor) 185.50	feet meters			
b) Top of the next higher floor 788.41	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)	3   feet   meters			
f) Lowest adjacent (finished) grade next to building (LAG) 784. 12	Freet			
g) Highest adjacent (finished) grade next to building (HAG) 786.02				
h) Lowest adjacent grade at lowest elevation of deck or stairs, including 5784. The structural support	feet meters			
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFIC				
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by a certify that the information on this Certificate represents my best efforts to interpret the data availability statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	law to certify elevation information. le. I understand that any false			
Were latitude and longitude in Section A provided by a licensed land surveyor?	Check here if attachments.			
Certifier's Name License Number				
Title 715	STRICE			
PROFESSIONAL SURVEYOR	ASTOR THE REST			
Company Name	Place			
STRICKLING SURVEYING	Seal			
Address	Here			
Address  130 ENGLANDS RUN ROAD  City State ZIP Code	Contract of the contract of th			
City State ZIP Code	70NAL 50 37			
WEST UNION WV 26456				
WEST UNION 121 26456 Signature Physical Date Telephone 10/22/19 304 87	17 1597			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable)				
SEE ATTACHED DRAWING				
	Management			
	Name of the same o			

## **ELEVATION CERTIFICATE**

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Bui	Iding Street Add	ese spaces, copy the corre	esponding 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.					No.	Policy Number:	
City		SMITHTO.	N ROAD				
	WEST	UNION	State	ZIP Code		Company NAIC Number	
			NC EL EVATION INTO	26456			
	7	101	ING ELEVATION INFOI R ZONE AO AND ZONE	E A (WITHOUT BFE	Ξ)		
ente	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).						
	a) Top of botto	on minimation for the following acent grade (HAG) and the light floor (including basement or enclosure) is	ng and check the approp owest adjacent grade (LA ;				
	b) Top of botto	m floor (including basement, or enclosure) is			] meters		
F2		•		feet [			
LL.	the next higher the diagrams) o	igrams 6–9 with permanent : floor (elevation C2.b in if the building is	flood openings provided i			(see pages 1–2 of Instructions),	
		e (top of slab) is		[] feet []	meters	above or below the HAG.	
E4.	Top of platform	of machinery and/or equipm		feet [	meters	above or below the HAG.	
	servicing the bu	liding is		[feet [	meters	above or below the HAG.	
E5.	Zone AO only: li floodplain mana	f no flood depth number is a gement ordinance?   Ye	vailable, is the top of the S No Unknow	bottom floor elevated in. The local official	d in acco must ce	rdance with the community's rtify this information in Section G.	
		SECTION F - PROPERTY	OWNER (OR OWNER	S REPRESENTATIV	/E) CER	TIFICATION	
The p	property owner o	or owner's authorized sense.	ambati				
		-E) or Zone AO must sign he wner's Authorized Represen	or or the oratements in de	ections A, B, and E a	re correc	A (without a FEMA-issued or to the best of my knowledge.	
Addre			tauve's Name				
			Cit	у	State	ZIP Code	
Signa	iture		Dat	te	Telep	hone	
Comn	nents						
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						**************************************	
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-						Check here if attachments.	

# **ELEVATION CERTIFICATE**

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	THE PART OF STREET	- I	Mesponding info	mation frame 6 - 4" -		
R	g Street Addre	ess (including Apt. Unit	Suite and/or Rido	rmation from Section A.  No.) or P.O. Route and Bo		FOR INSURANCE COMPANY (
1	398	SMITHTO.	1 D-1-	. 140.) or r.O. Route and Bo	ox No.	Policy Number:
City	4	- THINK	State	2		
les	EST	UNION	2.11	ZIP Code	, [	Company NAIC Number
			121 V	26456		
Tr	1 05	SECTI	iun G – Commui	NITY INFORMATION (OPT	TIONAL)	
Section used in	The information	ation in Section C was to	nter meters.	, , , , , , , , , , , , , , , , , , , ,	, and sign of	gement ordinance can complete elow. Check the measurement sealed by a licensed surveyor,
G2. 🗆	Gara III ale	Comments area below.)		(		ource and date of the elevation
						sued or community-issued BFE
G3. 📙		ng information (Items G4-	-G10) is provided	for community floodplain m	anagement	purposes.
G4. Pen	mit Number		G5. Date Permit	t Issued	Too Det	A
				. 100254	Com	Certificate of pliance/Occupancy Issued
		peen issued for:	] New Constructio	n  Substantial Improven	nent	
38. Elev	vation of as-b	uilt lowest floor (including	i basement)			
or ti	he building:	,	-		☐ feet ☐	meters Datum
9. BFE	E or (in Zone /	AO) depth of flooding at th	he building site: _			Ducani
10. Con	nmunity's des	ign flood elevation:	_		feet	
ocal Offic	cial's Name			Title	-	
ommunit	y Name			Telephone		
				reiepriorie		
				Date		
gnature						
gnature				Date		
	: (including to					
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	(including ty	pe of equipment and loca	tion, per C2(e), if a			
	e (including ty	pe of equipment and loca	tion, per C2(e), if a			Check here if attachments.

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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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: ROAD State ZIP Code Company NAIC Number 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

Photo One Caption



Photo Two

Photo Two Caption

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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	RTANT: In thes	FOR INSURANCE COMPANY USE			
Build	ling Street Addre	Policy Number:			
City	6 12/EST	UNION	State ルレン	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 One

Photo One Caption

VENT 10/21/19

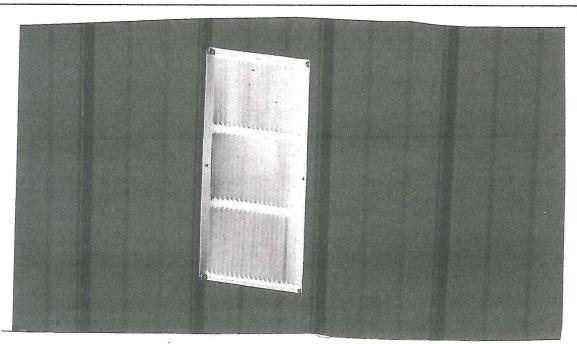
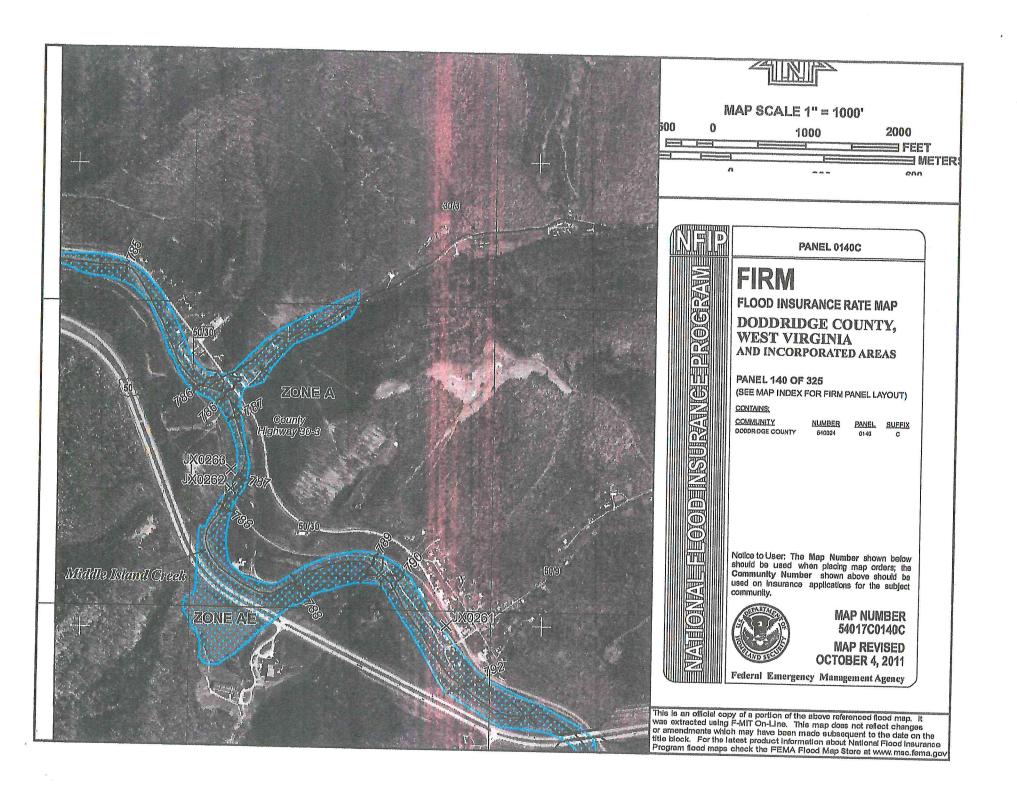
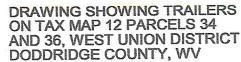
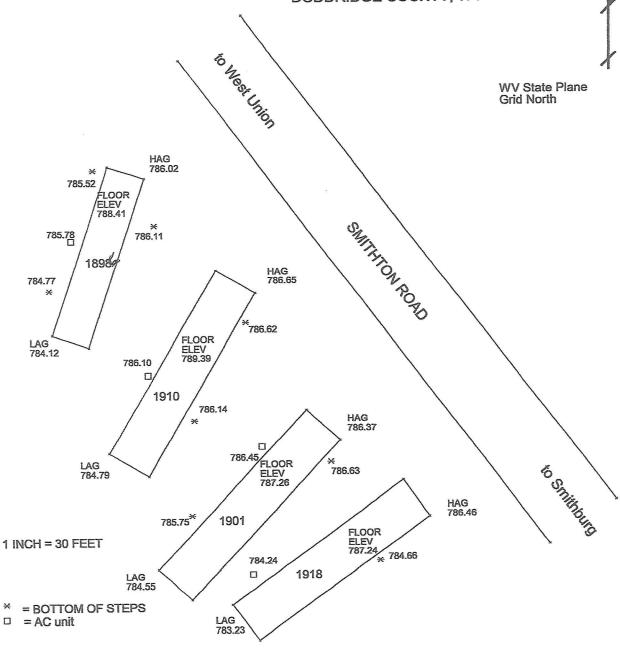


Photo Two

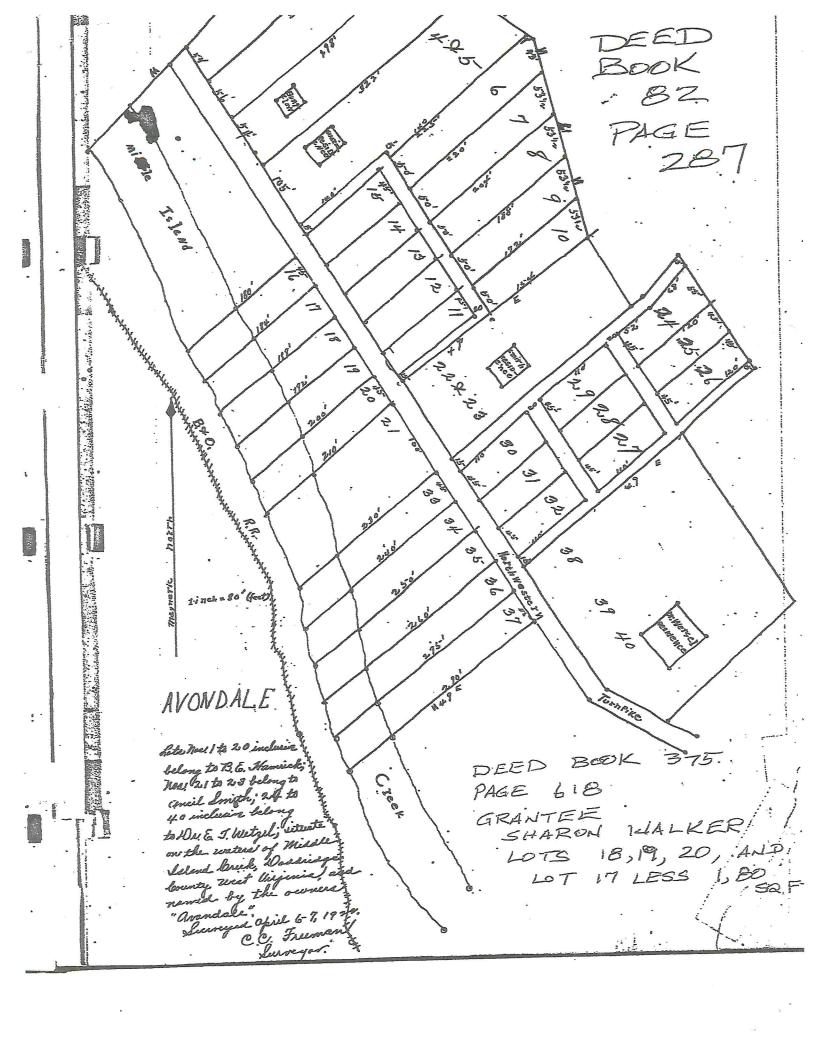
Photo Two Caption







Surveyed on 21 October 2019 by John Strickling, PS 715, of West Union, WV.



WV Flood Map

