

# 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 Charleston Area Medical Center, Inc.				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 110 29th Street E.				Company NAIC Number:	
City Charleston		State West Virginia		ZIP Code 25327	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Kanawha City Corporation, Tax Map 19, Parcel 28.1					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Storage</u>					
A5. Latitude/Longitude: Lat. <u>38°19'53"</u> Long. <u>81°36'29.5"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>8</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>96.00</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>3</u>					
c) Total net area of flood openings in A8.b <u>384.00</u> sq in					
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>N/A</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Kanawha County, WV & Incorporated Areas			B2. County Name Kanawha		B3. State West Virginia
B4. Map/Panel Number 5400730428	B5. Suffix E	B6. FIRM Index Date 02-06-2008	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2013

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 110 29th Street E.			Policy Number:
City Charleston	State West Virginia	ZIP Code 25327	Company NAIC Number

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building 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: WVDOH VRS GNSS Network Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

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) \_\_\_\_\_  feet  meters
- b) Top of the next higher floor \_\_\_\_\_ 598.0  feet  meters
- c) Bottom of the lowest horizontal structural member (V Zones only) \_\_\_\_\_ N/A  feet  meters
- d) Attached garage (top of slab) \_\_\_\_\_ N/A  feet  meters
- e) Lowest elevation of machinery or equipment servicing the building  
(Describe type of equipment and location in Comments) \_\_\_\_\_ N/A  feet  meters
- f) Lowest adjacent (finished) grade next to building (LAG) \_\_\_\_\_  feet  meters
- g) Highest adjacent (finished) grade next to building (HAG) \_\_\_\_\_  feet  meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including  
structural support \_\_\_\_\_  feet  meters

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

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?  Yes  No  Check here if attachments.

Certifier's Name James T. Rayburn	License Number 2024		
Title Surveying Manager			
Company Name E.L. Robinson Eng. Co.			
Address 5088 Washington Street, West			
City Charleston	State West Virginia		ZIP Code 25313
Signature 	Date 10-17-2019	Telephone (304) 776-7473	Ext.

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Comments (including type of equipment and location, per C2(e), if applicable)  
The building to be placed is an 8 ft. X 12 ft. pre-fabricated storage building