Kanawha County Planning and Community Development

Second Floor; 407 Virginia Street, East, Charleston, West Virginia 25301 (304) 357-0570



Memo of Review For Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office. The items noted below are not correct on the attached form and should read as entered on this page.

BUILDING ADDRESS MUST BE ENTERED

		SECTIO	N A - PROPERTY INFORMA	TION	For Insurance Company Use:
A1. Building Owner's Name					Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Company NAIC Number
City State	ZIP Code				
			ber, Legal Description, etc.)		
A4. Building Use (e.g., Res	dential Non-Re	sidential Addition Acce	essony etc.)		
A5. Latitude/Longitude: La			• • • • • • • • • • • • • • • • • • • •	ntal Datum:	□ NAD 1927 □ NAD 1983
A6. Attach at least 2 photog A7. Building Diagram Numb	raphs of the buil	ding if the Certificate is	being used to obtain flood insurar	nce.	- IVAD 1909
A8. For a building with a cra a) Square footage of	wlspace or enclo crawlspace or er	osure(s): closure(s)	sq ft		
b) Number of permane	ent flood opening	s in the crawlspace or	enclosure(s) within 1.0 foot above	adjacentgrade	
c) Total net area of flo					
d) Engineered flood o	_	☐ Yes ☐ No			
A9. For a building with an at	tached garage:				
a) Square footage of a				14	
b) Number of permane	ent flood opening	s in the attached garag	e within 1.0 foot above adjacent of	rade	
c) Total net area of flo			sq in		
d) Engineered flood op		☐ Yes ☐ No			
	SECTI	ON B – FLOOD INS	SURANCE RATE MAP (FIR	M) INFORMATI	ON
B1. NFIP Community Name & Community Number B2. County Name B3.					B3. State
B4. Map/Panel Number 51039C 0270	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
	the Base Flood I	L Elevation (BFE) data or	base flood depth entered in Item	B9:	
☐ FIS Profile	☐ FIRM	☐ Community	Determined ☐ Other/So	ource:	
B11. Indicate elevation datu			□ NGVD 1929 □ NAVD 19		
Designation Date:	in a Coastal Bar	rier Resources System □ ((CBRS) area or Otherwise Prote CBRS □ OPA	ctedArea (OPA)?	☐ Yes ☐ No
,	SECTION	C – BUILDING EL	EVATION INFORMATION (SURVEY REQU	JIRED)
C1. Building elevations are *A new Elevation Certi		☐ Construction uired when construction	Drawings* ☐ Building Unc of the building is complete.	ler Construction*	☐ Finished Construction
STEPHANIE PETRI	150		Abmidis	TRATIOE P	SSISTANT
Local Official's Name KANAUNA COUN	79		Title 304.357	0570	
Gommunity Name	· () A		Telephone		
Atiplanie Potreso 5/24/2021					
Signature			Date		
Comments					

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 PR	FOR INSUF	RANCE COMPANY USE					
A1. Building Owner's Name				Policy Num	ber:		
Smith & Smith, Inc.							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				Company N	IAIC Number:		
4832 Chimney Drive				-			
City		State		ZIP Code			
Elkview,		West Vir	-	25071			
A3. Property Description (Lot and Block Nur Elk District Tax Map 37E - Parcel 6.1		el Number, Le 3056 - Page t	•	c.)			
A4. Building Use (e.g., Residential, Non-Res	idential, Addition	n, Accessory,	etc.)	Residential			
A5. Latitude/Longitude: Lat. 38.405533N.	Long	81.527845W.	Horizonta	I Datum: 🔲 NAD 1	927 X NAD 1983		
A6. Attach at least 2 photographs of the buil	ding if the Certific	cate is being ι	sed to obtain floo	d insurance.			
A7. Building Diagram Number 6							
A8. For a building with a crawlspace or enck	sure(s):						
a) Square footage of crawlspace or enc			344.00 sq ft				
b) Number of permanent flood openings				above adiacent gra	ade 5		
c) Total net area of flood openings in A8	·		, .				
d) Engineered flood openings? ΓΥ							
	s ⊠ No						
A9. For a building with an attached garage:							
 a) Square footage of attached garage 		N/A sq ft					
b) Number of permanent flood openings	in the attached o	garage within	1.0 foot above adj	acent grade N/A			
c) Total net area of flood openings in A9	c) Total net area of flood openings in A9.b N/A sq in						
d) Engineered flood openings?	s 🗵 No						
SECTION B - F	LOOD INSURA	NCE RATE	MAP (FIRM) INF	ORMATION			
B1. NFIP Community Name & Community Nu	ımber	B2. County			B3. State		
Kanawha County, WV 540070			Kanawha	l	West Virginia		
B4. Map/Panel B5. Suffix B6. FIRM In Date	Eff	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)		
54039C270 E	02-06-	vised Date 2008	AE	60	9.0		
B10. Indicate the source of the Base Flood E	levation (BFE) d	ata or base flo	ood depth entered	in Item B9:			
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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: CBRS							

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE					
lding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4832 Chimney Drive			Policy Number:			
City Elkview,	State ZIF West Virginia	Code 25071	Company NAIC Number			
SECTION C - BUILDING	ELEVATION INFORMA	TION (SURVEY RE	EQUIRED)			
C1. Building elevations are based on: Constraint A new Elevation Certificate will be required who can be also be completed items C2.a—h below according to the Benchmark Utilized: Elk Valley PSD BM 28-A Indicate elevation datum used for the elevations Indicate elevation datum used for the elevations Indicate elevation datum used for the elevations Indicate elevation datum used for building elevations must be the second and the control of the lowest horizontal structural medicate elevation of the lowest horizontal structural medicated data (parage (top of slab)) e) Lowest elevation of machinery or equipment (Describe type of equipment and location in Canada (parage) (finished) grade next to build g) Highest adjacent (finished) grade next to build h) Lowest adjacent grade at lowest elevation of	uction Drawings* Builen construction of the build ED, VE, V1–V30, V (with ED) building diagram specified Vertical Datum in items a) through h) beloner/Source: same as that used for the ID wispace, or enclosure floor imber (V Zones only) servicing the building Comments) ding (LAG) ding (HAG)	Iding Under Construing is complete. BFE), AR, AR/A, AR/A, in Item A7. In Puerto NAVD 19 W. BFE.	Check the measurement used. Check the meters N/A			
structural support	_		606.6 X 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 I.A.N. Garcelon Title Owner Company Name Garcelon Surveying, Inc.	License Number WV	#861	No. 861 STATE OF			
Address 72 Baltic Drive City	State	ZIP Code	STATE OF HEREN			
Signature 1 4	West Virginia Date	25071 Telephone	Ext.			
Copy all pages of this Flevation Certificate and all attach	10-19-2020	(304) 965-1331	N/A			
Copy all pages of this Elevation Certificate and all attach Comments (including type of equipment and location, I UNIT TO BE EQUIPED WITH COLLAPSIBLE VINL SH THIS IS A POST ELEVATION CERTIFICATE. 10-19-2	per C2(e), if applicable)	iciai, (2) insurance ag	gent/company, and (3) building owner.			

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 4832 Chimney Drive			No.	Policy Number:
•	State Z West Virginia	IP Code 25071		Company NAIC Number
SECTION E – BUILDING EL FOR ZONI	EVATION INFORMAT AO AND ZONE A (V	ION (SURVE) VITHOUT BFE	Y NOT I	REQUIRED)
For Zones AO and A (without BFE), complete Items E1 complete Sections A, B,and C. For Items E1–E4, use n enter meters.	–E5. If the Certificate is atural grade, if available	intended to su e. Check the m	pport a l easurem	LOMA or LOMR-F request, nent used. In Puerto Rico only,
 E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a a) Top of bottom floor (including basement, 	check the appropriate badjacent grade (LAG).	oxes to show v	whether	the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet _	_	
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood or	nenings provided in Sec	feet _	-	
the next higher floor (elevation C2.b in the diagrams) of the building is		feet		•
E3. Attached garage (top of slab) is		feet _] meters	above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		feet _] meters	above or below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the bottor No Unknown. T	n floor elevate he local official	d in acco	ordance with the community's ertify this information in Section G.
SECTION F - PROPERTY OWN	IER (OR OWNER'S RE	PRESENTATI	VE) CEF	RTIFICATION
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Section e statements in Section	ns A, B, and E s A, B, and E a	for Zon	e A (without a FEMA-issued or ect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's	s Name		-	
Address	City		State	e ZIP Code
Signature	Date 10-19-20	020	Tele	phone
Comments				
				l l

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

	ORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY U	FOR INSURANCE COMPANY USE		
	lding Street Address (including Apt., Unit 4832 Chi	No. Policy Number:	-		
City	/ Elkview,	State West Virginia	ZIP Code 25071	Company NAIC Number	
	SEC	TION G - COMMUNITY		ONAL)	S OS JANGO
JOE	e local official who is authorized by law o	or ordinance to administer	r the community's floodal	plain management ordinance can complete and sign below. Check the measurement	
G1.	The information in Section C was engineer, or architect who is authodata in the Comments area below	onzed by law to certify eli	entation that has been si evation information. (Ind	igned and sealed by a licensed surveyor, licate the source and date of the elevation	
G2.	A community official completed Se or Zone AO.	ection E for a building loc	ated in Zone A (without	a FEMA-issued or community-issued BFE)
G3.	The following information (Items G	34–G10) is provided for c	ommunity floodplain ma	anagement purposes.	
G4.	Permit Number	G5. Date Permit Iss	ued	G6. Date Certificate of Compliance/Occupancy Issued	
G7.	This permit has been issued for:	New Construction] Substantial Improveme	ent	-
G8.	Elevation of as-built lowest floor (included of the building:	ling basement)		☐ feet ☐ meters Datum	_
G9.	BFE or (in Zone AO) depth of flooding	at the building site:		feet meters Datum	_
	. Community's design flood elevation:			feet meters	_
Loca	l Official's Name		Title		
Com	munity Name		Telephone		
Signa	ature		Date		
Com	ments (including type of equipment and l	location, per C2(e), if app	olicable)		
				Check here if attachments.	ĺ