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 COMPAN	Y USE		
A1. Building Owner's Name DAVE SNIVELY	Policy Number:			
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 22 SOUTH RIVER RAIL LANE 	Company NAIC Number:			
City State ST MARYS West Virginia	ZIP Code 26170			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 5 BLAND DIVISION				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL				
A5. Latitude/Longitude: Lat. 39.43986 Long. 81.15284 Horizontal Datur	m: NAD 1927 X NAD 19	83		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	rance.			
A7. Building Diagram Number 7 ~				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s) sq ft				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent grade 8			
c) Total net area of flood openings in A8.b sq in				
d) Engineered flood openings? 🕱 Yes 🗌 No				
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 of	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	B3. State			
PLEASANTS CO 540225 PLEASANTS	West Virginia	~		
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s) B9. E	Base Flood Elevation(s) Zone AO, use Base Flood Dept	h)		
54073C0034 C 5/5/2014 5/5/2014 AE 628.	0			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile x 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: CBRS DPA				

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/o	Policy Number:				
22 SOUTH RIVER RAIL LANE					
City Sta		Code	Company NAIC Number		
	V 0	26170			
SECTION C – BUILDING EL	**************************************	TION (SURVEY R	EQUIRED)		
C1. Building elevations are based on: Construction		ilding Under Constru	uction* Finished Construction		
*A new Elevation Certificate will be required when o					
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: OPUS Vertical Datum: NAVDER					
Indicate elevation datum used for the elevations in i	Vertical Datum				
□ NGVD 1929 🛣 NAVD 1988 □ Other/		OW.			
Datum used for building elevations must be the sam		BFE.			
			Check the measurement used.		
a) Top of bottom floor (including basement, crawlsp	pace, or enclosure floor	r)6	17.4 x feet meters		
b) Top of the next higher floor		63	31.2 x feet meters		
c) Bottom of the lowest horizontal structural member	er (V Zones only)	***************************************			
d) Attached garage (top of slab)					
 e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con 	vicing the building nments)	63	31.2 x feet meters		
 f) Lowest adjacent (finished) grade next to building 	(LAG)	61	feet meters		
g) Highest adjacent (finished) grade next to building	g (HAG)	61	7.4 x feet meters		
 h) Lowest adjacent grade at lowest elevation of dec structural support 	ck or stairs, including	61	7.3 x feet meters		
SECTION D - SURVEYOR,	ENGINEER, OR AR	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 lie			Check here if attachments.		
Certifier's Name	License Number		0		
DAN TREMBLY	2029		TODD TA		
Title PROFESSIONAL SURVEYOR			A LICENSED CH		
Company Name			NO. 2029		
			D ∠ STATE OF _ C		
Address			ROW YOU		
160 SCENIC HILLS DRIVE			TO VIRGINAL		
City PARKERSBURG	State West Virginia	ZIP Code 26104	OVONAL SUL		
Signature Lanue Olle	Date 10/1/17	Telephone 3042753071	Ext.		
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)					

ELEVATION CERTIFICATE

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 Nu	mber:	
City	State	ZIP Code	Company	NAIC Number	
SECTION E – BUILDING I FOR ZO	ELEVATION INFORI	MATION (SURVEY N A (WITHOUT BFE)	OT REQUIRE	D)	
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, use enter meters.	E1–E5. If the Certifica	ite is intended to suppo	ort a LOMA or L surement used.	OMR-F request, In Puerto Rico only,	
E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lowes a) Top of bottom floor (including basement,	nd check the approprist adjacent grade (LAC	ate boxes to show whe	ther the elevati	ion is above or below	
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet me	eters abo	ve or _ below the HAG.	
crawlspace, or enclosure) is				ve or Delow the LAG.	
E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in	d openings provided in			***	
the diagrams) of the building is E3. Attached garage (top of slab) is	***************************************			ve or below the HAG.	
E4. Top of platform of machinery and/or equipment		lfeet lme	eters abov	ve or Delow the HAG.	
servicing the building is		The state of the s		ve or Delow the HAG.	
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes	able, is the top of the b	ottom floor elevated in The local official mu	accordance wi	ith the community's nformation in Section G.	
SECTION F - PROPERTY ON	WNER (OR OWNER'S	REPRESENTATIVE)	CERTIFICATI	ON	
The property owner or owner's authorized representation community-issued BFE) or Zone AO must sign here. Property Owner or Owner's Authorized Representative	The statements in Sec	ections A, B, and E for ctions A, B, and E are o	Zone A (without correct to the b	ut a FEMA-issued or est of my knowledge.	
Address	City	,	State	ZIP Code	
Signature Sign Here	Date	e	Telephone	<u> </u>	
Comments					
Comments					
			☐ Che	eck here if attachments.	

ELEVATION CERTIFICATE

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.		or P.O. Route and Box N	D. Policy Number:
City	State	ZIP Code	Company NAIC Number
. SE	ECTION G - COMMUNITY	INFORMATION (OPTION	AL)
The local official who is authorized by law Sections A, B, C (or E), and G of this Elevused in Items G8–G10. In Puerto Rico on	ation Certificate Complete	the community's floodplai the applicable item(s) and	n management ordinance can complete d sign below. Check the measurement
G1. The information in Section C was engineer, or architect who is audata in the Comments area below	nonzed by law to certify el	entation that has been sign evation information. (Indica	ed and sealed by a licensed surveyor, te the source and date of the elevation
G2. A community official completed or Zone AO.	Section E for a building loo	cated in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Items	G4–G10) is provided for o	community floodplain mana	gement purposes.
G4. Permit Number	G5. Date Permit Iss	sued (66. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improvemen	t
G8. Elevation of as-built lowest floor (incl of the building:	uding basement)	-	feet meters Datum
G9. BFE or (in Zone AO) depth of flooding	g 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 Sign Here		Date	
Comments (including type of equipment an	d location, per C2(e), if app	olicable)	
			Check here if attachments.
			Greek here it attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

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. 22 SOUTH RIVER RAIL LANE				FOR INSURANCE COMPANY USE Policy Number:
ST MARYS	WV	~	26170	

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

front

Clear Photo One

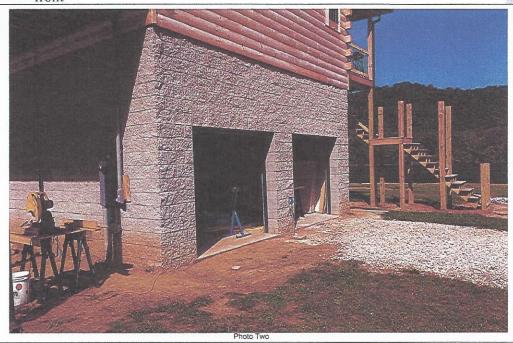


Photo Two Caption

side

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

Duilding Street Address (" L. "	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Un	it, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
If submitting more photographs than will with: date taken; "Front View" and "Rephotographs must show the foundation with	fit on the preceding page ear View"; and, if require th representative example	e, affix the additional photogra ed, "Right Side View" and " es of the flood openings or vent	aphs below. Identify all photographs Left Side View." When applicable, s, as indicated in Section A8.
	Photo	Three	
Photo Three Caption	Photo T	hree	Clear Photo Three
	Photo	Four	
	Photo Fo	Aug.	
hoto Four Caption	Photo Fo	Ju	Clear Photo Four