U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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	E COMPANY USE					
A1. Building Owner's Name: Crystal Dean Policy Number:						
AO 70-00-00-00-00-00-00-00-00-00-00-00-00-0	umber:					
City: Marlinton State: WV ZIP Code: 24954						
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: parcels 38-08-0001-0013-0000 and 38-08-0001-0013-0001						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential						
A5. Latitude/Longitude: Lat. N38° 13' 30.31" Long. W80° 05' 38.39" Horizontal Datum: ☐ NAD 1927 ⊠ NAD 1	1983 WGS 84					
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).						
A7. Building Diagram Number:8						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s): 1,200.00 sq. ft.						
b) Is there at least one permanent flood opening on two different sides of each enclosed area? 🖂 Yes 🔲 No 🏻 [☐ N/A					
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grad Non-engineered flood openings:6	de:					
d) Total net open area of non-engineered flood openings in A8.c: 0.00 sq. in.						
e) Total rated area of engineered flood openings in A8.c (attach documentation – see instructions): 1,20	00.00 sq. ft.					
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 1,200.00 sq. ft.	-					
A9. For a building with an attached garage:						
a) Square footage of attached garage: 0.00 sq. ft.						
b) Is there at least one permanent flood opening on two different sides of the attached garage? 🗌 Yes 🛛 No 🛛	□ N/A					
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: 0 Engineered flood openings: 0						
d) Total net open area of non-engineered flood openings in A9.c: 0.00 sq. in.						
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): 0.	00 sq. ft.					
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): sq. ft.						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1.a. NFIP Community Name: Town of Marlinton B1.b. NFIP Community Identification Number: 5	540159					
B2. County Name: Pocahontas B3. State: WV B4. Map/Panel No.: 54075C0526	B5. Suffix: D					
B6. FIRM Index Date: 11/04/2010 B7. FIRM Panel Effective/Revised Date: 11/04/2010						
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth):	2130.2 *					
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:						
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)? Designation Date: CBRS OPA	☐ Yes ⊠ No					
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?						

Building Street Address (including Apt., Unit, Suite, and/or Bk 626 Dunbrack Lane	dg. No.) c	or P.O. Route and Box	No.:	FOR	INSU	RANCI	E CC	MPANY USE
City: Marlinton State: WV ZIP Code: 24954			Policy Number:					
		-		Company NAIC Number:				
SECTION C - BUILDING ELE	VATIO	N INFORMATION (SURVEY	REQU	IRED			
C1. Building elevations are based on: Construction D A new Elevation Certificate will be required when con	rawings)	 Building Under of the building is com 	r Constructi plete.	on* [] Fin	ished (ons	truction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: See Comments Vertical Datum: NAVD 1988								
Indicate elevation datum used for the elevations in Items a) through h) below. ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other:								
Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No If Yes, describe the source of the conversion factor in the Section D Comments area.								
a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 2,12				22.50		feet [surement used: meters
b) Top of the next higher floor (see Instructions):			2,13	32.20	\boxtimes	feet [meters
c) Bottom of the lowest horizontal structural member (see Instr	ructions):	N/	Δ	\boxtimes	feet	」 ;	neters
d) Attached garage (top of slab):			N	<u>A_</u>	\boxtimes	feet	\Box	meters
 e) Lowest elevation of Machinery and Equipment (M& (describe type of M&E and location in Section D Co 	:E) servic mments	oing the building area):	2,13	32.20	\boxtimes	feet		meters
f) Lowest Adjacent Grade (LAG) next to building: 🔀] Natural	Finished	2,12	22.20	\boxtimes	feet [meters
g) Highest Adjacent Grade (HAG) next to building: 🔀	Natural	Finished	2,12	7.80	\boxtimes	feet [meters
 h) Finished LAG at lowest elevation of attached deck support: 	or stairs,	including structural	2,12	22.50	\boxtimes	feet [meters
SECTION D - SURVEYOR	ENGINI	ER, OR ARCHITE	CT CERTI	FICAT	ION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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 and describe in the Comments area.								
Certifier's Name: Philip Reed. PE License Number: 16632								
Title: Senior Engineer				_ 💸	~ (2 ¹) ~ (2)	G181		80%
Title: Senior Engineer Company Name: Terradon Corporation Address: 790 South Court Street State Of							24	
Address: 790 South Court Street						STATE	Re	ed
City: Lewisburg State: WV ZIP Code: 24901								
Signature: Philip Reed Digitally signed by Philip Reed Date: 2024.02.22 06:03:07 -05'00' Date: 02/22/2024						· ·		
Telephone: (304) 645-4636 Ext.: Email: phillip.reed@terradon.com Place Seal Here								
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.								
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): Elevations established off of GPS measurements based off of WVDOT Realtime Network, NAD83(2011). Elevation in item B.9 is that from preliminary Draft FIRM. Current FIRM has BFE = 2129.9 Lowest equipment servicing building will be exterior mounted HVAC units. Benchmark set is TBM nail with tag in 24" Walnut tree. Elevation nail = 2192.22 feet								

Building Street Address (including Apt., Unit, Suite, 626 Dunbrack Lane	and/or Bldg. No.) or P	.O. Route and Bo	x No.:	FOR INSURA	NCE COMPANY USE	
City: Marlinton	State: WV Z	UD 0-4 04054		Policy Number:		
Oily. Wallington	_ State: <u>WV</u> Z	IP Code: 24954	<u> </u>	Company NAIC	Number:	
SECTION E - BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BEE)						
For Zones AO, AR/AO, and A (without BFE), comintended to support a Letter of Map Change requenter meters.	plete Items E1–E5. F est, complete Section	or Items E1–E4, s A, B, and C. Cl	use natural of heck the mea	grade, if available ssurement used.	a. If the Certificate is In Puerto Rico only,	
Building measurements are based on: Cons *A new Elevation Certificate will be required wher	truction Drawings* [construction of the b	Building Under	r Constructio ete.	n* Finished	Construction	
E1. Provide measurements (C.2.a in applicable a measurement is above or below the natural below the measurement in a policy or below the matural below the measurement in the control of t	Building Diagram) for t HAG and the LAG.	the following and	I check the ap	opropriate boxes	to show whether the	
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		[feet	meters	above or	below the HAG.	
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		☐ feet	meters	above or	below the LAG.	
E2. For Building Diagrams 6–9 with permanent fi	ood openings provide	d in Section A Ite	ems 8 and/or	9 (see pages 1-		
next higher floor (C2.b in applicable Building Diagram) of the building is:		☐ feet	meters	☐ above or	below the HAG.	
E3. Attached garage (top of slab) is:		feet	meters	above or	below the HAG.	
E4. Top of platform of machinery and/or equipme servicing the building is:	nt	feet	meters	above or	below the HAG.	
E5. Zone AO only: If no flood depth number is av floodplain management ordinance? Yes	ailable, is the top of the	ne bottom floor e	levated in ac al official mu	cordance with th st certify this info		
SECTION F - PROPERTY OWNER	(OR OWNER'S A	UTHORIZED R	EPRESEN	TATIVE) CERT	IFICATION	
The property owner or owner's authorized repressign here. The statements in Sections A, B, and E	entative who complete	es Sections A, B,	and E for Zo	one A (without BI	E) or Zone AO must	
Check here if attachments and describe in the		st or my knowied	ige			
Property Owner or Owner's Authorized Represent						
Address:	-					
City:			State:	ZIP Code:		
Signature:		Date:				
Telephone: Ext.:	Email:					
Comments:						
					i	

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box 626 Dunbrack Lane	No.: FOR INSURANCE COMPANY USE						
City: Marlinton State: WV ZIP Code: 24954	Policy Number:						
	Company NAIC Number:						
SECTION G — COMMUNITY INFORMATION (RECOMMENDED FOR CO	The state of the s						
The local official who is authorized by law or ordinance to administer the community's flow Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) a	odplain management ordinance can complete and sign below when:						
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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)							
G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.							
G2.b. 🗹 A local official completed Section H for insurance purposes.							
G3.	ctions to the information in Sections A, B, E and H.						
G4. The following information (Items G5-G11) is provided for community floodpla							
G5. Permit Number: 22085 G6. Date Permit Issued:	4-5-24						
G7. Date Certificate of Compliance/Occupancy Issued:							
G8. This permit has been issued for: ☑ New Construction ☐ Substantial Improve	ment						
G9.a. Elevation of as-built lowest floor (including basement) of the building:	☐ feet ☐ meters Datum: ✔₳�!੧೪3						
G9.b. Elevation of bottom of as-built lowest horizontal structural member:	☐ feet ☐ meters Datum:						
G10.a. BFE (or depth in Zone AO) of flooding at the building site:							
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:							
G11. Variance issued? Yes No If yes, attach documentation and describe							
The local official who provides information in Section G must sign here. I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.							
NFIP Community Name: Town of Markinton Telephone: 3047994315 Ext.: Email: bruce building incenter @ smail.com							
Telephone: 3047994315 Ext.: Email: bruce building inspector @ gmail.com Address: 704 Znd Ave							
	state: Wy ZIP Code: 24954						
Signature: Date: 4							
Comments (including type of equipment and location, per C2.e; description of any attaches Sections A, B, D, E, or H):							

Building Street Address (includin 626 Dunbrack Lane	ng Apt., Unit, Suite	, and/or Bldg. No.) o	or P.O. Route and	Box No.;	FOR IN	SURANCE COMPANY USE
City: Marlinton		State: WV	ZIP Code: 249		Policy N	lumber:
	Orania di Nota di Stata di Ca		-			ny NAIC Number:
	(SURVEY NOT	9'S FIRST FLOO REQUIRED) (FC	IR INSURANCE	PURPOSE:	S ONLY)	
The property owner, owner's at to determine the building's first nearest tenth of a foot (nearest Instructions) and the approp	tenth of a meter	surance purposes. in Puerto Rico). <i>R</i> e	Sections A, B, an ference the Four	d I must also I Idation Type	be complet	ed. Enter heights to the
H1. Provide the height of the to	op of the floor (as	indicated in Found	ation Type Diagra	ms) above the	e Lowest A	djacent Grade (LAG):
 a) For Building Diagram- floor (include above-grade subgrade crawlspaces or e 	floors only for bu	ildings with		_ [feet [meters	above the LAG
 b) For Building Diagrams higher floor (i.e., the floor a enclosure floor) is: 	s 2A, 2B, 4, and above basement,	6–9. Top of next crawlspace, or	2132.2	_ = feet [meters	above the LAG
H2. Is all Machinery and Equip H2 arrow (shown in the Fo	ment servicing th undation Type Di	e building (as listed agrams at end of S	d in Item H2 instru ection H instructio	ctions) elevatens) for the app	ed to or abo propriate B	ove the floor indicated by the suilding Diagram?
SECTION I - PRO	PERTY OWNE	R (OR OWNER'S	AUTHORIZED	REPRESEN	TÁTIVE)	CERTIFICATION
The property owner or owner's A, B, and H are correct to the b indicate in Item G2.b and sign S	authorized repres	entative who comp	letes Sections A	R and H mus	t aign born	The state was to be stated
Check here if attachments a	re provided (inclu	iding required photo	os) and describe e	each altachme	ent in the C	Ommante aroa
Property Owner or Owner's Aut			,			omments area.
Address:	·					
City:				State:	ZIP	Code:
Signature:			Date:			
Telephone:	Ext.:	Email:				
Comments:						
						1