

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
ELEVATION CERTIFICATE

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

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		FORM INSURANCE COMPANY USE	
A1. Building Owner's Name <u>Angele K. Castro</u>		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>54 N. Florida St.</u>		Company NAIC Number:	
City <u>Buckhannon</u>	State <u>WV</u>	Zip Code <u>26201</u>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>132.5 x 110 x 132 x 110 / Corp. Dist. / Map 1 Parcel 74 / Lot - N. Florida St.</u>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Unattached Garage</u>			
A5. Latitude/Longitude: Lat. <u>38°59'55"</u> Long. <u>80°13'40"</u> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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>1</u>			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
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 adjacent grade _____	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 A8.b _____ sq in	d) Engineered flood openings? <input type="radio"/> Yes <input type="radio"/> No	c) Total net area of flood openings in A9.b _____ sq in	d) Engineered flood openings? <input type="radio"/> Yes <input type="radio"/> No
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number <u>City of Buckhannon 54099</u>		B2. County Name <u>Upshur</u>	B3. State <u>WV</u>
B4. Map/Panel Number <u>5409720126</u>	B5. Suffix <u>D</u>	B6. FIRM Index Date <u>--</u>	B7. FIRM Panel Effective/Revised Date <u>09/29/2010</u>
B8. Flood Zone(s) <u>AE</u>		B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>1415</u>	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input type="radio"/> Finished Construction			
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.e-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. * A new Elevation Certificate will be required when construction of the building is complete.			
Benchmark Utilized: _____		Vertical Datum: _____	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> 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)	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters
d) Attached garage (top of slab)	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ - _____	<input type="radio"/> feet	<input type="radio"/> meters

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## 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.

Check here if attachments. Were latitude and longitude in Section A provided by a licensed land surveyor?  
 Yes  No

Certifier's Name <i>ROBERT A. KITZVILLE</i>		License Number <i>635</i>	
Title <i>PROFESSIONAL SURVEYOR</i>		Company Name <i>PRECISION SURVEY COMPANY</i>	
Address <i>566 KENNEDY ROAD</i>		City <i>BUCKHANNON WV</i>	Zip Code <i>26201</i>
Signature		Date <i>5/12/16</i>	Telephone <i>3044720171</i>

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)  
*THE ONLY INFORMATION PROVIDED FOR THIS CERTIFICATE BY THIS SURVEYOR IS THE LATITUDE AND LONGITUDE OF THE PROPOSED BUILDING LOCATION.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

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 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 flood openings provided in Section A items 8 and/or 9 (see pages 8 -9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 equipment servicing the building is \_\_\_\_\_ - \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

## SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name: \_\_\_\_\_

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

