FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

	ead the instructions on pag	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	
SECTION A -	PROPERTY OWNER INFORMA	TION	For Insurance Company Use:
BUILDING OWNER'S NAME Sylvia &	dwards		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/s	or Bldg. No.) OR P.O. ROUTE AND	BOX NO.	Company NAIC Number
CITY 5	STATE		ZIP CODE
Buckhannon		WV	26201
PROPERTY DESCRIPTION (Lot and Block Numbers, Jax Parce	Number, Legal Description, etc.)		
BUILDING USE (e.g., Residential, Non-residential, Addition, Acc	essory, etc. Use Comments section	if necessary.)	Residential
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTA	L DATUM: SOURCE:	TGPS (Type):	estaential
		USGS Quad Map	Other
SECTION B - FLOOD I	NSURANCE RATE MAP (FIRM) INFORMATION	
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2 COUNTY NAME		B3 STATE
City of Buckhannon	Upshu	r	WV
84. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX	B7. FIRM PANEL	B8. FLOOD	B9. BASE FLOOD ELEVATION(S)
540/99 0001 B S. 4.1886	EFFECTIVE/REVISED DATE	ZONE(S) A/D	(Zone AO, use depth of flooding)
810. Indicate the source of the Base Flood Elevation (BFE)	data or base flood depth entere	ed in B9.	
	Determined Other (Des		
B11. Indicate the elevation datum used for the BFE in B9: [
B12. Is the building located in a Coastal Barrier Resources Designation Date:	System (CBRS) area or Otherwi	se Protected Are	a (OPA)? LYes 💹 No
	LEVATION INFORMATION (SL	IBVEY DECILIDE	ED)
C1. Building elevations are based on: Construction Drs			Finished Construction
*A new Elevation Certificate will be required when const C2. Building Diagram Number			entificate is being completed . see
pages 6 and 7. If no diagram accurately represents the			ermicate is being completed - see
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE,			ASO ABIAH ABIAO
Complete Items C3a-i below according to the building of	tiogram enecified in Item C2. Str	ate the datum use	ad If the detum is different from
the datum used for the BFE in Section B, convert the da	atum to that used for the BFE. S	how field measur	ements and datum conversion
calculation. Use the space provided or the Comments	area of Section D or Section G.	as appropriate to	document the datum conversion.
Datum Conversion/Comments	alca di domini di di ottori di	as appropriate, to	o dobalitant and advant out to district
	Does the elevation reference r	nark used appea	ron the FIRM? " Yes. No
a) Top of bottom floor (including basement or enclos	-	ft.(m)	WALL SWING
D b) Top of next higher floor	1415	6 ft.(m) 0	CENSE
C) Bottom of lowest horizontal structural member (V)		fl.(m) 3 2	
☐ d) Attached garage (top of slab)		ft.(m) 叠 물	No. 1170
a e) Lowest elevation of machinery and/or equipment		2 a	STATE OF
servicing the building	,	ft.(m) sagurage output	No. 1170 STATE OF
☐ f) Lowest adjacent grade (LAG)	1411		Or Or CIL
g) Highest adjacent grade (HAG)	1411	8 ft.(m) € "	A CONTRACTOR OF THE PROPERTY O
h) No. of permanent openings (flood vents) within 1			MARGON ONAL SOME
i) Total area of all permanent openings (flood vents)	in C3h eq. in	. (sq. cm)	
	R, ENGINEER, OR ARCHITECT		
This certification is to be signed and sealed by a land surv	eyor, engineer, or architect auth	orized by law to	certify elevation information.
I certify that the information in Sections A, B, and C on this	certificate represents my best of	efforts to interpre	t the data available.
I understand that any false statement may be punishable	by fine or imprisonment under 1	NSE NUMBER	tion 1001.
CERTIFIER'S NAME Burl J. Smith	\	NSE NUMBER	IV PS # 1170
City Enginear	COMPANY NAME	City or	
ADDRESS 70 East Main Stra	of Buckhann	STATE I	NV ZIP CODE 26201
SIGNATURE Buildann	DATE 7/11/00	TELEPHO	304-472-1651
CENA Form 84 34 AUG 00 SEE DEVE	PSE SIDE FOR CONTINUATION	N REPI	ACES ALL PREVIOUS EDITIONS

MARCA STATE					
	copy the corresponding informat			For Insurance Company Use:	
BUILDING STREET ADDRESS (Inc.	uding Apt., Unit, Suite, and/or Bidg. No.)	OR P.O. ROUTE AND	BOX NO.	Policy Number	
CITY	STATE		ZIP CODE	Company NAIC Number	
	·m	WV	26201	The second section of the section of t	
SECTIO	N D - SURVEYOR, ENGINEER, OR	ARCHITECT CER	TIFICATION (CON	TINUED)	
Copy both sides of this Elevation	Certificate for (1) community official,	(2) insurance agen	Vcompany, and /3) building owner.	
AAVATE DAG					
Sec.	the attached	site dra	wing.		
			O		
	_				
	-				
				Check here if attachments	
	VATION INFORMATION (SURVEY				
	BFE), complete items E1 through E-	1. If the Elevation (Certificate is intend	ed for use as supporting	
information for a LOMA or LOMR-					
	(Select the building diagram most			artificate is being completed	
	am accurately represents the building			Court I Internated I Indian	
(check one) the highest edjace	cluding basement or enclosure) of the	. DUIDING 15		(CITI) DOVE DE DEIOW	
	ont grade. I openings (see page 7), the next hig	her floor or elevate	d floor (alevation H	c) of the building is	
	ove the highest adjacent grade.	THE HOUSE OF GIVE	(Maration)	A or the policina is	
	lepth number is available, is the top	of the bottom floor	levaled in accord	ance with the community's	
	nce? Yes No Unkno				
	F - PROPERTY OWNER (OR OW				
	thorized representative who complet				
community-issued BFE) or Zone	AO must sign here				
	/•				
PROPERTY OWNER'S OR OWNER'S	AUTHORIZED REPRESENTATIVE'S N	AME			
ADDRESS	·····	YTY .	STATE	ZIP CODE	
SIGNATURE		DATE		TELEPHONE	
COMMENTS				·	
				Check here if attachments	
	SECTION G - COMMUNITY	NFORMATION (O	PTIONAL)		
The local official who is authorized	by law or ordinance to administer the			t ordinance can complete	
	s Elevation Certificate. Complete th				
31. The information in Section	C was taken from other documentati	on that has been al	secdme bns beng		
	is authorized by state or local law to	certify elevation in	formation. (Indica	te the source and date of the	
elevation data in the Comm					
The second of th	eted Section E for a building located	in Zone A (without	a FEMA-issued or	community-issued BFE) or	
Zone AQ.	Warra C. J. C. M. L				
	Items G4-G9) is provided for commu				
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		CERTIFICATE OF	COMPLIANCE/OCCUPANCY	
	1	ISSUED			
	.:			A down to the second	
38. Elevation of as-built lowest floo 39. BFE or (in Zone AO) depth of fl	r (including basement) of the building coding at the building site is:] IS:		_ ft.(m) Datum: _ft.(m) Datum:	
	ooding at the building site is:			_ II-(III) DRIVIII	
LUCAL OFFICIAL'S NAME		TITLE			
COMMUNITY NAME		TELEPHONE			
SIGNATURE		DATE		·	
		<u> </u>			
COMMENTS					
				Check here if attachments	