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

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

Form Page 1 of 6

# **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.

|   | SEC                       | TION A - PROPERT                             | Y INFOR               | RMATION                           |                       | , (-)                                   | Trace of the latest state | RANCE COMPANY USE  |
|---|---------------------------|--|-----------------------|-----------------------------------|-----------------------|---|---|--|
| A1. Building Owner's Name Michael D. Garrison III   |                           |  |                       |                                   |                       | Policy Num                              |   |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  105 C.A. Livingston Road                             |                           |  |                       |                                   |                       | Company N                               | IAIC Number:  |  |
| City<br>Gallagher   | State                     |  |                       |                                   |                       |   | ZIP Code<br>25083   | the many significant significa |
| A3. Property Descript Parcel of land on Pain  | tion (Lot a<br>t Creek (I | nd Block Numbers, Ta<br>DB 2885, P 265 & Cal | ax Parce<br>oin Creel | l Number, Le<br>k District TM     | gal Desc<br>49C, P 5. | cription, etc.                          | )   | ****   |
| A4. Building Use (e.g.  | ., Resider                | ntial, Non-Residential,                      | Addition              | , Accessory,                      | etc.) I               | Residential                             | Market   |  |
| AE 1-66-1-7   |                           |  |                       |                                   |                       |   | Datum: 🗍 NAD 1  | 1927 X NAD 1983  |
| A6. Attach at least 2 p   | hotograp                  | hs of the building if th                     | e Certific            | cate is being i                   |                       |   | 5500-550  | Z  |
| A7. Building Diagram  |                           |  |                       |                                   |                       |   |   |  |
| A8. For a building with   | n a crawls                | pace or enclosure(s):                        |                       |                                   |                       |   |   |  |
| a) Square footage of crawlspace or enclosure(s)  N/A sq ft  |                           |  |                       |                                   |                       |   |   |  |
| b) Number of perr   | manent flo                | ood openings in the cr                       | awlspac               | e or enclosur                     | e(s) withi            | in 1.0 foot a                           | above adjacent gra  | ide 0  |
| c) Total net area   | of flood or               | penings in A8.b                              |                       | 0.00 sq ir                        | ì                     |   |   |  |
| d) Engineered flo   | od openin                 | igs? ☐ Yes ⊠ M                               | No                    |                                   |                       |   |   |  |
| A9. For a building with   | an attach                 | ed garage:                                   |                       |                                   |                       |   |   |  |
| a) Square footage   | of attach                 | ed garage                                    |                       | N/A sq ft                         |                       |   |   |  |
| b) Number of pern   | nanent flo                | od openings in the at                        | tached g              | arage within                      | 1.0 foot a            | above adiad                             | cent grade 0  |  |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0  c) Total net area of flood openings in A9.b 0.00 sq in |                           |  |                       |                                   |                       |   |   |  |
| d) Engineered floo  |                           |  | 10                    |                                   |                       |   |   |  |
| #*************************************  | SE                        | CTION B - FLOOD I                            | NSURA                 | NCE RATE                          | MAP (FI               | IRM) INFO                               | RMATION   |  |
| B1. NFIP Community Name & Community Number  |                           |  |                       | B2. County Name                   |                       |   |   | B3. State  |
| Kanawha County, WV  | / 5400/0                  |  |                       | Kanawha                           |                       |   |   | West Virginia  |
| Number  | 5. Suffix                 | B6. FIRM Index<br>Date                       | Effe<br>Rev           | RM Panel<br>ective/<br>vised Date | B8. Floo<br>Zone(s)   |   | B9. Base Flood El<br>(Zone AO, use  | evation(s)<br>Base Flood Depth)  |
| 54039C0620 E  | 18                        | 02-06-2008                                   | 02-06-2               | 2008                              | AE                    |   | 669.4 (FIS)   |  |
| B10. Indicate the source  | ce of the I               | Base Flood Elevation                         | (BFE) da              | ata or base flo                   | ood depth             | n entered in                            | item B9   |  |
|   |                           | Community Deterr                             |                       |                                   |                       |   |   |  |
| B11. Indicate elevation   | ı datum u                 | sed for BFE in Item B                        | 9: 🔲 N                | GVD 1929 [                        | ⊠ NAVE                | 1988                                    | Other/Source:   |  |
| B12. Is the building loc  | cated in a                | Coastal Barrier Reso                         | urces Sv              | stem (CBRS)                       | area or               | Otherwise                               | Protected Area (O   | PA\2 □ Vas ☑ Na  |
| Designation Date  |                           |  |                       | ☐ OPA                             |                       |   |   | 🗆 169 🕅 140  |
|   |                           |  |                       |                                   |                       |   |   |  |
| FEMA Form 086-0-33 (12  | 2/19)                     | R  | eplaces               | all previous e                    | ditions.              | *************************************** |   | Form Page 1 of 6   |

#### **ELEVATION CERTIFICATE**

OMB No. 1660-0008
Expiration Date: November 30, 2023

| IMPORTANT: In these spaces, copy the corresponding information from Section A.  | Expiration Date: November 30, 2022                    |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 105 C.A. Livingston Road  | FOR INSURANCE COMPANY USE Policy Number:              |  |  |  |  |  |  |
| City State ZIP Code Gallagher West Virginia 25083   | Company NAIC Number                                   |  |  |  |  |  |  |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  |   |  |  |  |  |  |  |
| C1. Building elevations are based on:  Construction Drawings* Building Under ConstAnew Elevation Certificate will be required when construction of the building is complete.  C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, A Complete Items C2.a–h below according to the building diagram specified in Item A7. In Pue Benchmark Utilized: Survey grade GPS on site Vertical Datum: NAVD88  Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE.  a) Top of bottom floor (including basement, crawlspace, or enclosure floor)  b) Top of the next higher floor  c) Bottom of the lowest horizontal structural member (V Zones only)  d) Attached garage (top of slab)  e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | truction* Finished Construction                       |  |  |  |  |  |  |
| g) Highest adjacent (finished) grade next to building (HAG)   | 665.4 🔀 feet 🗀 meters                                 |  |  |  |  |  |  |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support  | 664.4 🔀 feet 🗌 meters                                 |  |  |  |  |  |  |
| SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTI  |   |  |  |  |  |  |  |
| 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 License Number   |   |  |  |  |  |  |  |
| William R. Gunnoe, RPS 801  Title Registered Professional Surveyor  Company Name Gunnoe Surveying & Mapping  Address P.O. Box 1172  | PROPERTY STATES                                       |  |  |  |  |  |  |
| City State ZIP Code Clendenin West Virginia 25045   | THE SONAL SURVEY                                      |  |  |  |  |  |  |
| Signature Date Telephone 04-19-2023 (304) 548-5324  | 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) Item C2e - air unit on platform at rear of subject dwelling. Subject is a mobile home with breakawa home has been set in accordance with the height requirements of the Kanawha County Floodplair   | y type perforated vinyl skirting. New<br>n Ordinance. |  |  |  |  |  |  |

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| IMPORTANT: In these spaces, copy the correspond  | FOR INSURANCE COMPANY USE  |                         |  |  |  |  |  |  |  |
|--|--|-------------------------|--|--|--|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, an 105 C.A. Livingston Road  | d/or Bldg. No.) or P.C   | . Route and Box No.     | Policy Number:   |  |  |  |  |  |  |
| 0 11 1   | State<br>West Virginia   | ZIP Code<br>25083       | Company NAIC Number  |  |  |  |  |  |  |
| 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.  |  |                         |  |  |  |  |  |  |  |
| <ul> <li>E1. Provide elevation information for the following and<br/>the highest adjacent grade (HAG) and the lowest</li> <li>a) Top of bottom floor (including basement,</li> </ul>   | I check the appropriat adjacent grade (LAG)  | e boxes to show whether | er the elevation is above or below   |  |  |  |  |  |  |
| crawlspace, or enclosure) is  b) Top of bottom floor (including basement,  |  |                         | ers above or below the HAG.  |  |  |  |  |  |  |
| crawlspace, or enclosure) is   |  | feet mete               |  |  |  |  |  |  |  |
| E2. For Building Diagrams 6–9 with permanent flood of<br>the next higher floor (elevation C2.b in<br>the diagrams) of the building is  | ppenings provided in S   | Section A Items 8 and/o | APPROXIMATE TO THE PROPERTY OF |  |  |  |  |  |  |
| E3. Attached garage (top of slab) is   |  |                         |  |  |  |  |  |  |  |
| E4. Top of platform of machinery and/or equipment servicing the building is  |  | ☐ feet ☐ mete           |  |  |  |  |  |  |  |
| E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes   | e, is the top of the bor<br>No Unknown.  | tom floor elevated in a |  |  |  |  |  |  |  |
| SECTION F - PROPERTY OW  | NER (OR OWNER'S I  | REPRESENTATIVE) C       | ERTIFICATION   |  |  |  |  |  |  |
| 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   | St                      | ate ZIP Code   |  |  |  |  |  |  |
| Signature  | Date   | Te                      | elephone   |  |  |  |  |  |  |
| Comments   | The section of the second section of the second sec |                         |  |  |  |  |  |  |  |
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#### **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 and Box No. 105 C.A. Livingston Road   | Policy Number:                                 |  |  |  |  |  |  |
| City State ZIP Code Gallagher West Virginia 25083  | Company NAIC Number                            |  |  |  |  |  |  |
| SECTION G - COMMUNITY INFORMATION (OPTIONAL)   |  |  |  |  |  |  |  |
| The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters. |  |  |  |  |  |  |  |
| 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)                                   |  |  |  |  |  |  |  |
| G2. A community official completed Section E for a building located in Zone A (without a FEMA or Zone AO.  | A-issued or community-issued BFE)              |  |  |  |  |  |  |
| G3. The following information (Items G4–G10) is provided for community floodplain management purposes.   |  |  |  |  |  |  |  |
| G4. Permit Number  G5. Date Permit Issued  G6. D   | Pate Certificate of ompliance/Occupancy Issued |  |  |  |  |  |  |
| G7. This permit has been issued for:   New Construction  Substantial Improvement   |  |  |  |  |  |  |  |
| G8. Elevation of as-built lowest floor (including basement) of the building:   | meters Datum                                   |  |  |  |  |  |  |
| G9. BFE or (in Zone AO) depth of flooding at the building site:  | meters Datum                                   |  |  |  |  |  |  |
|  | meters Datum                                   |  |  |  |  |  |  |
| Local Official's Name Title  |  |  |  |  |  |  |  |
| Community Name Telephone   |  |  |  |  |  |  |  |
| Signature Date   |  |  |  |  |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)  |  |  |  |  |  |  |  |
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|  | Check here if attachments.                     |  |  |  |  |  |  |

### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

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.

105 C.A. Livingston Road

City
Gallagher

State
Vest Virginia

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 From right front perspective

Clear Photo One



Photo Two

Photo Two Caption From right rear perspective

Clear Photo Two

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

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### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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

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.

105 C.A. Livingston Road

City
Gallagher

State
Vest Virginia

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.



Photo Three

Photo Three Caption From left rear perspective

Clear Photo Three



Photo Four

Photo Four Caption From left front perspective

Clear Photo Four

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

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