

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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 COMPANY USE
<p>A1. Building Owner's Name: <u>Harvey Sites</u></p> <p>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>83 STEALTH LANE</u></p> <p>City: <u>FORT ASHBY</u> State: <u>WV</u> ZIP Code: <u>26719</u></p> <p>A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>As described in Mineral County, West Virginia, Deed Book 390, Page 37</u></p> <p>A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u></p> <p>A5. Latitude/Longitude: Lat. <u>39.507951</u> Long. <u>-78.774571</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84</p> <p>A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).</p> <p>A7. Building Diagram Number: <u>6</u></p> <p>A8. For a building with a crawlspace or enclosure(s):</p> <p>a) Square footage of crawlspace or enclosure(s): <u>996</u> sq. ft.</p> <p>b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u></p> <p>d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in.</p> <p>e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0</u> sq. ft.</p> <p>f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.</p> <p>A9. For a building with an attached garage:</p> <p>a) Square footage of attached garage: <u>NA</u> sq. ft.</p> <p>b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>NA</u> Engineered flood openings: <u>NA</u></p> <p>d) Total net open area of non-engineered flood openings in A9.c: <u>NA</u> sq. in.</p> <p>e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>NA</u> sq. ft.</p> <p>f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>NA</u> sq. ft.</p>	<p>Policy Number: _____</p> <p>Company NAIC Number: _____</p>
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
<p>B1.a. NFIP Community Name: <u>Mineral County</u> B1.b. NFIP Community Identification Number: <u>540129</u></p> <p>B2. County Name: <u>Mineral County</u> B3. State: <u>WV</u> B4. Map/Panel No.: <u>54057C0095</u> B5. Suffix: <u>D</u></p> <p>B6. FIRM Index Date: <u>03/19/2013</u> B7. FIRM Panel Effective/Revised Date: <u>03/19/2013</u></p> <p>B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>588.8</u></p> <p>B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____</p> <p>B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____</p> <p>B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA</p> <p>B13. Is the building located seaward of the Limit of Moderate Wave Action (LIMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

83 STEALTH LANE

FOR INSURANCE COMPANY USE

Policy Number: _____

City: FORT ASHBY State: WV ZIP Code: 26719

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

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: Opus 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.

		Check the measurement used:	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	<u>589.9</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor (see Instructions):	<u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (see Instructions):	<u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab):	<u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	<u>589.9</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished	<u>586.7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest Adjacent Grade (HAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished	<u>587.1</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	<u>586.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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: Kerry S. Shultz License Number: WV PS 1850

Title: Professional Surveyor

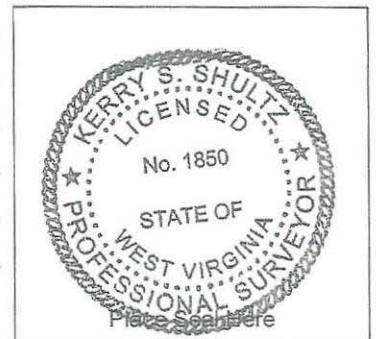
Company Name: RK&K Engineers

Address: 159 Plaza Drive

City: Keyser State: WV ZIP Code: 26726

Telephone: (304) 788-3370 Ext.: _____ Email: kshultz@rkk.com

Signature: [Handwritten Signature] Date: 09/10/2025



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):
ALL MACHINERY AND EQUIPMENT SERVICING THE TRAILER IS ELEVATED TO THE FIRST FLOOR ELEVATION 589.9 (SEE ATTACHED PHOTOS).

ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 83 STEALTH LANE	FOR INSURANCE COMPANY USE
City: FORT ASHBY State: WV ZIP Code: 26719	Policy Number: _____
	Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ 2.8 feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ 3.2 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 1–2 of Instructions), the 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 equipment servicing the building is: _____ 2.8 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

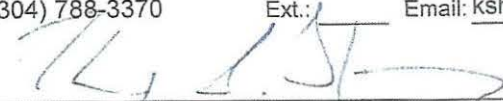
Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: Kerry S. Shultz, WV P.S. 1850

Address: 159 Plaza Drive

City: Keyser State: WV ZIP Code: 26726

Telephone: (304) 788-3370 Ext.: _____ Email: kshultz@rkk.com

Signature:  Date: 09/10/2025

Comments:
STRUCTURE CONSISTS OF A TRAILER ELEVATED ON PIERS WITHIN A SKIRTING ENCLOSURE. TOP OF TRAILER FLOOR IS CONSIDERED BOTTOM FLOOR OF BUILDING.

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

83 STEALTH LANE

City: FORT ASHBY

State: WV

ZIP Code: 26719

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). *Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.*

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is: _____ 3.2 feet meters above the LAG

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ 3.2 feet meters above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge. Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.*

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: Kerry S. Shultz, WV P.S. 1850

Address: 159 Plaza Drive

City: Keyser

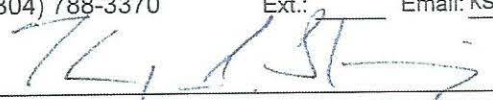
State: WV

ZIP Code: 26726

Telephone: (304) 788-3370

Ext.: _____

Email: kshultz@rkk.com

Signature: 

Date: 09/10/2025

Comments:

BUILDING PHOTOS ARE INCLUDED ON PAGES 7-8.

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

83 STEALTH LANE

City: FORT ASHBY

State: WV

ZIP Code: 26719

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

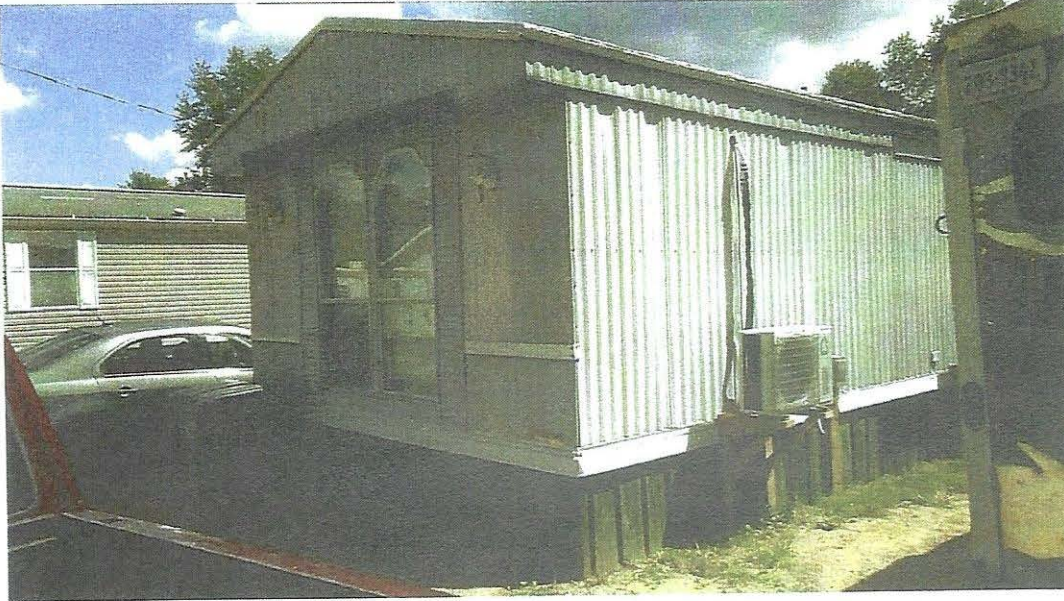


Photo One

Photo One Caption: Front Right 08/27/2025

Clear Photo One

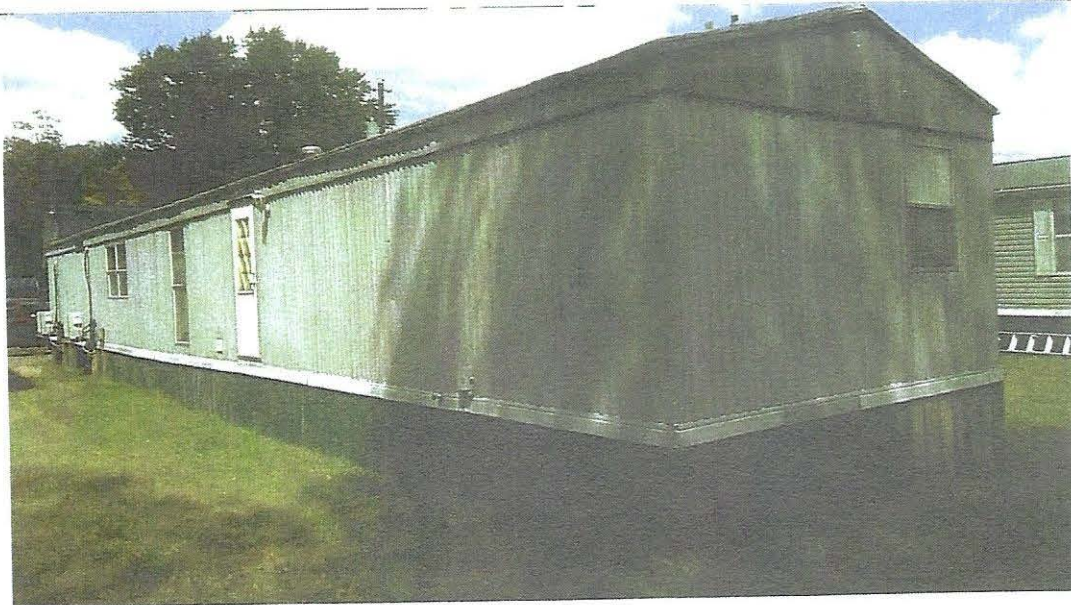


Photo Two

Photo Two Caption: Rear Right 08/27/2025

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
83 STEALTH LANE

City: FORT ASHBY State: WV ZIP Code: 26719

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Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

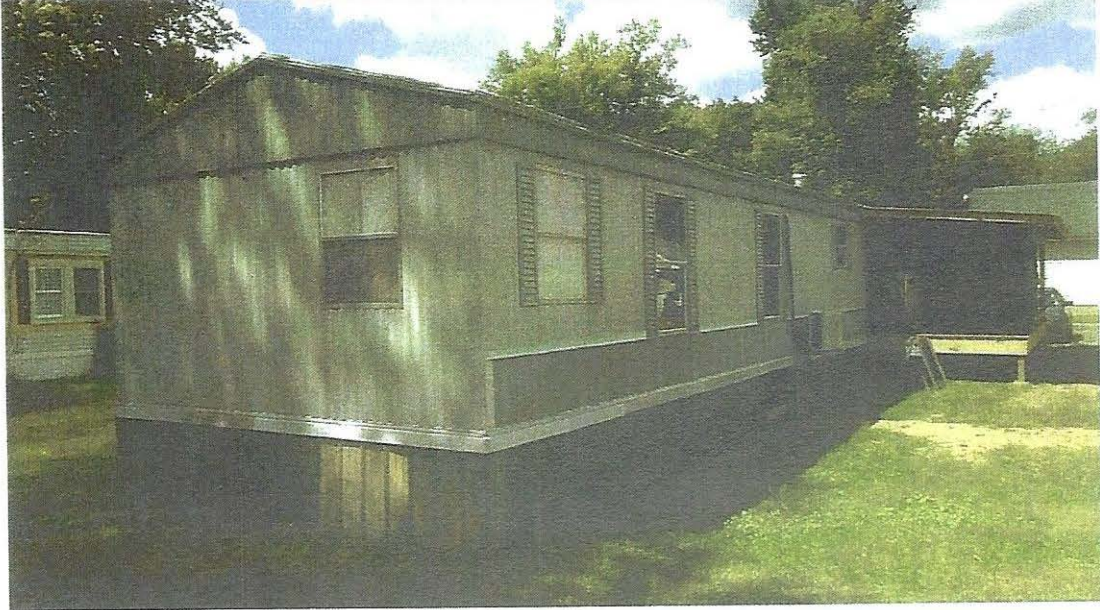


Photo Three

Photo Three Caption: Rear Left 08/27/2025

Clear Photo Three

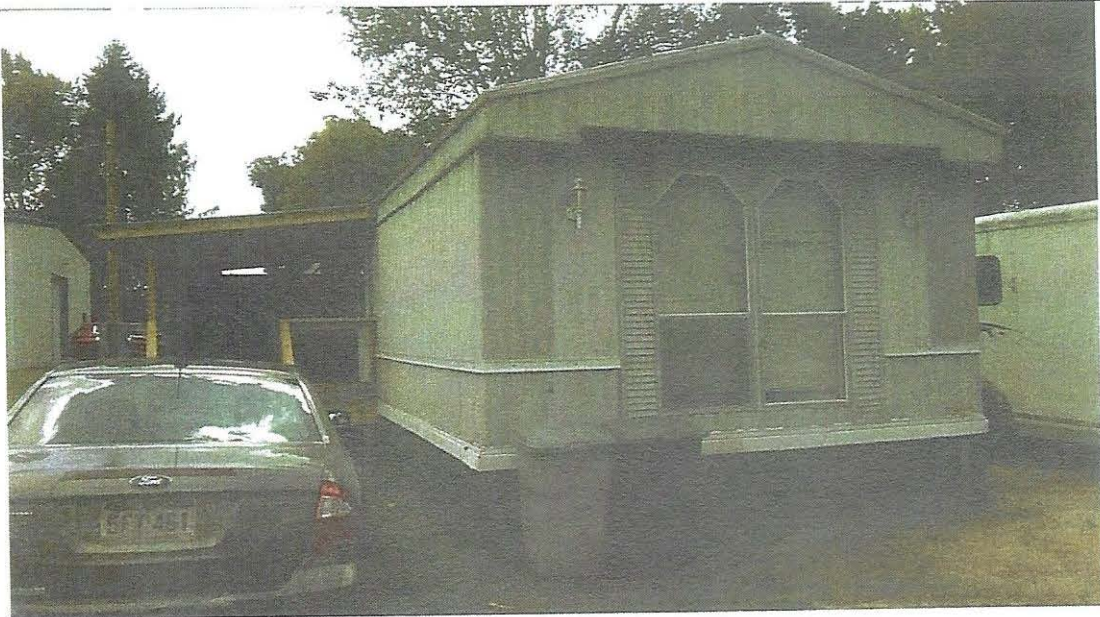


Photo Four

Photo Four Caption: Front Left 07/24/2025

Clear Photo Four

