

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 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
A1. Building Owner's Name: <u>Michael Moore</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>15 Shady Lawn Lane</u>	Company NAIC Number: _____
City: <u>Keyser</u> State: <u>WV</u> ZIP Code: <u>26726</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>As described in Mineral Count Deed Book 416 Page 87</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>39.392645</u> Long. <u>-79.014472</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
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).	
A7. Building Diagram Number: <u>5</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>700</u> sq. ft. 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 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> d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>NA</u> sq. ft. 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 c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>0</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.	

**SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1.a. NFIP Community Name: <u>Mineral County</u>	B1.b. NFIP Community Identification Number: <u>540129</u>		
B2. County Name: <u>Mineral County</u>	B3. State: <u>WV</u>	B4. Map/Panel No.: <u>54057C0170</u>	B5. Suffix: <u>D</u>
B6. FIRM Index Date: <u>03/19/2013</u>	B7. FIRM Panel Effective/Revised Date: <u>03/19/2013</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>921.6'</u>		
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: _____			
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: _____			
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			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

# 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.: 15 Shady Lawn Lane	<b>FOR INSURANCE COMPANY USE</b>
City: <u>Keyser</u> State: <u>WV</u> ZIP Code: <u>26726</u>	Policy Number: _____ 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>920.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions):   | <u>921.6</u> | <input checked="" 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>921.6</u> | <input checked="" 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>919.7</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>920.3</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>920.0</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: Gregory E. Vanscoy License Number: WV PS 2466

Title: Director

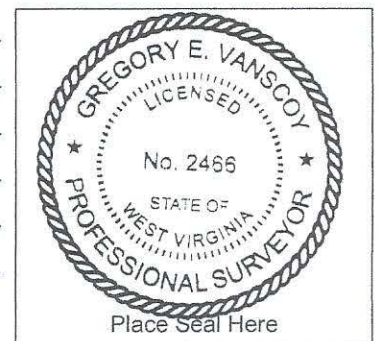
Company Name: GVS Inc.

Address: 1251 Graysons Gap Rd

City: New Creek State: WV ZIP Code: 26743

Telephone: (304) 813-2551 Ext.: \_\_\_\_\_ Email: gregoryevanscoy@yahoo.com

Signature:  Date: 01/08/2026



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):

Proposed 14' X 50' trailer

Elevated on columns

Opus report attached

# 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.:  
15 Shady Lawn Lane

City: Keyser State: WV ZIP Code: 26726

## FOR INSURANCE COMPANY USE

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: \_\_\_\_\_ 0.3  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_ 0.3  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: \_\_\_\_\_ NA  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is: \_\_\_\_\_ NA  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: \_\_\_\_\_ 1.3  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: Gregory E. Vanscoy, WV PS 2466

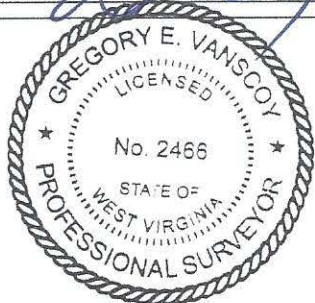
Address: 1251 Graysons Gap Road

City: New Creek State: WV ZIP Code: 26743

Telephone: (304) 813-2551 Ext.: \_\_\_\_\_ Email: gregoryevanscoy@yahoo.com

Signature: \_\_\_\_\_ Date: 01/08/2026

Comments: \_\_\_\_\_



# 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.: 15 Shady Lawn Lane	<b>FOR INSURANCE COMPANY USE</b>
City: <u>Keyser</u> State: <u>WV</u> ZIP Code: <u>26726</u>	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 \_\_\_\_\_ 0.3  feet  meters  above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:

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

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: Gregory Vanscoy, WV PS 2466

Address: 1251 Graysons Gap Road

City: New Creek State: WV ZIP Code: 26743

Telephone: (304) 813-2551 Ext.: \_\_\_\_\_ Email: gregoryevanscoy@yahoo.com

Signature:  Date: 01/08/2026

Comments:



**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.:  
15 Shady Lawn Lane

City: Keyser State: WV ZIP Code: 26726

**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 01/06/2026

Clear Photo One



Photo Two

Photo Two Caption: Front Left 01/06/2026

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.:  
15 Shady Lawn Lane

City: Keyser State: WV ZIP Code: 26726

**FOR INSURANCE COMPANY USE**

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 Right 01/06/2026

Clear Photo Three



Photo Four

Photo Four Caption: Rear Left 01/06/2026

Clear Photo Four

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 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
A1. Building Owner's Name: <u>Michael Moore</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>15 Shady Lawn Lane</u>	Company NAIC Number: _____
City: <u>Keyser</u> State: <u>WV</u> ZIP Code: <u>26726</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>As described in Mineral Count Deed Book 416 Page 87</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>39.392645</u> Long. <u>-79.014472</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
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).	
A7. Building Diagram Number: <u>5</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>700</u> sq. ft. 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 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> d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>NA</u> sq. ft. 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 c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>0</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>Mineral County</u> B1.b. NFIP Community Identification Number: <u>540129</u>	
B2. County Name: <u>Mineral County</u> B3. State: <u>WV</u> B4. Map/Panel No.: <u>54057C0170</u> B5. Suffix: <u>D</u>	
B6. FIRM Index Date: <u>03/19/2013</u> B7. FIRM Panel Effective/Revised Date: <u>03/19/2013</u>	
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>921.6'</u>	
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: _____	
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: _____	
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	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

# ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 15 Shady Lawn Lane	<b>FOR INSURANCE COMPANY USE</b>
City: <u>Keyser</u> State: <u>WV</u> ZIP Code: <u>26726</u>	Policy Number: _____ 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>920.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions):   | <u>921.6</u> | <input checked="" 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>921.6</u> | <input checked="" 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>919.7</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>920.3</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>920.0</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: Gregory E. Vanscoy License Number: WV PS 2466

Title: Director

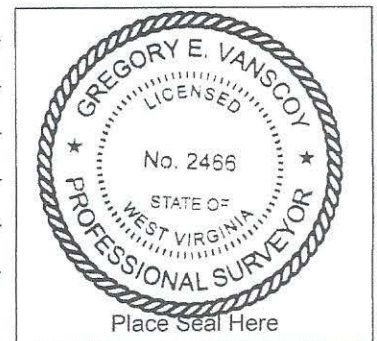
Company Name: GVS Inc.

Address: 1251 Graysons Gap Rd

City: New Creek State: WV ZIP Code: 26743

Telephone: (304) 813-2551 Ext.: \_\_\_\_\_ Email: gregoryevanscoy@yahoo.com

Signature:  Date: 01/08/2026



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):

Proposed 14' X 50' trailer  
Elevated on columns  
Opus report attached

# 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.:  
15 Shady Lawn Lane

City: Keyser State: WV ZIP Code: 26726

## FOR INSURANCE COMPANY USE

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: \_\_\_\_\_ 0.3  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_ 0.3  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: \_\_\_\_\_ NA  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is: \_\_\_\_\_ NA  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: \_\_\_\_\_ 1.3  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: Gregory E. Vanscoy, WV PS 2466

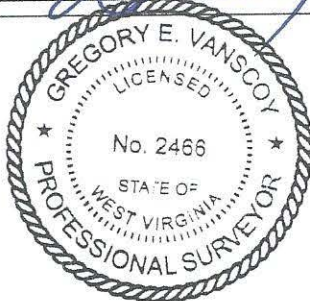
Address: 1251 Graysons Gap Road

City: New Creek State: WV ZIP Code: 26743

Telephone: (304) 813-2551 Ext.: \_\_\_\_\_ Email: gregoryevanscoy@yahoo.com

Signature: \_\_\_\_\_ Date: 01/08/2026

Comments:



# 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.: 15 Shady Lawn Lane	<b>FOR INSURANCE COMPANY USE</b>
City: <u>Keyser</u> State: <u>WV</u> ZIP Code: <u>26726</u>	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 \_\_\_\_\_ 0.3  feet  meters  above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:

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

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: Gregory Vanscoy, WV PS 2466

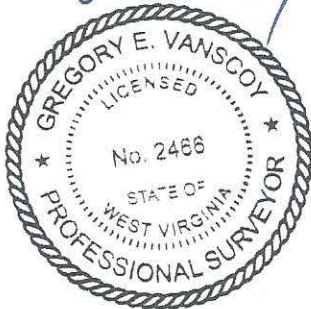
Address: 1251 Graysons Gap Road

City: New Creek State: WV ZIP Code: 26743

Telephone: (304) 813-2551 Ext.: \_\_\_\_\_ Email: gregoryevanscoy@yahoo.com

Signature: \_\_\_\_\_ Date: 01/08/2026

Comments:



**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.:  
15 Shady Lawn Lane

City: Keyser State: WV ZIP Code: 26726

**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 01/06/2026

Clear Photo One



Photo Two

Photo Two Caption: Front Left 01/06/2026

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.:  
15 Shady Lawn Lane

City: Keyser State: WV ZIP Code: 26726

**FOR INSURANCE COMPANY USE**

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 Right 01/06/2026

Clear Photo Three



Photo Four

Photo Four Caption: Rear Left 01/06/2026

Clear Photo Four

# LEGEND

STANDARD SYMBOLS THAT MAY APPEAR ON THIS PLAT

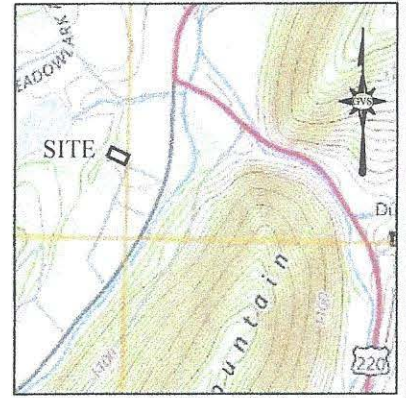
- STEEL PIPE/PIN FOUND
- 5/8 X 30" REBAR SET
- ⊕ CONCRETE MARKER FOUND
- ⊗ PLANTED STONE FOUND
- UTILITY POLE
- ⊙ WATER METER

# REFERENCE

DEED BOOK 416 PAGE 87  
TAX MAP NC 19D PARCEL 35

LOCATED IN FLOOD PLAIN PER COMMUNITY PANEL NO. 54057C0170D DATED MARCH 19, 2013.

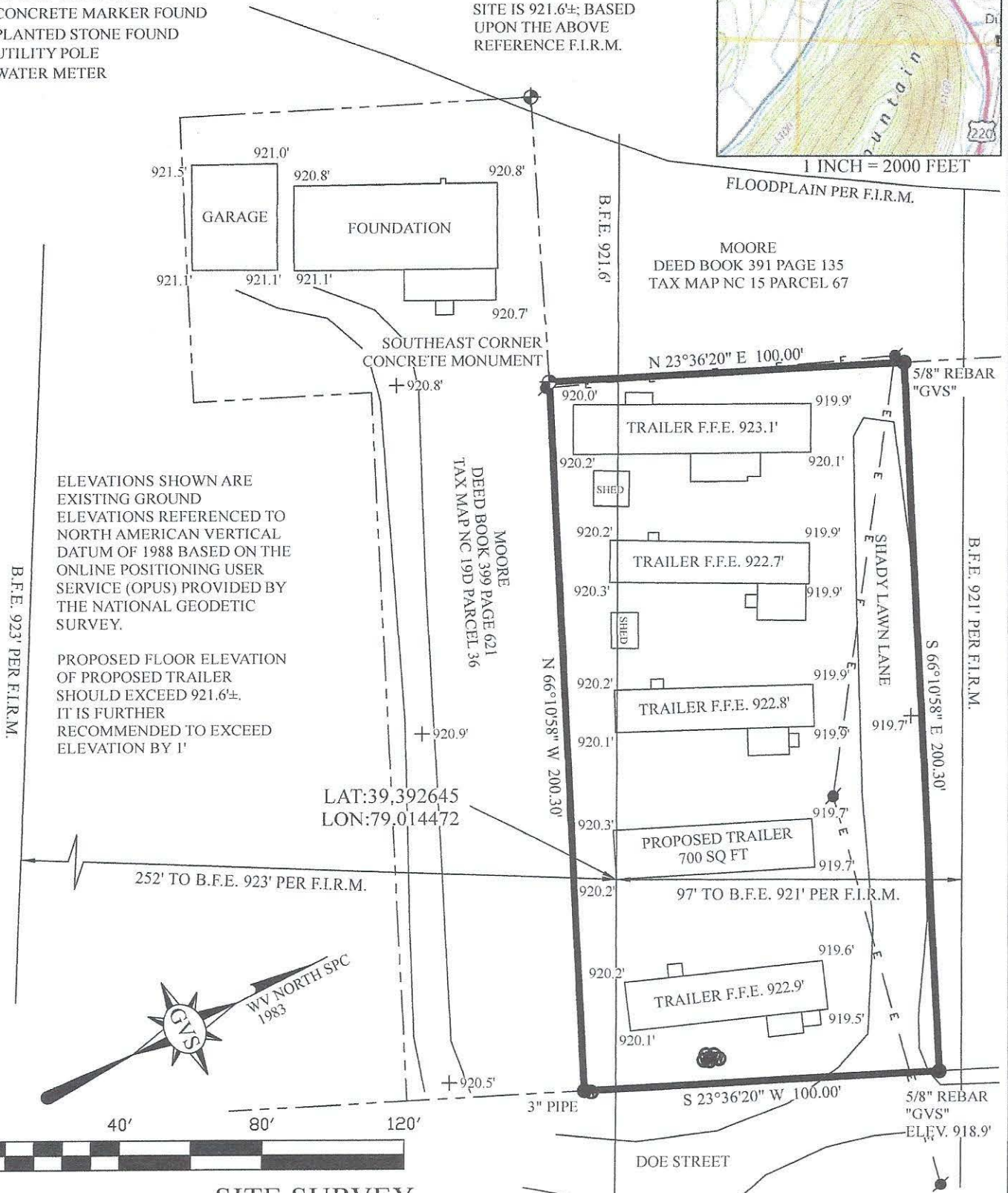
BASE FLOOD ELEVATION AT THIS SITE IS 921.6±; BASED UPON THE ABOVE REFERENCE F.I.R.M.



1 INCH = 2000 FEET

FLOODPLAIN PER F.I.R.M.

MOORE  
DEED BOOK 391 PAGE 135  
TAX MAP NC 15 PARCEL 67



ELEVATIONS SHOWN ARE EXISTING GROUND ELEVATIONS REFERENCED TO NORTH AMERICAN VERTICAL DATUM OF 1988 BASED ON THE ONLINE POSITIONING USER SERVICE (OPUS) PROVIDED BY THE NATIONAL GEODETIC SURVEY.

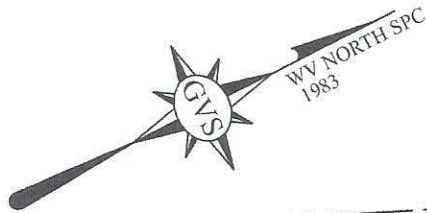
PROPOSED FLOOR ELEVATION OF PROPOSED TRAILER SHOULD EXCEED 921.6±. IT IS FURTHER RECOMMENDED TO EXCEED ELEVATION BY 1'

MOORE  
DEED BOOK 399 PAGE 621  
TAX MAP NC 19D PARCEL 36

LAT:39.392645  
LON:79.014472

252' TO B.F.E. 923' PER F.I.R.M.

97' TO B.F.E. 921' PER F.I.R.M.



## SITE SURVEY

FOR

MICHAEL & CRYSTAL MOORE

15 SHADY LAWN LANE, KEYSER, WV, 26726

NEW CREEK DISTRICT MINERAL COUNTY WEST VIRGINIA  
Scale: 1" = 40' Date: JANUARY 08, 2025



## OPUS-RS solution : 1 TR3985864104407

From: opus (opus@ngs.noaa.gov)

To: gregoryevanscoy@yahoo.com

Date: Wednesday, January 7, 2026 at 11:05 AM EST

FILE: 1 TR3985864104407

2005 NOTE: The IGS precise and IGS rapid orbits were not available  
 2005 at processing time. The IGS ultra-rapid orbit was/will be used to  
 2005 process the data.  
 2005

## NGS OPUS-RS SOLUTION REPORT

=====

All computed coordinate accuracies are listed as 1-sigma RMS values.  
 For additional information: <https://www.ngs.noaa.gov/OPUS/about.jsp#accuracy>

USER: [gregoryevanscoy@yahoo.com](mailto:gregoryevanscoy@yahoo.com) DATE: January 07, 2026  
 RINEX FILE: 1\_\_006t.26o TIME: 16:04:07 UTC

SOFTWARE: rsgps 1.38 RS251.prl 1.99.3 START: 2026/01/06 19:47:30  
 EPHEMERIS: igu24002.eph [ultra-rapid] STOP: 2026/01/06 21:34:00  
 NAV FILE: brdc0060.26n OBS USED: 10557 / 12663 : 83%  
 ANT NAME: TRMR10 NONE QUALITY IND. 25.68/ 63.63  
 ARP HEIGHT: 2.05 NORMALIZED RMS: 0.381

REF FRAME: NAD\_83(2011)(EPOCH:2010.0000) ITRF2020 (EPOCH:2026.01606)

X: 940488.436(m) 0.005(m) 940487.442(m) 0.005(m)  
 Y: -4845021.223(m) 0.015(m) -4845019.795(m) 0.015(m)  
 Z: 4026892.314(m) 0.016(m) 4026892.265(m) 0.016(m)

LAT: 39 23 59.98135 0.006(m) 39 24 0.01285 0.006(m)  
 E LON: 280 59 7.14854 0.005(m) 280 59 7.11913 0.005(m)  
 W LON: 79 0 52.85146 0.005(m) 79 0 52.88087 0.005(m)  
 EL HGT: 255.681(m) 0.021(m) 254.421(m) 0.021(m)  
 ORTHO HGT: 287.835(m) 0.027(m) [NAVD88 (Computed using GEOID18)]

## UTM COORDINATES STATE PLANE COORDINATES

UTM (Zone 17) SPC (4701 WV N)  
 Northing (Y) [meters] 4363046.253 100027.409  
 Easting (X) [meters] 670946.851 641801.351  
 Convergence [degrees] 1.26044722 0.30952222  
 Point Scale 0.99995981 0.99994848  
 Combined Factor 0.99991970 0.99990837

US NATIONAL GRID DESIGNATOR: 17SPD7094663046(NAD 83)

## BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE(m)
DP2883	P817 STCLAIRSVIPA2013 CORS GRP	N400844.059	W0783040.187	93351.3
DL3476	LOY Y LOYOLA Y CORS ARP	N385318.547	W0782956.943	72189.5
DM4706	WVCV CANAAN VALLEY CORS ARP	N390055.076	W0792725.009	57309.2
DK6718	PAFU MCCONTOWN CORS ARP	N395535.688	W0794150.510	82768.2
DM2670	PAFM MCCONNELLSBURG CORS ARP	N395744.911	W0775843.617	108620.3
DH7958	LOYA LOYOLA A COOP CORS ARP	N382533.900	W0785321.774	108666.4
DM4710	WVNR ELKINS CORS ARP	N385344.505	W0795130.270	91952.0
DK6724	PAWG GREENSBURG CORS ARP	N401819.241	W0793022.377	108972.0