

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

| | | |
|--|--|----------------------------|
| A1. Building Owner's Name PHILLIP AND JENNIFER STONE | | For Insurance Company Use: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 207 FRONT STREET | | Policy Number |
| City WILLIAMSTOWN State WV ZIP Code 26187 | | Company NAIC Number |

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
CITY OF WILLIAMSTOWN TAX MAP 3 PARCEL 15

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **39-24-22** Long. **81-27-00** Horizontal Datum: NAD 1927 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 **7**

A8. For a building with a crawl space or enclosure(s), provide

| | | | |
|--|-------------------|--|------------------|
| a) Square footage of crawl space or enclosure(s) | 1848 sq ft | A9. For a building with an attached garage, provide: | |
| b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade | 10 | a) Square footage of attached garage | N/A sq ft |
| c) Total net area of flood openings in A8.b | 1280 sq in | b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade | N/A |
| | | c) Total net area of flood openings in A9.b | N/A sq in |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|------------------------|--|--|---------------------------------|---|
| B1. NFIP Community Name & Community Number CITY OF WILLIAMSTOWN 540216 | | B2. County Name WOOD | | B3. State WV | |
| B4. Map/Panel Number 540216 0001 | B5. Suffix B | B6. FIRM Index Date 05/17/74 | B7. FIRM Panel Effective/Revised Date 10/18/83 | B8. Flood Zone(s) A17 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 616.0 |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date _____ CBRS OPA

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, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.
Benchmark Utilized **RM 2** Vertical Datum **NGVD 1929**
Conversion/Comments _____

Check the measurement used.

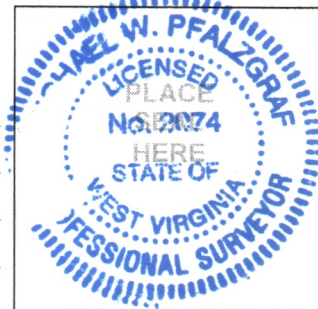
| | | | |
|---|--------------|--|--|
| a) Top of bottom floor (including basement, crawl space, or enclosure floor) | 611.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor | 621.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) | 616.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade (LAG) | 609.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade (HAG) | 612.1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |

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 comments are provided on back of form.

| | | | |
|--|--|---------------------------------|-----------------------|
| Certifier's Name MICHAEL W. PFALZGRAF | | License Number 2074 | |
| Title ASSOCIATE | Company Name J D & ASSOCIATES | | |
| Address 1828 SEVENTH STREET | City PARKERSBURG | State WV | ZIP Code 26101 |
| Signature <i>Michael W Pfalzgraf</i> | Date 05/15/07 | Telephone (304) 428-2272 | |



Parcel # 54-13-0003-0015-0000

| | |
|---|----------------------------|
| 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. 207 FRONT STREET | Policy Number |
| City WILLIAMSTOWN State WV ZIP Code 26187 | Company NAIC Number |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments NOTE: 10 SMART VENTS TO BE INSTALLED, EACH SMART VENT PROTECTS 200 SQUARE FEET(10X200=2000 SQUARE FEET)

Signature Michael W. Pfalzer Date 05/15/07 Check here if attachments

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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments

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. and G9.

- 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-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

| | | |
|-------------------|------------------------|---|
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate Of Compliance/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: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments

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. 207 FRONT STREET | For Insurance Company Use: Policy Number |
| City WILLIAMSTOWN State WV ZIP Code 26187 | Company NAIC Number |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

FRONT VIEW



REAR VIEW



ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

| | | |
|--|--|---|
| Building Owner's Name PHILLIP AND JENNIFER STONE | | For Insurance Company Use: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 207 FRONT STREET | | Policy Number |
| City WILLIAMSTOWN State WV ZIP Code 26187 | | Company NAIC Number |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) CITY OF WILLIAMSTOWN TAX MAP 3 PARCEL 15 | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u> | | |
| A5. Latitude/Longitude: Lat. <u>39-24-22</u> Long. <u>81-27-00</u> | | Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> 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>7</u> | | |
| A8. For a building with a crawl space or enclosure(s), provide | | A9. For a building with an attached garage, provide: |
| a) Square footage of crawl space or enclosure(s) <u>1424</u> sq ft | | a) Square footage of attached garage <u>N/A</u> sq ft |
| b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>8</u> | | b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>N/A</u> |
| c) Total net area of flood openings in A8.b <u>1024</u> sq in | | c) Total net area of flood openings in A9.b <u>N/A</u> sq in |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|-----------------|---------------------------------|---|--------------------------|--|
| B1. NFIP Community Name & Community Number CITY OF WILLIAMSTOWN 540216 | | B2. County Name WOOD | | B3. State WV | |
| B4. Map/Panel Number 540216 0001 | B5. Suffix B | B6. FIRM Index Date 05/17/74 | B7. FIRM Panel Effective/Revised Date 10/18/83 | B8. Flood Zone(s) A17 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 616.0 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____ | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____ | | | | | |
| 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 | | | | | |

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, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.
Benchmark Utilized RM 2 Vertical Datum NGVD 1929
Conversion/Comments _____

Check the measurement used.

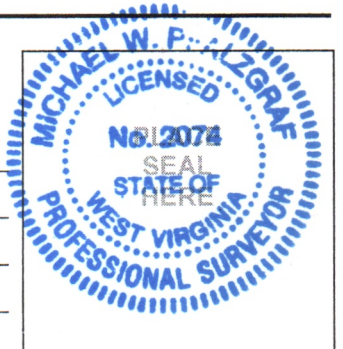
| | | |
|---|--------------|---|
| a) Top of bottom floor (including basement, crawl space, or enclosure floor) | <u>611.4</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor | <u>621.5</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) | <u>618.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade (LAG) | <u>610.7</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade (HAG) | <u>611.3</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |

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 comments are provided on back of form.

| | | | |
|---------------------------------------|---------------|--|--|
| Certifier's Name MICHAEL W. PFALZGRAF | | License Number 2074 | |
| Title ASSOCIATE | | Company Name J D & ASSOCIATES | |
| Address 1828 SEVENTH STREET | | City PARKERSBURG State WV ZIP Code 26101 | |
| Signature <i>Michael W Pfalzgraf</i> | Date 08/01/07 | Telephone (304) 428-2272 | |



| | |
|---|----------------------------|
| 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. 207 FRONT STREET | Policy Number |
| City WILLIAMSTOWN State WV ZIP Code 26187 | Company NAIC Number |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments NOTE: 8 SMART VENTS INSTALLED, EACH SMART VENT PROTECTS 200 SQUARE FEET(8X200=1600 SQUARE FEET)

Signature Michael W. Pfeiffer Date 08/01/07 Check here if attachments

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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments

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. and G9.

- 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-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

| | | |
|-------------------|------------------------|---|
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate Of Compliance/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: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments

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.
207 FRONT STREET

City WILLIAMSTOWN State WV ZIP Code 26187

For Insurance Company Use:

Policy Number

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

FRONT VIEW



REAR VIEW



10.0 Engineered Flood Openings Certificate

Engineered Flood Openings Certificate

To satisfy requirements of the National Flood Insurance Program

This certification must be submitted to, and kept on file by, the local jurisdiction's permit authority. A copy should be retained by the owner to demonstrate compliance in order to receive the best flood insurance rating.

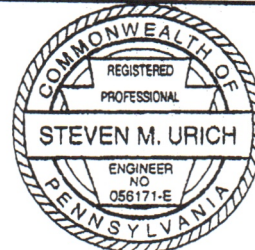
The Smart VENT® and Flood VENT™ Foundation Flood Vent is certified as meeting the flood opening requirements for engineered openings as set forth in the Federal Emergency Management Agency's National Flood Insurance Program regulations (44 CFR 60.3(c)(5)) and ASCE 24-98, provided it is installed according to the those references, as summarized below. Flood openings are required in enclosures below elevated buildings, attached and detached garages, and accessory structures that meet the required limitations. For a copy of the report documenting this certification dated June 21, 2002, and a copy of the National Evaluation Service report NER 624, contact Smart VENT, Inc., at 877/441-8368 or visit:

www.smartvent.com

I do hereby certify that the Smart VENT® Louvered Foundation Flood Vent and the FloodVENT™ Insulated Foundation Flood Vent opening (s) is designed for installation in buildings, will allow for the automatic equalizing of hydrostatic flood forces on exterior walls by allowing for the automatic entry and exit of floodwater during floods up to and including the base (100-year) flood. One Smart VENT® or one FloodVENT™ for every 200 Sq.Ft. of enclosed area will provide sufficient hydrostatic pressure equalization during a flood provided the installation limitations and instructions are followed as listed below. To Calculate the required number of Smart VENTS® or FloodVENTS™ divide the Square Feet of enclosed area by 200.

Example: A 2000 Sq.Ft. enclosed area requires 10 vents. $2000 \text{ Sq.Ft.} / 200 = 10 \text{ Vents}$

Signature St M Ed
 Title SENIOR PROJECT ENGINEER
 Type of License REGISTERED PROFESSIONAL ENGINEER
 License Number 056171-E



Professional Seal

*Project Name _____
 *Project Address _____
 *Date Submitted _____
 * Required Fields*

Installation Limitations and Instructions

1. The Smart VENT® or FloodVENT™ unit provides sufficient automatic equalization of hydrostatic pressure on walls and foundations of buildings located in flood hazard areas where the rate of rise is expected to be less than or approximately 5 feet per hour.
2. Enclosed areas below otherwise elevated buildings, non-elevated attached and detached garages, and certain non-elevated accessory structures located in flood hazard areas are to be used solely for parking of vehicles, building access, or storage.
3. Each enclosed area shall have at least two flood openings, installed on different sides of the enclosed area.
4. The bottom of the flood openings shall be no more than one foot above the adjacent finished ground level.
5. Installation must be in accordance with manufacturer's instructions.

"REFERENCE ONLY" From FEMA TB 1-93
Guidance for Engineered Openings
 Openings in Foundation Walls

National Flood Insurance Program (NFIP) Technical Bulletin TB 1-93

"In situations where it is not feasible or desirable to meet the openings criteria stated previously, a design professional (registered engineer or architect) may design and certify openings. This section provides guidance for such engineered designs. For openings not meeting all four requirements for non-engineered openings listed on page 2 and 3 of TB 1-93, certification by a registered professional engineer or architect is required. Such certification must be submitted to, and kept on file by, the community. These certifications must assure community officials that the openings are designed in accordance with accepted standards of practice. A certification may be affixed to the design drawings or submitted separately. It must include appropriate certification language, and the name, title, address, signature, type of license, license number, and professional seal of the certifier." (TB 1-93 is available through Smart VENT® or online at www.fema.gov)

Form: SMRT100 Rev.A

This form is the property of Smart VENT Inc. Modification or Duplication is Strictly Prohibited without authorization.