Greenbrier County Certificate of Occupancy

Drive, White Sulphur Springs, WV 24986 has been inspected and approved for occupancy by the Greenbrier County Building Code Official in accordance with This is to certify that the single-family dwelling located at 452 Sam Snead Sprinklers Required: No; Special Stipulations: Property in Floodplain the 2018 International Residential Code on March 25, 2024.

Owner: Thomas & Jessica Martz 2830 Creekfield Way Winston-Salem, NC 27106 Contractor: Main Street Building Group #WV0151718

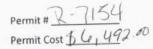
Permit R-7154

Stephen Robert Simmons II Building Code Official Holly DowArr, CFM

Kelly Banton Certified Floodplain Manager

Greenbrier County Planning & Permits Department

912 Court Street North Lewisburg, WV 24901 www.greenbriercounty.net



For Inspections Call- 304.646.9630

Inspections May Require 24 Hour Notice

Select Each Box That Applies	Non-Zoned	Zoned x	Floodplain	
Commercial	Residential x	Agricultural	Demolition	

wner Name: Thomas J Martz & Jes ailing Address: 2830 Creekfield W				
arrel Information:	-/			
ax District: 16 Tax Ma	n. 26L	Parcel: 2	Lot11	
revious Property Owner (If you				
hysical 911 Address <u>452 Sam</u>				
Must have before Certificate o				
	Occupancy min s			
tlities: /ell Permit #	Public	Water Authorization: C	ity of WSS	
eptic Permit #	Public	Sewer Authorization: C	ty of WSS	
	Public	Sewel Authorizationo	() () () () () () () () () () () () () (
ontractor Information:			Db # 304	536.2300
ontractor Name: Main Street Bu				
Contractor Address: 604 Main St	W, White Sulphur Spri	ngs, WV 24986 Contrac	tor License #_ WV	1151718
ype of Construction:				
7. 8				
Single Family Residence				
1				

Bathrooms 3.5	Bedrooms 3	Heat Type Electric Heat Pump			
Basement Type Crawl Space	Garage Type Attached				
Square Footage 3992	Length 68 ft	Width 30ft	Height 36ft		
Start Date June 27, 2022	Completion Date June 27, 2023	Cost of Construction \$1,082,00.00			

Accessory Building	NA	Square Footage	Utilities- Yes	No

Authorization Signature:

Print Name Main Street Building Group, LLC

Under Penalty of Intentional Misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I further certify that all easements, deed restrictions or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner of his/her successors in title from complying therewithin.

I understand that applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections during normal business hours for the duration of the permit.

For Office Use Only:	denotive
Floodplain Determination: Zo	ne XZone AZone AE Firm Panel 665 E
	(Substantial Improvement: YesNo
	Pre Firm Post Firm
	er Signature: Kelly Bouton
District	(f Zoned, Zoning attachment sheet required)
Comments: Conteactor	provided EC, but Plan un house plans, provided
Celetified foundat No change to BF	ion dawings also had H+H study showing
Permit Approval:	
ApprovedDenie	dPlaçard Issued
authorized Code Official Signat	
denonized code Official Signal	Date // Dute

National Flood Insurance Program

Elevation Certificate

and Instructions

2022 EDITION



ELEVATION CERTIFICATE AND INSTRUCTIONS

PARATORK REDUCTION ACTIVITIES

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). NOTE: Do not send your completed form to this address.

THE METALES TO A YOUNG

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of documenting compliance with National Flood Insurance Program (NFIP) floodplain management ordinances for new or substantially improved structures in designated Special Flood Hazard Areas. This form may also be used as an optional tool for a Letter of Map Amendment (LOMA), Conditional LOMA (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional LOMR-F (CLOMR-F), or for flood insurance rating purposes in any flood zone.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ FEMA-003 – National Flood Insurance Program Files System of Records Notice 79 Fed. Reg. 28747 (May 19, 2014) and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may impact the flood insurance premium through the NFIP. Information will only be released as permitted by law.

PURPOSE OF THE EVENTON SERVICE AND

The Elevation Certificate is an important administrative tool of the NFIP. It can be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to inform the proper insurance premium, and to support a request for a LOMA, CLOMA, LOMR-F, or CLOMR-F.

The Elevation Certificate is used to document floodplain management compliance for Post-Flood Insurance Rate Map (FIRM) buildings, which are buildings constructed after publication of the FIRM, located in flood Zones A1–A30, AE, AH, AO, A (with Base Flood Elevation (BFE)), VE, V1–V30; V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, and A99. It may also be used to provide elevation information for Pre-FIRM buildings or buildings in any flood zone.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. Lowest Adjacent Grade (LAG) elevations certified by a land surveyor, engineer, or architect, as authorized by state law, will be required if the certificate is used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request A LOMA, CLOMA, LOMR-F, or CLOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 application package, whichever is appropriate. If the certificate will only be completed to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request, there is an option to document the certified LAG elevation on the Elevation Form

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the BFE. A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

The expiration date on the form herein does not apply to certified and completed Elevation Certificates, as a completed Elevation Certificate does not expire, unless there is a physical change to the building that invalidates information in Section A Items A8 or A9, Section C, Section E, or Section H. In addition, this form is intended for the specific building referenced in Section A and is not invalidated by the transfer of building ownership.

Additional guidance can be found in FEMA Publication 467-1, Floodplain Management Bulletin: Elevation Certificate.

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 PAGES 9-19

opy all pages of this Elevation Certificate and all attachments for (1) community of SEGICONA -PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name: Terence and Jeanne P Neal		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. F 452 Sam Snead Drive	Route and Box No.:	Company NAIC Number:
City: White Sulphur Springs	State: WV	ZIP Code: 24986
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) a PARID 16 26L0002000000000 - Snead Lot 11	nd/or Tax Parcel Nur	mber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.		
A5. Latitude/Longitude: Lat. N37 46' 26.27" Long. W 80 20' 05.17" Ho	rizontal Datum: N	NAD 1927 ⊠ NAD 1983 □ WGS 84
A6. Attach at least two and when possible four clear photographs (one for each	ch side) of the buildin	g (see Form pages 7 and 8).
A7. Building Diagram Number:8		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): 2,170.00	sq. ft.	
b) Is there at least one permanent flood opening on two different sides of	each enclosed area	? ⊠ Yes ☐ No ☐ N/A
c) Enter number of permanent flood openings in the crawlspace or enclose Non-engineered flood openings:0 Engineered flood openings:	sure(s) within 1.0 foo enings: 1	t above adjacent grade: 2
d) Total net open area of non-engineered flood openings in A8.c:	0.00 sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach document		tions): 2,400.00 sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable - see Instructions):		
A9. For a building with an attached garage:		
a) Square footage of attached garage: 833.00 sq. ft.		
b) Is there at least one permanent flood opening on two different sides of	f the attached garage	e? ⊠Yes □ No □ N/A
c) Enter number of permanent flood openings in the attached garage with Non-engineered flood openings: 0 Engineered flood openings: 0	hin 1.0 foot above ac	
d) Total net open area of non-engineered flood openings in A9.c:		
e) Total rated area of engineered flood openings in A9.c (attach docume		tions): 800.00 sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions):		
SECTIONAR- PLOOD INSURANCE RANGE		THE TOU
B1.a. NFIP Community Name: Greenbrier County B1.b	. NFIP Community Is	dentification Number: 540040
	B4. Map/Panel No.	: 54025C0665 B5. Suffix: F
B6. FIRM Index Date: 07/05/2023 B7. FIRM Panel Effective/Re		
B8. Flood Zone(s): X B9. Base Flood Elevation(s)		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Ite ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:		
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐	NAVD 1988 🔲 Ott	er/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) Designation Date: CBRS OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes	⊠ No

FEMA Form FF-206-FY-22-152 (formerly 086-0-33) (10/22)

Page 2 of 19

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, St 452 Sam Snead Drive	uite, and/or Bldg. No.)	or P.O. Route and Box	No.: F	OR INSUR	ANCE COMPA	INY USE
City: White Sulphur Springs	State:WV	ZIP Code: 24986	15.00	olicy Number	er: NC Number:	or a sec
SECTION C-EU	ILDING HURYARIO	Nation Value of the Contract o				
C1. Building elevations are based on: C1. Building elevation Certificate will be requi	construction Drawings	* Building Unde	er Construction*	and the second		on
C2. Elevations – Zones A1–A30, AE, AH, AC A99. Complete Items C2.a–h below according Benchmark Utilized: See Comments	ording to the Building	/1–V30, V (with BFE), Diagram specified in I Vertical Datum: NA	tem A7. In Puer	AE, AR/A1- rto Rico onl	-A30, AR/AH, A	AR/AO, s.
Indicate elevation datum used for the elevation ☐ NGVD 1929 ☐ NAVD 1988 ☐ O	ns in items a) through ther:	n h) below.				
Datum used for building elevations must be the fyes, describe the source of the conversion	ne same as that used factor in the Section [for the BFE. Convers Comments area.	ion factor used?	777		
a) Top of bottom floor (including baseme	ent, crawlspace, or en	closure floor):	1,794.1		k the measuren	
b) Top of the next higher floor (see Instru	uctions):		1,798.2	 20 ⊠ fe	et meter	
c) Bottom of the lowest horizontal structu	ıral member (see Inst	ructions):		fe	eet meters	s
d) Attached garage (top of slab):			1,795.5		et meter	S
 e) Lowest elevation of Machinery and Ed (describe type of M&E and location in 	uipment (M&E) servi Section D Comments	cing the building area):	1,794.8		et 🗌 meter	·s
f) Lowest Adjacent Grade (LAG) next to	building: Natura	I Finished	1,794.0	00 🛭 fe	et meter	s
g) Highest Adjacent Grade (HAG) next to	building: 🛛 Natura	I Finished	1,795.7	70 ⊠ fe	et meter	s
 h) Finished LAG at lowest elevation of at support: 	tached deck or stairs	, including structural	1,794.3	30 ⊠ fe	eet 🗌 meter	s
SECTION DES	URVIEWOR ENGIN	मनस् शास्त्रस्यस्थानम्	ा लबस्यात	MON		
This certification is to be signed and sealed by information. I certify that the information on the lalse statement may be punishable by fine or	is Certificate represer	nts my best efforts to i	nterpret the dat	e law to cer a available	rtify elevation . I understand t	hat any
Were latitude and longitude in Section A provi	ded by a licensed lan	d surveyor? Yes	⊠ No			
Check here if attachments and describe in	the Comments area.					
Certifier's Name: Philip Reed, PE	Licen	se Number: 16632		.025	W N'I	
Title: Senior Engineer				. TOHIL	SISTER CO'.	
Company Name: Terradon Corporation				3 /02/	22/2024	•
Address: 790 South Court Street				Phil	up Reed	
City: Lewisburg	State:	WV ZIP Code: 24	4901	-0 X	TATE OF THE	3.3
Signature: Philip Reed Display	gitally signed by Philip Fate: 2024.02.23 10:09:0	Reed 1 -05'00' Date: 02/22	2/2024	1,000	ONAL ENGLIS	
Telephone: (304) 645-4636 Ext.:	Email: philip.r	eed@terradon.com		Р	lace Seal Here	
Copy all pages of this Elevation Certificate and	all attachments for (1)	community official, (2)	insurance agen	company,	and (3) building	owner.
Comments (including source of conversion fac GPS Observations used to establish elev- aken from adjacent Zone AE BFE. Buildi 1540-520.	ations based off W\	DOT Real Time No	etwork NAD8:	3(2011) F	RFF in Item R	Qwae

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

	ng Apt., Unit, Suite, and/or B	Ida, No.) or P.O. Ro	oute a	nd Bo	x No.		FOR INSURAN	ICE COMPANY USE
52 Sam Snead Drive						100	Policy Number:	
city: White Sulphur Springs	State:	WV ZIP C	ode:	24986	3		Company NAIC	Number:
	98/21/3/10/10/2 = E /0// 2//2/0/ 3/07	earmo, and	ZON	B/A (MARK	#(Olempia	(P3)	
For Zones AO, AR/AO, and A ontended to support a Letter of enter meters.	(without BFE), complete Ite Map Change request, com	ems E1–E5. For Ite oplete Sections A,	ems E B, and	1–E4, I C. C	use heck	natural g the mea	rade, if available surement used.	e. If the Certificate is In Puerto Rico only,
Building measurements are ba A new Elevation Certificate wi	ill be required when constr	uction of the buildi	ng is	compl	ete.			
E1. Provide measurements (C measurement is above or	C.2.a in applicable Building below the natural HAG an	Diagram) for the f d the LAG.	ollowi	ng an	d che	eck the ap	propriate boxes	s to show whether the
 Top of bottom floor (increawlspace, or enclose 	cluding basement, ure) is:			feet		meters	above or	below the HAG.
 Top of bottom floor (increase) b) Top of bottom floor (increase) crawlspace, or enclose 	ure) is:				-	meters		below the LAG.
E2. For Building Diagrams 6- next higher floor (C2.b in	-9 with permanent flood op- applicable	enings provided in	Secti	on A	tems	8 and/or	9 (see pages 1	–2 of Instructions), th
Building Diagram) of the I	building is:		_ 🗆	feet		meters	above or	below the HAG
3. Attached garage (top of s	slab) is:			feet		meters	above or	below the HAG
E4. Top of platform of machin servicing the building is:	nery and/or equipment	#. 		feet		meters	above or	below the HAG
A STATE OF THE PARTY OF THE PAR	ordinance? Yes	No Unknow	'n	The lo	ocal c	official mu	ist certify this in	formation in Section (
	() এইফাপ্ ্ পে। এই	AND THE RESERVE AND ADDRESS OF THE PARTY OF	And the last	eriocic patricipa.	and the state of the state of	State of the last		
The property owner or owner sign here. The statements in	's authorized representative	e who completes S	Section of my	ns A. knowl	B, an edge	d E for Z	one A (without I	BFE) or Zone AO mus
Check here if attachment								
_								
Property Owner or Owner's A								
							100000	
Property Owner or Owner's A Address:					St	ate:	ZIP Code	
Address:		2.112						
Address:		2.112	_ Da	ate: _				

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and B 152 Sam Snead Drive	ox No.:	FOR INS	URANCE COMPANY US
City: White Sulphur Springs State: WV ZIP Code: 2498	36		mber;
S-ATANA AND MINISTRA			NAIC Number:
SECTION G-COMMUNITY MATERIAL MATERIAL CONTROL OF MOTION OF SECTION	Account to the second second second second	And the second state of the last	
The local official who is authorized by law or ordinance to administer the community's section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s	floodplain mar	nagement o	rdinance can complete
51. The information in Section C was taken from other documentation that has			
engineer, or architect who is authorized by state law to certify elevation info elevation data in the Comments area below.)	principle of the company of the comp	and sealed cate the so	by a licensed surveyor, urce and date of the
S2.a. A local official completed Section E for a building located in Zone A (without E5 is completed for a building located in Zone AO.	it a BFE), Zon	e AO, or Zo	one AR/AO, or when item
22.b. A local official completed Section H for insurance purposes.			
 In the Comments area of Section G, the local official describes specific cor 	rections to the	information	n in Sections A, B, E and I
34. The following information (Items G5–G11) is provided for community floods			
55. Permit Number: G6. Date Permit Issued:			
7. Date Certificate of Compliance/Occupancy Issued:			
88. This permit has been issued for: New Construction Substantial Impro	vement		
9.a. Elevation of as-built lowest floor (including basement) of the building:	_ feet [meters	Datum:
Elevation of bottom of as-built lowest horizontal structural member:	_ [feet [meters	Datum:
10.a. BFE (or depth in Zone AO) of flooding at the building site:	feet [meters	Datum:
i10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:			*
		meters	Datum:
11. Variance issued? Yes No If yes, attach documentation and descri			
he local official who provides information in Section G must sign here. I have complet orrect to the best of my knowledge. If applicable, I have also provided specific correct	ed the informa	ation in Sec	tion G and certify that it is
ocal Official's Name: Title:			
FIP Community Name:			
elephone: Ext.: Email:			and the second second
ddress:			
ity:	State:	ZIP C	ode:
ignature: Date:			
omments (including type of equipment and location, per C2.e; description of any attac	ohmonto: and		A
ections A, B, D, E, or H):	ormerna, and	corrections	to specific information in

ELEVATION CERTIFICATE

ilding Street Address (including	Apt., Unit, Suite, and/or Bldg. No	.) or P.O. Route and Box No.:	FOR INS	URANCE COMPANY USI
2 Sam Snead Drive			- Policy Nu	mber:
y: White Sulphur Springs	State: WV	ZIP Code: 24986	— Company	NAIC Number:
Section:	HENDENINGS FRANKEN Wrvey (of Required)	ioska karakan karakan Karakan karakan karaka	17/1701R/14442 51:58/03/1444)	20 /138
e property owner, owner's aut determine the building's first fl	norized representative, or local oor height for insurance purpos enth of a meter in Puerto Rico). ate Building Diagrams (at the	floodplain management official es. Sections A, B, and I must a	may complete so be complete pe Diagrams	(at the end of Section H
	of the floor (as indicated in Fo			
	1A, 1B, 3, and 5-9. Top of bot loors only for buildings with			
h) For Building Diagrams	2A, 2B, 4, and 6-9. Top of new cove basement, crawlspace, or	ct feet	meters	above the LAG
2. Is all Machinery and Equip H2 arrow (shown in the Fo	ment servicing the building (as l indation Type Diagrams at end	isted in Item H2 instructions) el of Section H instructions) for th	evated to or ab e appropriate E	ove the floor indicated by suilding Diagram?
Yes No				The second second second second second
ব্ৰহণ তামা লাল	PERSONNER (OR OWN	RIS/AUTIONIZED NEURI	SENIT MINE	NEW ALTERNATIONS
	The second secon		The American Control of the Control	
he respect to the same of the	authorized representative who o	completes Sections A. B. and H	must sign here	The statements in Section
he property owner or owner's	authorized representative who dest of my knowledge, Note: If the	completes Sections A, B, and H ne local floodplain management	must sign here official comple	e. The statements in Section ted Section H, they should
B. and H are correct to the b	est of my knowledge. Note: If the	completes Sections A, B, and H ne local floodplain management	must sign here official comple	e. The statements in Section ted Section H, they should
i, B, and H are correct to the b indicate in Item G2.b and sign S	est of my knowledge. Note: If the Section G.	пе посат пообрыт тападетет	Official comple	ted Section 11, they should
, B, and H are correct to the b idicate in Item G2.b and sign s	est of my knowledge. Note: If the	пе посат пообрыт тападетет	Official comple	ted Section 11, they should
, B, and H are correct to the bidicate in Item G2.b and sign S Check here if attachments a	est of my knowledge. Note: If the section G. re provided (including required)	photos) and describe each atta	chment in the	Comments area.
, B, and H are correct to the bidicate in Item G2.b and sign S Check here if attachments a	est of my knowledge. Note: If the section G. re provided (including required horized Representative Name:	photos) and describe each atta	chment in the	Comments area.
, B, and H are correct to the bidicate in Item G2.b and sign S Check here if attachments a property Owner or Owner's Aududress:	est of my knowledge. Note: If the Section G. re provided (including required horized Representative Name:	photos) and describe each atta	chment in the	Comments area.
, B, and H are correct to the bidicate in Item G2.b and sign S Check here if attachments a property Owner or Owner's Aududress:	est of my knowledge. Note: If the section G. re provided (including required horized Representative Name:	photos) and describe each atta	chment in the	Comments area.
, B, and H are correct to the bidicate in Item G2.b and sign S Check here if attachments a property Owner or Owner's Audidress:	est of my knowledge. Note: If the section G. re provided (including required horized Representative Name:	photos) and describe each atta	chment in the	Comments area.
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a, B, and H are correct to the bidicate in Item G2.b and sign S Check here if attachments a Property Owner or Owner's Autodress: City: Signature: Celephone:	est of my knowledge. Note: if the Section G. re provided (including required horized Representative Name:	photos) and describe each atta	chment in the	Comments area.
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ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit 452 Sam Snead Drive	FOR INSURANCE COMPANY USE			
City: White Sulphur Springs	State:	wv	ZIP Code: 24986	Policy 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: 02.21:2024 Front View of House

Clear Photo One



Photo Two

Photo Two Caption: 02.21.2024 Rear View of House

Clear Photo Two

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ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit	FOR INSURANCE COMPANY USE			
452 Sam Snead Drive				Policy Number:
City: White Sulphur Springs	State:	WV	ZIP Code: 24986	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: 02.21.2024 Left view of house/garage

Clear Photo Three



Photo Four

Photo Four Caption: 02.21.2024 Right Rear View of House/Garage

Clear Photo Four

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