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

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

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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

SECTION A – PROPERTY INFORMATION					FOR	FOR INSURANCE COMPANY USE	
A1. Building Owner's Name					Policy	/ Number:	
SAFWAT ATTIA		 					
A2. Building Street Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company					pany NAIC Number:	
21 GATE STREET							
City				State		ZIP C	
BUCKHANNO				West Vir	•	▼ 2620	1
		ind Block Numbers, Ta CEL 146 Lot 8 Iron Ga			jal Description, etc	c.)	
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) RESIDENTIA	AL	
A5. Latitude/Longit	tude: Lat. <u>3</u>	8.997288	Long. <u>-</u> {	80.221935	Horizontal	Datum:	NAD 1927 🔀 NAD 1983
A6. Attach at least	: 2 photograp	hs of the building if the	e Certific	ate is being ι	 used to obtain flood	d insurance.	
A7. Building Diagra	am Number	8					
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foot	tage of crawl	Ispace or enclosure(s)			1040 sq ft		
b) Number of p	permanent flo	ood openings in the cra	awlspace	e or enclosure	 ∍(s) within 1.0 foot	above adjace	ent grade 0
c) Total net are	ea of flood o	penings in A8.b		0 sqin	ŀ		
d) Engineered	flood openir	ngs? 🗌 Yes 🗵 N	10				
A9. For a building v	vith an attacl	ned garage:					
a) Square foot	age of attach	ned garage		NA sq ft			
b) Number of p	permanent fle	ood openings in the at	tached g	arage within	1.0 foot above adja	acent grade	n 1
		penings in A9.b		0 sq		······································	
		·	Jo				
d) Engineered flood openings?							
	SE	ECTION B – FLOOD I	NSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1, NFIP Commun	ity Name & (Community Number		B2. County	Name	B3. State	
BUCKHANNON 54	0199			UPSHUR	PSHUR West Virgin		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Fl (Zone A	lood Elevation(s) AO, use Base Flood Depth)
54097C 0126	D	09/29/2010	NA		AE	1415.1	
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/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
P42. In the building leasted in a Constal Parrier Parr							
		<u></u>) area or ∪tnerwis	e Protectea #	Area (OPA)? Yes No
Designation Date: NA CBRS OPA							

ELEVATION CERTIFICATE

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.				Policy Number:		
City	ty State ZIP Code			Company NAIC Number		
	SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
0.5000000000000000000000000000000000000	C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction					
C2. I	*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–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.					
	Benchmark Utilized: RM1 ELEV. 1432.48	Vertical Datum:				
1	ndicate elevation datum used for the elevations in item		v.			
,	☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Sou					
	Datum used for building elevations must be the same a	is that used for the B	FE.	Check the m	neasurement used.	
6	a) Top of bottom floor (including basement, crawlspace	e, or enclosure floor)	1	413.8 X feet	meters	
1	b) Top of the next higher floor		1	417.6 X feet	☐ meters	
(c) Bottom of the lowest horizontal structural member (V Zones only)		NA feet	meters	
	d) Attached garage (top of slab)	ont paradition through the termination (₹ • •		NA 🛭 feet	meters	
•	Lowest elevation of machinery or equipment servici (Describe type of equipment and location in Comme	ng the building ents)	1	416.0 X feet	meters	
f				413.3 X feet	meters	
(g) Highest adjacent (finished) grade next to building (F	HAG)	1	414.5 X feet	meters	
ı	Lowest adjacent grade at lowest elevation of deck of structural support	or stairs, including	1	413.8 X feet	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 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 \(\subseteq \text{No} \) \(\subseteq \text{Check here if attachments.} \)						
		icense Number		40000	A REASON	
Title	E P. BENNETT	954		TO LE	P. BENN	
OWN	IER			M. O. Strain	COLO BAY DA	
Comp	pany Name			- * It	lace 🖟	
	NETT SURVEYING			1 3 1	aeal / 8 /	
	REEN STREET			158	Aere	
City BUC		State West Virginia 🔻	ZIP Code 26201	- Car	Committee	
Signa		Date 12/16/2022	Telephone 304-472-0817	Ext.		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per C2(e), if applicable)						
HEAT PUMP ELEVATION 1416.0						

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the correspondi	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and	Policy Number:				
City	State ZI	P Code	Company NAIC Number		
SECTION E – BUILDING ELI FOR ZONE	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,					
crawlspace, or enclosure) isb) Top of bottom floor (including basement, crawlspace, or enclosure) is	0.5		_		
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in			-		
the diagrams) of the building is	3.1				
E3. Attached garage (top of slab) is	0	feet mete	rs above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is	1.5		 -		
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the bottor No	m floor elevated in ac he local official must	cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWN	IER (OR OWNER'S RE	PRESENTATIVE) C	ERTIFICATION		
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Section statements in Section	ons A, B, and E for Zo is A, B, and E are co	one A (without a FEMA-issued or rect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's	s Name				
Address	City	St	ate ZIP Code ▼		
Signature	Date	T€	elephone		
Comments					
			☐ Check here if attachments.		

ELEVATION CERTIFICATE

MPORTANT: 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.	Policy Number:				
City State ZIP Code ▼	Company NAIC Number				
SECTION G - COMMUNITY INFORMATION (OPTIONAL)					
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.					
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)					
G2. A community official completed Section E for a building located in Zone A (without a FEN or Zone AO.	MA-issued or community-issued BFE)				
G3. The following information (Items G4–G10) is provided for community floodplain manager	nent purposes.				
	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:	ot meters Datum				
G9. BFE or (in Zone AO) depth of flooding at the building site:	et 🔲 meters Datum				
G10. Community's design flood elevation:	et meters Datum				
Local Official's Name Title					
Community Name Telephone					
Signature Date					
Comments (including type of equipment and location, per C2(e), if applicable)					
	Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

MPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including A	pt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code ▼	Company NAIC Number
instructions for Item A6. Identify all	photographs with date taken; "F e, photographs must show the	Front View" and "Rear View"; ar foundation with representative	notographs below according to the nd, if required, "Right Side View" and examples of the flood openings or Continuation Page.
	Phot	o One	
	1 1100	o one	
	Pho	ota One	
Photo One Caption	FIIC	NO ONE	Clear Photo One
	Phot	to Two	
	Ph	oto Two	
Photo Two Caption			Clear Photo Two

BUILDING PHOTOGRAPHS

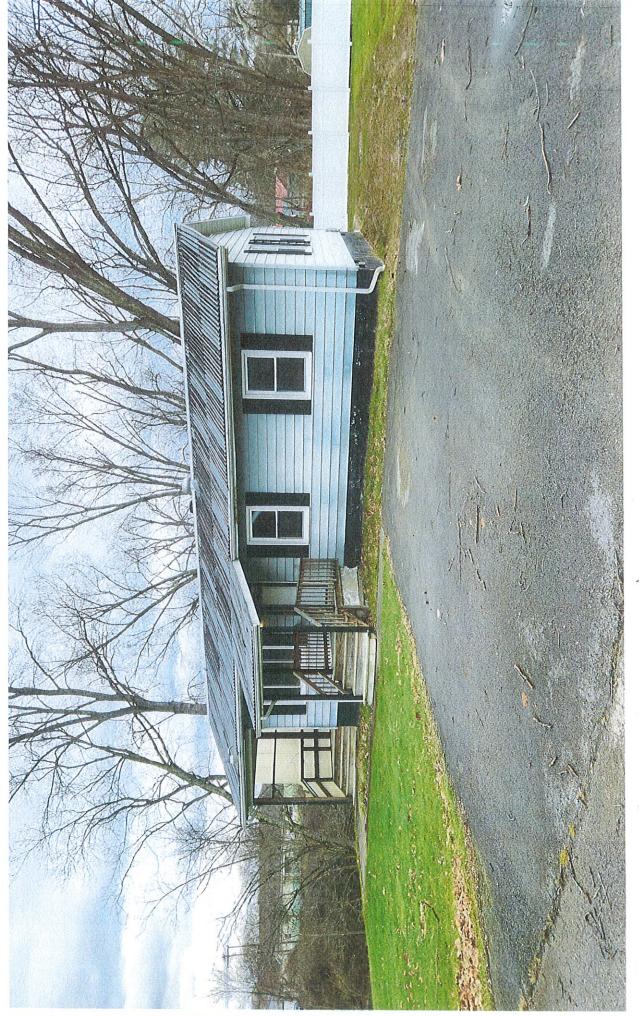
ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspon	ding information fro	m Section A.	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, a	nd/or Bldg. No.) or P.0). Route and Box No.	Policy Number:	
City	State	ZIP Code	Company NAIC Number	
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.				
	Photo Thre	ee		
	Photo Three			
Photo Three Caption			Clear Photo Three	
Photo Four				
	Photo Four			
Photo Four Caption			Clear Photo Four	



Front Elevation Looking East



front Elevation Looking Northeast



Ru Elevation Looking West

ATTIA

