

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

Instructions are available in Zoning Office.

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| SECTION A - PROPERTY OWNER INFORMATION | For Insurance Company Use: |
| Building Owner's Name: | Policy Number: |
| Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. BOX NO: | Company NAIC Number: |

City: _____ State: _____ Zip Code: _____

Property Description (Lot and Block Numbers, Parcel ID Number, Legal Description, etc.): _____
 Building Use (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section, if necessary.): _____

LATITUDE / LONGITUDE (OPTIONAL): _____ HORIZONTAL DATUM: _____ SOURCE: 9 GPS (Type): _____
 (## = - ## - ##.## or ##.##### =) =NAD 1927 =NAD 1983 =USGS Quad Map =Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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|---|-------------|----------------------|--|---------------------|---|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: | | | B2. COUNTY NAME: | | B3. STATE: |
| B4. MAP & PANEL NUMBER: | B5. SUFFIX: | B6. FIRM INDEX DATE: | B7. FIRM PANEL EFFECTIVE/REVISED DATE: | B8. FLOOD ZONES(S): | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 = FIS Profile = FIRM = Community Determined = Other (Describe): _____
 B11. Indicate the elevation datum used for the BFE in 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: _____

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. Building Diagram Number: _____ (Select the building diagram most similar to the building for which this certificate is being complete- see pages 6 & 7. If no diagram accurately represents the building, provide a sketch or photograph.)
 C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum _____ Conversion/Comment _____
 Elevation reference mark used _____. Does the elevation reference mark used appear on the FIRM ? = Yes = N

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| <ul style="list-style-type: none"> ▶ =a) Top of bottom floor (including basement or enclosure) _____ ft.(m) =b) Top of next higher floor _____ ft.(m) =c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m) =d) Attached garage (top of slab) _____ ft.(m) =e) Lowest elevation of mach. and/or equipment servicing the bldg. _____ ft.(m) =f) Lowest adjacent grade (LAG) _____ ft.(m) =g) Highest adjacent grade (HAG) _____ ft.(m) =h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade: _____ =i) Total area of all permanent openings (flood vents) in C3h: _____ sq.in.(sq.cm) | <p style="text-align: center;">License Number, Embossed Seal, Signature, & Date</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
|--|---|

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 in Sections A, B, and C 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.

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| Certifier's Name: | License Number: |
| Title: | Company Name: |
| Address: | City: State: Zip Code: |
| Signature: | Date: Telephone: |

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| 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. BOX NO: | Policy No: |
| City: _____ State: _____ Zip Code: _____ | Company NAIC No: |

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:

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. (If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.)

- E1. Building Diagram Number:___ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ___ft.(m) ___in.(cm) 9 above or 9 below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ft.(m) in.(cm) above the highest adjacent grade.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's flood plain management ordinance? 9 Yes 9 No 9 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. 9 Check here if attachments.

Property Owner's or owner's authorized Representative's Name (print or type):

Address:

Signature:

Date

Telephone

COMMENTS:

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The official who is authorized by law or ordinance to administer the community's flood plain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. 9 The info in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. 9 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. 9 The following information (Items G4-G9) is provided for community flood plain management purposes.

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|--------------------|-------------------------|--|
| G4. Permit Number: | G5. Date Permit Issued: | G6. Date Certificate of Compliance/Occupancy Issued: |
|--------------------|-------------------------|--|

G7. This permit has been issued for: 9 New Construction 9 Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ft.(m) Datum: _____

Local Official's Name:

Title:

Community Name:

Telephone:

Signature:

Date:

COMMENTS: