

B-08-0192

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

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires February 28, 2009

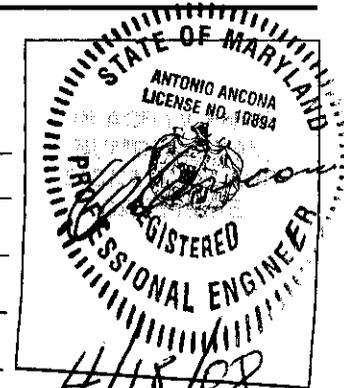
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION			For Insurance Company Use:
A1. Building Owner's Name <u>Shannon Drinnon and Garne C Drinnon II</u>		Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>14 Ackerman Court</u>		Company NAIC Number	
City <u>Stevensville</u>	State <u>Maryland</u>	ZIP Code <u>21666</u>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 39, Block Y, Plat 3, Cloverfields, Queen Anne's County, Fourth Election District</u>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>			
A5. Latitude/Longitude: Lat. <u>N39° 00.015'</u> Long. <u>W76° 17.812'</u>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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>1</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>1700</u> sq ft	a) Square footage of attached garage <u>462</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>18</u>	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>5</u>		
c) Total net area of flood openings in A8.b <u>1764</u> sq in	c) Total net area of flood openings in A9.b <u>392</u> sq in		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>Cloverfields, Fourth District</u>		B2. County Name <u>Queen Anne's County</u>		B3. State <u>Maryland</u>	
B4. Map/Panel Number <u>240054 0039</u>	B5. Suffix <u>C</u>	B6. FIRM Index Date <u>Sept. 28, 1984</u>	B7. FIRM Panel Effective/Revised Date <u>June 16, 1992</u>	B8. Flood Zone(s) <u>B</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>7 Feet</u>
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: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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 _____ Vertical Datum <u>N.G.V.D. 1929</u> Conversion/Comments <u>N/A</u>	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor) <u>8.01</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
b) Top of the next higher floor <u>16.51</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>7.01</u> <input checked="" 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>8.01</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
f) Lowest adjacent (finished) grade (LAG) <u>6.01</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
g) Highest adjacent (finished) grade (HAG) <u>7.40</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.			
<input type="checkbox"/> Check here if comments are provided on back of form.			
Certifier's Name <u>Antonio Ancona</u>	License Number <u>10894</u>		
Title <u>Professional Engineer</u>	Company Name <u>Ancona and Associates, Inc.</u>		
Address <u>1686 Village Green, Suite 201</u>	City <u>Crofton</u>	State <u>MD</u>	ZIP Code <u>21114</u>
Signature <u>[Signature]</u>	Date <u>April 18, 2008</u>	Telephone <u>301*261-6936</u>	



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14 Ackerman Ct			Policy Number	
City Stevensville	State MD	ZIP Code 21666	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  
The first floor level flood elevation was obtained for the Elevation Certificate by Clarence H. Miller Professional Land Surveyor, MD Lic. No. 4011, Dated Nov.27, 1985.

April 18, 2008

Signature \_\_\_\_\_ Date \_\_\_\_\_  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



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

JH Ackerman Co
B85-0713

OMB 3067-0077
Expires: June 1984

ELEVATION CERTIFICATE

This form is to be used for: 1) New/Emergency Program construction in Special Flood Hazard Areas; 2) Pre-FIRM construction after September 30, 1982; 3) Post-FIRM construction; and, 4) Other buildings rated as Post-FIRM rules.

Mallard Homes

P.O. Box 142

BUILDING OWNER'S NAME: ADDRESS: Chester MD 21619

PROPERTY LOCATION (Lot and Block numbers and address if available): Lot 39, Block Y, Cloverfields Subdivision

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.

SECTION I ELIGIBILITY CERTIFICATION (Completed by Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor)

Table with 7 columns: COMMUNITY NO, PANEL NO, SUFFIX, DATE OF FIRM, FIRM ZONE, DATE OF CONSTR., BASE FLOOD ELEV. (In AO Zone, use depth), BUILDING IS (New/Emergency, Pre-FIRM Reg, Post-FIRM Reg)

YES NO It is intended that the building described above will be constructed in compliance with the community's flood plain ordinance. The certifier may rely on community records. The lowest floor (including basement) will be at an elevation of \_\_\_\_\_ ft, NGVD. Failure to construct the building at this elevation may place the building in violation of the community's flood plain management ordinance.

YES NO The building described above has been constructed in compliance with the community's flood plain management ordinance based on elevation data and visual inspection or other reasonable means.

If NO is checked, attach copy of variance issued by the community.

YES NO The mobile home located at the address described above has been tied down (anchored) in compliance with the community's flood plain management ordinance, or in compliance with the NFIP Specifications.

Table with 5 columns: MOBILE HOME MAKE, MODEL, YR. OF MANUFACTURE, SERIAL NO., DIMENSIONS X

(Community Permit Official or Registered Professional Engineer, Architect, or Surveyor)

NAME: Alan Quimby ADDRESS: P.O. Box 56

TITLE: Water Resources Eng CITY: Centreville STATE: Maryland ZIP: 21617

SIGNATURE: Alan Quimby DATE: 11-27-85 PHONE: 301-758-0920

SECTION II ELEVATION CERTIFICATION (Certified by a Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor.)

FIRM ZONE A1-A30: I certify that the building at the property location described above has the lowest floor (including basement) at an elevation of 8.0 feet, NGVD (mean sea level) and the average grade at the building site is at an elevation of \_\_\_\_\_ feet, NGVD.

FIRM ZONES V, V1-V30: I certify that the building at the property location described above has the bottom of the lowest floor beam at an elevation of \_\_\_\_\_ feet, NGVD (mean sea level), and the average grade at the building site is at an elevation of \_\_\_\_\_ feet, NGVD.

FIRM ZONES A, A99, AH and EMERGENCY PROGRAM: I certify that the building at the property location described above has the lowest floor elevation of \_\_\_\_\_ feet, NGVD. The elevation of the highest adjacent grade next to the building is \_\_\_\_\_ feet, NGVD.

FIRM ZONE AO: I certify that the building at the property location described above has the lowest floor elevation of \_\_\_\_\_ feet, NGVD. The elevation of the highest adjacent grade next to the building is \_\_\_\_\_ feet, NGVD.

SECTION III FLOODPROOFING CERTIFICATION (Certification by a Registered Professional Engineer or Architect)

I certify to the best of my knowledge, information, and belief, that the building is designed so that the building is watertight, with walls substantially impermeable to the passage of water and structural components having the capability of resisting hydrostatic and hydrodynamic loads and effects of buoyancy that would be caused by the flood depths, pressures velocities, impact and uplift



**c.h. miller & associates, inc.**

**land surveying services**

650 Ritchie Highway, Monumental Title Building  
Severna Park, Maryland 21146 Phone: (301) 544-5050

**eastern shore office**

P.O. Box 417  
Stevensville, Maryland 21666 Phone: (301) 643-3612

November 27, 1985

The Department of Public Works  
Queen Anne's County  
P.O. Box 56  
Centreville, Maryland 21617

Attn: Mr. Alan L. Quimby

RE: Lots 43 & 42, Lots 41 & 40  
and Lot 39; Block Y,  
Cloverfields, Fourth  
District.

Dear Mr. Quimby:

This is to certify that we have checked the first floor elevations of the 3 dwellings under construction on the above referenced lots and have found those elevations, stated in feet above sea level (N.G.V.D. of 1929), to be as follows:

dwelling Lots 43 & 42	8.71	B-85 - 715
dwelling Lots 41 & 40	8.88	B-85 - 714
dwelling Lot 39	8.01	B-85 - 713

Clarence H. Miller #4011



# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION			For Insurance Company Use:
A1. Building Owner's Name <u>Shannon Drinnon and Garnie C Drinnon II</u>			Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>14 Ackerman Court</u>			Company NAIC Number
City <u>Stevensville</u>	State <u>Maryland</u>	ZIP Code <u>21666</u>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 39, Block Y, Plat 3, Cloverfields, Queen Anne's County, Fourth Election District</u>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>			
A5. Latitude/Longitude: Lat. <u>N39° 00.015'</u> Long. <u>W76° 17.812'</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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>1</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>1700</u> sq ft	a) Square footage of attached garage <u>462</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>18</u>	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>5</u>		
c) Total net area of flood openings in A8.b <u>1764</u> sq in	c) Total net area of flood openings in A9.b <u>392</u> sq in		

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>Cloverfields, Fourth District</u>		B2. County Name <u>Queen Anne's County</u>		B3. State <u>Maryland</u>	
B4. Map/Panel Number <u>240054 0039</u>	B5. Suffix <u>C</u>	B6. FIRM Index Date <u>Sept. 28, 1984</u>	B7. FIRM Panel Effective/Revised Date <u>June 16, 1992</u>	B8. Flood Zone(s) <u>B</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>7 Feet</u>

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 \_\_\_\_\_ Vertical Datum N.G.V.D. 1929  
 Conversion/Comments N/A

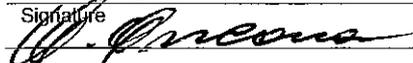
Check the measurement used.

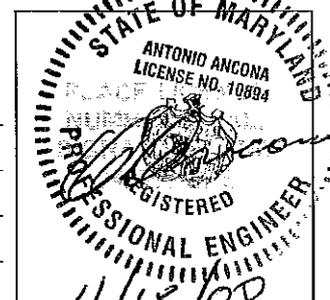
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>8.01</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>16.51</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto 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>7.01</u> <input checked="" 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>8.01</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>6.01</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>7.40</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 <u>Antonio Ancona</u>		License Number <u>10894</u>	
Title <u>Professional Engineer</u>	Company Name <u>Ancona and Associates, Inc.</u>		
Address <u>1686 Village Green, Suite 201</u>	City <u>Crofton</u>	State <u>MD</u>	ZIP Code <u>21114</u>
Signature 	Date <u>April 18, 2008</u>	Telephone <u>301*261-6936</u>	



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14 Ackerman Ct			Policy Number
City Stevensville	State MD	ZIP Code 21666	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  
The first floor level flood elevation was obtained for the Elevation Certificate by Clarence H. Miller  
Professional Land Surveyor, MD Lic. No. 4011, Dated Nov.27, 1985.

April 18, 2008

Signature \_\_\_\_\_ Date \_\_\_\_\_  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.			For Insurance Company Use:
14 Ackerman Ct			Policy Number
City	State	ZIP Code	Company NAIC Number
Stevensville	MD	21666	

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.

