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 INSUR	RANCE COMPANY USE	
A1. Building Owner's Name				Policy Numl	per:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				Company N	AIC Number:	
City	City			ZIP Code		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)						
A4. Building Use (e.g., Re	esidential, Non-Residential,	Addition	, Accessory, e	etc.)		
A5. Latitude/Longitude:	_at	Long.		Horizontal	Datum: NAD 1	927 🔲 NAD 1983
A6. Attach at least 2 phot	ographs of the building if the	e Certific	ate is being u	sed to obtain flood	d insurance.	
A7. Building Diagram Nun	nber					
A8. For a building with a	crawlspace or enclosure(s):					
a) Square footage of	crawlspace or enclosure(s)			sq ft		
b) Number of perman	ent flood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ide
c) Total net area of flo	ood openings in A8.b		sq in			
d) Engineered flood of	ppenings?	No				
A9. For a building with an	attached garage:					
a) Square footage of	attached garage		sq ft			
b) Number of perman	ent flood openings in the at	tached g	arage within	1.0 foot above adja	acent grade	
c) Total net area of flood openings in A9.b sq in						
d) Engineered flood openings?						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number B2. County Name B3. State					B3. State	
B4. Map/Panel B5. S Number	uffix B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
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 NAVD 1988 Other/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?						
Designation Date: CBRS OPA						

ELEVATION CERTIFICATE

			FOR INSURANCE COMPANY USE	
Building Street Address (including Ap	Policy Number:			
City	State	ZIP Code	Company NAIC Number	
SECTION	C – BUILDING ELEVATION I	NFORMATION (SURVEY	REQUIRED)	
	l be required when construction of	of the building is complete.		
C2. Elevations – Zones A1–A30, Al Complete Items C2.a–h below Benchmark Utilized:	according to the building diagran			
	for the elevations in items a) thro VD 1988	ugh h) below.		
	ons must be the same as that us	ed for the BFE.	Check the measurement used.	
a) Top of bottom floor (includin	ng basement, crawlspace, or enc	losure floor)	feet meters	
b) Top of the next higher floor			feet meters	
c) Bottom of the lowest horizor	ntal structural member (V Zones	only)	feet meters	
d) Attached garage (top of slal	b)		feet meters	
e) Lowest elevation of machine (Describe type of equipment	ery or equipment servicing the but and location in Comments)	uilding 	feet	
f) Lowest adjacent (finished) g	grade next to building (LAG)		feet meters	
g) Highest adjacent (finished)	grade next to building (HAG)		feet meters	
 h) Lowest adjacent grade at lo structural support 	west elevation of deck or stairs, i	including		
SECTIO	N D – SURVEYOR, ENGINEE	R, OR ARCHITECT CERT	IFICATION	
This certification is to be signed and I certify that the information on this of statement may be punishable by fine	Certificate represents my best eff	forts to interpret the data ava	by law to certify elevation information. ailable. I understand that any false	
Were latitude and longitude in Section	•		Check here if attachments.	
Certifier's Name	License N	lumber		
Title				
Company Name				
Address	_			
City	State	ZIP Code		
Signature	Date	Telephone	Ext.	
Copy all pages of this Elevation Certif	icate and all attachments for (1) c	ommunity official, (2) insurand	ce agent/company, and (3) building owner.	
Comments (including type of equipment)	nent and location, per C2(e), if ap	oplicable)		

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	ate	ZIP Code	Company NAIC Number		
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).					
Top of bottom floor (including basement, crawlspace, or enclosure) is		feet mete	rs above or below the HAG.		
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet mete	rs above or below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood op	enings provided in S	ection A Items 8 and/or	9 (see pages 1–2 of Instructions),		
the next higher floor (elevation C2.b in the diagrams) of the building is		feet mete	rs above or below the HAG.		
E3. Attached garage (top of slab) is			rs above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is			rs above or below the HAG.		
E5. Zone AO only: If no flood depth number is available		tom floor elevated in ac			
SECTION F - PROPERTY OWN	ER (OR OWNER'S F	REPRESENTATIVE) C	ERTIFICATION		
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 or Owner's Authorized Representative's Name					
Address	City	St	ate ZIP Code		
Signature	Date	Te	elephone		
Comments					
			Check here if attachments.		

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	State	ZIP Code		Company NAIC Number
SECTIO	N G - COMMUN	ITY INFORMATION (OPTIC	DNAL)	
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 or Zone AO.	on E for a building	located in Zone A (without	a FEMA	a-issued or community-issued BFE)
G3. The following information (Items G4–	G10) is provided f	or community floodplain ma	nageme	ent purposes.
G4. Permit Number	G5. Date Permi	t Issued		ate Certificate of ompliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	on Substantial Improvem	nent	
G8. Elevation of as-built lowest floor (including of the building:	g basement)		feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:		feet	meters Datum
G10. Community's design flood elevation:			feet	meters Datum
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments (including type of equipment and loc	cation, per C2(e), i	if applicable)		
				Check here if attachments.

BUILDING PHOTOGRAPHS

OMB No. 1660-0008 Expiration Date: November 30, 2022 See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding inform	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. N	lo.) or P.O. Route and Box No.	Policy Number:
City State	ZIP Code	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insural instructions for Item A6. Identify all photographs with date taken; "Left Side View." When applicable, photographs must show the vents, as indicated in Section A8. If submitting more photographs	"Front View" and "Rear View"; and e foundation with representative e	I, if required, "Right Side View" and examples of the flood openings or
	Photo One	
Photo One Caption		
	Photo Two	
Photo Two Caption	THOLO TWO	

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the corresponding inforr	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg.	Policy Number:	
City State	ZIP Code	Company NAIC Number
If submitting more photographs than will fit on the preceding with: date taken; "Front View" and "Rear View"; and, if re photographs must show the foundation with representative example.	quired, "Right Side View" and "L	eft Side View." When applicable,
	Photo Three	
Photo Three Caption		
Photo Four Caption	Photo Four	