

Released

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

999

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>HENRY A. CUMBERLAND III</u>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>8526 INGLETON ROAD</u>		Policy Number	
CITY <u>EASTON</u>		STATE <u>MD</u>	ZIP CODE <u>21601</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 28 INGLETON ON Miles</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or #####°)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>240066</u>		B2. COUNTY NAME <u>TALBOT</u>		B3. STATE <u>MD</u>	
B4. MAP AND PANEL NUMBER <u>0023</u>	B5. SUFFIX <u>A</u>	B6. FIRM INDEX DATE <u>MAY 15, 1985</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) <u>A-5</u>	B9. BASE FLOOD ELEVATION (Zone AO, use depth of flood) <u>7</u>

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)

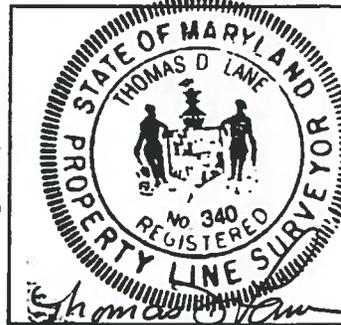
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - pages 6 and 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/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____	ft.(m)	License Number, Embossed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	_____	ft.(m)	
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	ft.(m)	
<input type="checkbox"/> d) Attached garage (top of slab)	_____	ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____	ft.(m)	
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____	ft.(m)	
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____	ft.(m)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>0</u>		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____	sq. in. (sq. cm)	



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.

CERTIFIER'S NAME <u>THOMAS D. LANE</u>	LICENSE NUMBER <u>PROPERTY LINE SURVEYOR # 340</u>
TITLE <u>PRESIDENT</u>	COMPANY NAME <u>LANE ENGINEERING INC</u>
ADDRESS <u>P.O. Box 1767</u>	CITY <u>EASTON</u>
SIGNATURE <u>Thomas D. Lane</u>	STATE <u>MD</u>
	ZIP CODE <u>21601</u>
	TELEPHONE <u>410-822-8003</u>
	DATE <u>03/15/00</u>

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. For Insurance Company Use:

8526 INGLETON ROAD Policy Number

CITY STATE ZIP CODE Company NAIC Number
EASTON Md 21601

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
CERTIFICATE IS FOR NEW GARAGE

Check here if attached

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) above or 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 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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attached

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.

G1. The information 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. 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
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G7. This permit has been issued for: New Construction 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

Check here if attached

RELEASE

This declaration made this 30th day of March, 2000, by Mr. Henry A. Cumberland ("Owner") of 8526 Ingleton Road, Easton, Talbot County, Maryland, 21601.

WHEREAS, the Owner is the record owner of all that real property located at 8526 Ingleton Road, Easton, Talbot County, Maryland, 21601 in the 1st Election District of Talbot County, designated in the Tax Records as Map 33, Block 2, Parcel 119, Lot 28, and being that same property acquired by the Owner by deed dated 01 June 1972 and recorded among the Land Records of Talbot County, Maryland at Liber 463, Folio 404.

WHEREAS, the Owner has applied for a permit, conditioned permit, or variance with the Talbot County Department of Public Works ("County") to place a structure on that property that either (1) does not conform, or (2) may be made noncompliant by later conversion, to the strict elevation requirements of Subtitle 20 of the Talbot County Code, Floodplain Management, and under Building Permit Number 99-956 (P"Permit").

WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions, and restrictions are place on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, and assigns.

UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:

I, the undersigned, do hereby release the within and foregoing Declaration of Land Restrictions For Flood Management dated 06 December 1999, and recorded at LIBER 950 FOLIO 539, wherein the Condition was noted as #1, to wit: "The structure of part thereof to which these conditions apply are: Install flood vents instead of elevating the finished floor." In lieu of the above noted Condition #1, refer to EXHIBIT "A," to wit: an ELEVATION CERTIFICATE dated 03 March 2000 in which Lane Engineering, Inc. has determined and certified that the elevation of the site is in excess of eight (8) feet.

EXHIBIT "A" attached.

OWNER:

In witness whereof the undersigned set their hands and seals this 30th day of March, 2000.

Witness:

Molly M. Joyner

Molly M. Joyner

Daniel R. Cowee

County Planning Officer - Daniel R. Cowee

Henry A. Cumberland
Owner

Henry A. Cumberland
Owner

NOTARY:

STATE OF MARYLAND, County of Talbot, TO WIT:

I hereby certify that on this 30th day of March, 2000, before me as the subscriber, a Notary Public, of the State aforesaid, personally appeared Henry Cumberland and Wanda G. Cumberland known to me, or satisfactorily proven to be the person(s) whose name is subscribed to the foregoing instrument, who acknowledged that he has executed it for the purpose therein set forth, and that it is his act and deed.

In witness whereof, I have set my hand and Notary Seal, the day and year first written above.

Molly M. Foreman

MOLLY M. FOREMAN
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires September 10, 2003

NOTARY:

STATE OF MARYLAND, County of Talbot, TO WIT:

I hereby certify that on this 30th day of March, 2000, before me as the subscriber, a Notary Public, of the State aforesaid, personally appeared Daniel R. Cowee - County Planning Officer known to me, or satisfactorily proven to be the person(s) whose name is subscribed to the foregoing instrument, who acknowledged that he has executed it for the purpose therein set forth, and that it is his act and deed.

In witness whereof, I have set my hand and Notary Seal, the day and year first written above.

Molly M. Foreman

MOLLY M. FOREMAN
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires September 10, 2003