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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expires March 31, 2012

09.255

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

A1. Building Owner's Name DANIEL DAFFIN

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
25134 WATCH GOOSE FARM ROAD
City ST MICHAELS State MD ZIP Code 21663

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TAX MAP 40 PARCEL 168 Lot 4

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) ACCESSORY

A5. Latitude/Longitude: Lat. 38.45001N Long. 76.12228W Horizontal Datum: ☐ NAD 1927 ☒ 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 1A

A8. For a building with a crawlspace or enclosure(s):
a) Square footage of crawlspace or enclosure(s) NA sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b 0 sq in
d) Engineered flood openings? ☐ Yes ☐ No

A9. For a building with an attached garage:
a) Square footage of attached garage NA sq ft
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA
c) Total net area of flood openings in A9.b NA sq in
d) Engineered flood openings? ☐ Yes ☐ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
TALBOT 240066	TALBOT	MARYLAND

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9 Base Flood Elevation(s) (Zone AO, use base flood depth)
240066 0031	A	6-16-1992	5-15-1985	A5	6

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-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized RM85 Vertical Datum NGVD29
Conversion/Comments ____

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	____.____	☐ feet	☐ meters (Puerto Rico only)
b) Top of the next higher floor	7.8	☒ feet	☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	____.____	☐ feet	☐ meters (Puerto Rico only)
d) Attached garage (top of slab)	____.____	☐ feet	☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	____.____	☐ feet	☐ meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	____.____	☐ feet	☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	____.____	☐ feet	☐ meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	____.____	☐ feet	☐ 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name CHRISTOPHER D. WATERS License Number 11052
Title PROFESSIONAL LAND SURVEYOR Company Name WATERS PROFESSIONAL LAND SURVEYING
Address 29510 SKIPTON CORDOVA RD City CORDOVA State MD ZIP Code 21625
Signature Date 8.12.09 Telephone 410-819-3363

See reverse side for continuation.