

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

15-008

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE
 Policy Number:
 Company NAIC Number:

A1. Building Owner's Name **JAMES GORDON**
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
5837 IRISH CREEK ROAD
 City **ROYAL OAK** State **MD** ZIP Code **21662**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TAX MAP 46 GRID 10 PARCEL 71

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

A5. Latitude/Longitude: Lat. **38.42376N** Long. **76.12122W** 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 **NA**

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) **NA** sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **NA**
- c) Total net area of flood openings in A8.b **NA** 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) Number 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 TALBOT 240066		B2. County Name TALBOT		B3. State MARYLAND	
B4. Map/Panel Number 24041C0279C	B5. Suffix C	B6. FIRM Index Date 8-5-2013	B7. FIRM Panel Effective/Revised Date 8-5-2013	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 5.3

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)? 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. In Puerto Rico only, enter meters.

Benchmark Utilized: **RM114**

Vertical Datum: **NAVD88**

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **NA** feet meters
- b) Top of the next higher floor **5.5** feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) **NA** feet meters
- d) Attached garage (top of slab) **NA** feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **NA** feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) **NA** feet meters
- g) Highest adjacent (finished) grade next to building (HAG) **NA** feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **NA** feet meters

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.

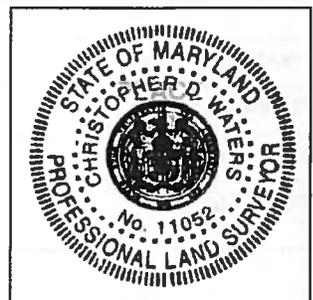
- Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name **CHRISTOPHER WATERS** License Number **11052**

Title **LAND SURVEYOR** Company Name **WATERS LAND SURVEYING**

Address **29510** City **CORDOVA** State **MD** ZIP Code **21625**

Signature *Christopher Waters* Date **10/16/13** Telephone **410-819-3363**



Building Photographs

See Instructions for Item A6.

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.
5837 IRISH CREEK ROAD

City ROYAL OAK

State MD

ZIP Code 21662

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

VIEW 10-16-13

