

99-421

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use
BUILDING OWNER'S NAME <u>Doyal Winters</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO <u>26366 Westerly Road</u>		Company NAIC Number
CITY <u>Royal Oak</u>	STATE <u>MD</u>	ZIP CODE <u>21662</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 4 Westerly</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 <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <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>Talbot County 240066</u>		B2. COUNTY NAME <u>Talbot County</u>		B3 STATE <u>MD</u>	
B4 MAP AND PANEL NUMBER <u>0031</u>	B5 SUFFIX <u>A</u>	B6. FIRM INDEX DATE <u>4/25/75</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>5/15/85</u>	B8 FLOOD ZONE(S) <u>A-4</u>	B9 BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>6.0</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.

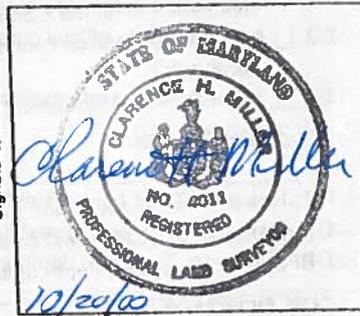
C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 RM 91 Does the elevation reference mark used appear on the FIRM? Yes No

02 a) Top of bottom floor (including basement or enclosure) 1ST FLR 8.4 ft.(m)
 b) Top of next higher floor ±17.5 ft.(m)
 c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
 d) Attached garage (top of slab) 5.6 ft.(m)
 e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)
 f) Lowest adjacent grade (LAG) 4.0 ft.(m)
 g) Highest adjacent grade (HAG) 5.0 ft.(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 14
 i) Total area of all permanent openings (flood vents) in C3h 1792 sq. in. (sq. cm)

License Number Embossed Seal, Signature, and Date



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 Clarence H. Miller LICENSE NUMBER 4011
 TITLE President COMPANY NAME Land Surveys, Inc.
 ADDRESS 14 S. Third Street CITY Denton STATE MD ZIP CODE 21629
 SIGNATURE Clarence H. Miller DATE 10/20/00 TELEPHONE 410-820-5112