

80-420

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>JOSEPH FOSTER III</u>		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>6694 HEPKINS NECK ROAD</u>		Company NAIC Number	
CITY <u>EASTON</u>	STATE <u>MD.</u>	ZIP CODE <u>21613</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>TOL MAP 41 GRID 14 PARCEL 22A</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)			
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>MARYLAND</u>	
B4. MAP AND PANEL NUMBER <u>240066 0031</u>	B5. SUFFIX <u>A</u>	B6. FIRM INDEX DATE <u>JUNE 16 1992</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>MAY 15, 1985</u>	B8. FLOOD ZONE(S) <u>A4</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>6.00</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.

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.)

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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>5.66</u> ft.(m)	License Number, Embossed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	<u>16.00</u> 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	<u>7.96</u> ft.(m)	
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>4.96</u> ft.(m)	
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>5.36</u> ft.(m)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>7</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>856</u> 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 CHRISTOPHER WATERS LICENSE NUMBER 11052

TITLE REGISTERED PROFESSIONAL LAND SURVEYOR COMPANY NAME _____

DRESS 29510 SKIPTON-CERVOVA ROAD CITY CERVOVA STATE MD. ZIP CODE 21625

SIGNATURE Chris Waters DATE 9-7-00 TELEPHONE 819-8663