

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Terrill Brent & Barbara A. Bennett		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. #110 C.R. 2999		Company NAIC Number	
CITY Aztec	STATE NM	ZIP CODE 87410	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Section 3, T30N, R11W, N.M.P.M.			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.#####") 36°50'37" / -107°59'13"		HORIZONTAL DATUM: SOURCE: <input checked="" type="checkbox"/> GPS (Type): <u>Trimble</u> <input type="checkbox"/> NAD 1927 <input checked="" 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 San Juan County 350064		B2. COUNTY NAME UNINCORPORATED AREA		B3. STATE NEW MEXICO	
B4. MAP AND PANEL NUMBER 350064 0350	B5. SUFFIX B	B6. FIRM INDEX DATE 5/15/02	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08/04/1988	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)

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 - 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 NAD 83 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)
<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 checked="" type="checkbox"/> d) Attached garage (top of slab) (DETACHED)	<u>5634</u> . <u>40</u> 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	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ 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	WENDY W. JOHNSON, P.E.	LICENSE NUMBER	NM 14708
TITLE	PROJECT MANAGER	COMPANY NAME	CHENEY-WALTERS-ECHOLS, INC.
ADDRESS	909 W. APACHE	CITY	FARMINGTON
		STATE	NM
		ZIP CODE	87401
SIGNATURE		DATE	September 8, 2005
		TELEPHONE	(505) 327-3303

