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

Expiration Date: July 31, 2015

		FOR INSURANCE COMPANY USE								
A1.	Building Owner's Name	Policy Number:								
A2.	Building Street Address 29 Road 5760	0.	Company NAIC Number:							
	City Farmington			State NM	1 ZIP Code 8	37401				
A3.	Property Description (Lot 14, BLOCK 8, WIL	ot and Block Nu .D HORSE VAL	mbers, Tax Parcel LEY SUBDIVISION	Number, Legal Des I	scription, etc.)					
A5. A6. A7.	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. 36 41 59.56 Long. 108 07 38.27 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 8 A8. For a building with a crawlspace or enclosure(s): A9. For a building with an attached garage: a) Square footage of crawlspace or enclosure(s) 1566 sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0 within 1.0 foot above adjacent grade N/A sq in d) Engineered flood openings? Yes No									
		SEC1	ION B – FLOOD	INSURANCE R	ATE MAP (FIR	M) INFORMATIO	N			
B1. NFIP Community Name & Community Number SAN JUAN COUNTY / 350064 B2. County Name SAN JUAN							B3. State NEW MEXICO			
B4.	. Map/Panel Number 35045C / 1010	B5. Suffix F	B6. FIRM Index [08/05/2010	Effective	FIRM Panel e/Revised Date e/05/2010	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 5314.50			
☐ 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 focated 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)										
		SECTIO	V C – BUILDING		***************************************	SURVEY REQUIF	RED)			
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ELEVATION CERTIFICATE , p	age 2								
IMPORTANT: In these spaces,	copy the corresponding inf	ormation from S	Section A.	FO	FOR INSURANCE COMPANY USE				
Building Street Address (including Ap 29 Road 5760	t., Unit, Suite, and/or Bldg. No.) o	or P.O. Route and E	Box No.	Pol	icy Number:				
City Farmington		State NM Z	IP Code 87401	Cor	mpany NAIC Number:				
SECTION	N D – SURVEYOR, ENGINEE	ER, OR ARCHITE	CT CERTIFIC	CATION (CONT	(INUED)				
Copy both sides of this Elevation Cer		THE RESERVE THE PARTY OF THE PA	THE RESIDENCE OF THE PARTY OF T	THE RESERVE OF THE PARTY OF THE					
Comments Subject property is C/O shown on pictures.	Gerardo and Deyvi A. Jaquez. A		ntractor was in t	_	alling cinder block crawl space as				
Signature		Date							
SECTION E – BUILDING ELE	VATION INFORMATION (S	URVEY NOT RE	QUIRED) FOR	R ZONE AO AN	ID ZONE A (WITHOUT BFE)				
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is feet meters above or below the HAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is feet meters above or below the LAG. E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is feet meters above or below the HAG. E3. Attached garage (top of slab) is feet meters above or below the HAG. E4. Top of platform of machinery and/or equipment servicing the building is feet meters above or below the HAG. E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.									
					2 A TION				
SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.									
Property Owner's or Owner's Authorized Representative's Name									
Address		City		State	ZIP Code				
Signature		Date							
Comments					☐ Check here if attachments.				
The local official who is sutherined by leve	SECTION G – COMM	UNITY INFORMA	ATION (OPTIC	ONAL)					
G2. A community official complete	applicable item(s) and sign below	v. Check the measution that has been she source and dated in Zone A (withou	rement used in signed and seal of the elevation taken to a FEMA-issue	Items G8–G10. In led by a licensed on the Combination of the Combined or community-is	n Puerto Rico only, enter meters. Surveyor, engineer, or architect who aments area below.)				
G4. Permit Number	G5. Date Permit Issued		G6. Date Certi	ficate Of Complia	nce/Occupancy Issued				
67. This permit has been issued for: 68. Elevation of as-built lowest floor (in 69. BFE or (in Zone AO) depth of flood 610. Community's design flood elevation Local Official's Name Community Name Signature	cluding basement) of the building ling at the building site:	Substantial Impro	feet feet feet	meters Da	tum COTT A MARY TUM SEW MEX CO Z				
Comments					☐ Check here if attachments.				

ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 29 Road 5760

Policy Number:

City Farmington

State NM

ZIP Code 87401

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.





RIGHT





ELEVATION CERTIFICATE, page 4

Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 29 Road 5760

Policy Number:

City Farmington

State NM

ZIP Code 87401

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.







