

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-9077
 Expires December 31, 2006

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

For Information Company Use:
 Policy Number _____
 Company NAIC Number _____

BUILDING OWNER'S NAME: ERIC FROHN

BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 35 CR 3285

CITY: ARTECO STATE: NM ZIP CODE: 87410

PROPERTY DESCRIPTION (Lot and Block Numbers, Tract Number, Legal Description, etc.): 706717 643 5349

BUILDING USE (e.g., Residential, Non-residential, Academic, Assembly, etc.) (Use a Comments area, if necessary.): RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (e.g., 36° 00' - 00.00" or 121.0000°): _____

HORIZONTAL DATUM: FNSD 1927 NAD 1983

SOURCE: GPS (Trimble) TRIANGLE USGS Dated Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER: 350064 SAN JUAN Co. B2. COUNTY NAME: SAN JUAN B3. STATE: NM

B4. MAP AND PANEL NUMBER: <u>320</u>	B5. SUFFIX: <u>C</u>	B6. FIRM INDEX DATE: <u>2002</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE: <u>2002</u>	B8. FLOOD ZONE(S): <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AD, use depth of flooding): <u>5508</u>
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:
 FLS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NAVD 1928 MVD 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 B (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, A1.1 (with BFE), VE, V1-V30, V (with BFE), AR, AR1, AR1AE, AR1A1-A30, AR1A1, AR1AO
 Complete items C3.a-f 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 calculation. Datum 1927 - Conversion Comments 1983 RADIAL FLOOR = 5512.5 - 3.0 = 5509.5 1927 DAT.
 Elevation reference mark used CAF # 58 (Does the elevation reference mark used appear on the FIRM? Yes No)

C3.a) Top of bottom floor (including basement or enclosure)	<u>5509.50</u>	ft.(ft)
C3.b) Top of next higher floor	<u>NA</u>	ft.(ft)
C3.c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u>	ft.(ft)
C3.d) Attached garage (top of slab)	<u>NA</u>	ft.(ft)
C3.e) Lowest elevation of machinery public equipment servicing the building (Describe in a Comments area.)	<u>NA</u>	ft.(ft)
C3.f) Lowest adjacent (finished) grade (LAG)	<u>5508.7</u>	ft.(ft)
C3.g) Highest adjacent (finished) grade (HAG)	<u>5508.7</u>	ft.(ft)
C3.h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade		
C3.i) Total area of all permanent openings (flood vents) in C3.h		sq. ft. (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: DON FALLON LICENSE NUMBER: 11960

TITLE: P.E. COMPANY NAME: _____

ADDRESS: P.O. Box 98 CITY: ARTECO STATE: NM ZIP CODE: 87410

SIGNATURE: Don Fallon DATE: 2-7-07 TELEPHONE: 505-334-6172

FEMA Form 81-31, January 2003

See reverse side for continuation.

Replaces all previous editions

FEB 08 2007

ENC. PD

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.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS 1929 NAVD IS 3.0 FEET LOWER THAN 1983 NAVD

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete items E1 through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. 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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is [] ft. (m) [] in. (cm) [] above or [] below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is [] ft. (m) [] in. (cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is [] ft. (m) [] in. (cm) [] above or [] below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For 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.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), 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, C, 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 _____ TELEPHONE _____

COMMENTS _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER _____	G5. DATE PERMIT ISSUED _____	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is _____ ft. (m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is _____ ft. (m) Datum: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS _____

Check here if attachments