## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM.

## **ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME WAITER BUMP BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number **S**フク3 ZIP CODE STATE CITY Bloomfield 87413 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) CC essoru LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: MGPS (Type): hand held ( ##°-##-8### or ######\$°) NAD 1927 LX NAD 1983 USGS Quad Map Other N36-41'41" W10801'57 SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B2. COUNTY NAME** B3. STATE B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 35'0064 DANJWAN **B7. FIRM PANEL B4. MAP AND PANEL** B9. BASE FLOOD ELEVATION(S) **B5. SUFFIX B6. FIRM INDEX** 88. FLOOD EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) NUMBER DATE 0540 538 8-4-88  $A \subseteq$ 8-4-88 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. | | FIS Profile [\_\_] 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 tocated in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [\_\_] Yes Designation Data: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | Building Under Construction\* C1. Building elevations are based on: L\_|Construction Drawings\* ★ IFinished Construction A new Elevation Certificate will be required when construction of the building is complete. C2. 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 C3.a-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. Conversion/Comments from U.S. 64 Elevations Wilson Co Does the elevation reference mark used appear on the FIRMA-Elevation reference mark used FRANCIS MARIN LYes XX No a) Top of bottom floor (including basement or enclosure) 5382 2Xft(m) D b) Top of next higher floor ft(m) WEN MEXICO O c) Bottom of lowest horizontal structural member (V zones ordy) ft.(m) (top of slab) ft(m) EWGINEER 8548 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) . **乙**XR.(m) O f) Lowest adjacent (finished) grade (LAG) -ft(m) POFESSIONAL g) Highest adjacent (finished) grade (HAG) ft.(m) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade New Y i) Total area of all permanent openings (flood vents) in C3.h A 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 LICENSE NUMBER TITLE COMPANY MAME ec rino ADDRESS STATE m TELEPHONE 505-<u>~~25</u> 06

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. I	for 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 Fleys	ation Certificate for (1) community off	icial. (2) insu	rance agent/company, and (3	) building owner.
COMMENTS	200, 00, 2002 10, (1)			,
ACCUPANT DIM DIM		WEY MOT D	COMPLETE SON TONE AO A	Check here if attachments
CHARLES AND ADDRESS OF THE PARTY OF THE PART	ELEVATION INFORMATION (SUR thout BFE), complete Items E1. throu			
	MR-F, Section C must be completed.		CIEVALURI CERUNCANI IS NIMER	en or ass as supporting
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 				
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 fleed depth number is available, is the top of the bottom floor elevated in accordance with the community's				
	rdinance?     Yes     Mo     U			
	tion f - property owner for			
	's authorized representative who com			
(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.				
	NER'S AUTHORIZED REPRESENTATIV	E'S NAME		
ADDRESS		CITY	STATE	ZIP CODE
SIGNATURE	DATE		TELEPH	DNE
COMMENTS		· · · · · · · · · · · · · · · · · · ·		
	THE SEASON OF TH	THE MENON	IN TRANSPORTED AND A	Check here if attachments
The local official who is authori	SECTION G - COMMUNized by law or ordinarco to administe	description of the second		anthones can complete
	of this Elevation Certificate. Complete			GONERACE CON CONTENED
G1. The information in Sec	ction C was taken from other docume	ntation that I	as been signed and emboss	ed by a licensed surveyor,
engineer, or architect	who is authorized by state or local la			
	Comments area below.)		A 4 - 154 A - ######## 1 #	
52. [_] A community official of Zone AO.	ompleted Section E for a building loca	atad in Zone	A (without a FEMA-issued or	community-issued BFE) or
	ion (Items G4-G9) is provided for con	nmunity flood	lplain management purposes	
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		GB. DATE CERTIFICATE OF	COMPLIANCE/OCCUPANCY
07 This 74 - 4 - 1			ISSUED	
G7. This permit has been issue G9. Elevation of as built import	d for:   New Construction   toor (including basement) of the built		Improvement	F (m) Determin
	of flooding at the lasteling site is:	Kary D.		fl. (m) Datum: fl. (m) Datum:
			*	in the same
LOCAL OFFICIAL'S NAME		m	E	
COMMUNITY NAME		TEL	EPHONE .	
IGNATURE DATE :				
COMPLENTS	<u> </u>			
+ •		-		
	-			
				Check here if attachments

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