

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME <u>TROY-ROBERTA Daniel</u>		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>105A CR 4992</u>		Company NAIC Number	
CITY <u>Bloomfield</u>	STATE <u>NM</u>	ZIP CODE	
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.) <u>Residential</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-#### or #####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	
<input type="checkbox"/> NAD 1927		<input checked="" type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>SAN JUAN COUNTY 350064</u>		B2. COUNTY NAME <u>SAN JUAN</u>		B3. STATE <u>NM</u>	
B4. MAP AND PANEL NUMBER <u>550</u>	B5. SUFFIX <u>B</u>	B6. FIRM INDEX DATE <u>5/02</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>8/88</u>	B8. FLOOD ZONE(S) <u>A</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>NA</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.

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 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.
Datum: Geoid Conversion/Comments: _____

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

a) Top of bottom floor (including basement or enclosure) 0464 13 ft.(m)

b) Top of next higher floor _____ ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

d) Attached garage (top of slab) _____ ft.(m)

e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ ft.(m)

f) Lowest adjacent (finished) grade (LAG) 0462 41 ft.(m)

g) Highest adjacent (finished) grade (HAG) 5464 13 ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

i) Total area of all permanent openings (flood vents) in C3.h _____ 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 Scott Andrae LICENSE NUMBER 9625

TITLE OWNER COMPANY NAME _____

ADDRESS 1875 Hwy 170 CITY La Plata STATE NM ZIP CODE 81418

SIGNATURE _____ DATE 12/19/05 TELEPHONE _____