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
Expires March 31, 2012

| SECTION A - PROPERTY INFORMATION | For Insurance Company Use: |
| :--- | :--- | :--- |
| A1. Building Owner's Name | Policy Number |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | Company NAIC Number |

City State ZIP Code
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)
A5. Latitude/Longitude: Lat. $\qquad$ Long. $\qquad$ Horizontal Datum:
$\square$ NAD 1927NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.
A7. Building Diagram Number $\qquad$ -
A8. For a building with a crawlspace or enclosure(s):
A9. For a building with an attached garage:


## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| B1. NFIP Community Name \& Community Number |  |  | B2. County Name |  | B3. State |
| :---: | :---: | :---: | :---: | :---: | :---: |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | B7. FIRM Panel Effective/Revised Date | $\begin{aligned} & \hline \text { B8. Flood } \\ & \text { Zone(s) } \end{aligned}$ | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
$\square$ FIS Profile
$\square$ FIRM
$\square$ Community Determined
$\square$ Other (Describe) $\qquad$

B11. Indicate elevation datum used for BFE in Item B9: $\square$ NGVD 1929NAVD 1988Other (Describe) $\qquad$Yes Designation Date $\qquad$ $\square$ CBRS
$\square$ OPA

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)



## 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

## Signature

Date

## SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND 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 $\qquad$ $\square$ feet $\square$ meters $\square$ above or $\square$ below the HAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is $\quad \square$. $\quad \square$ feet $\square$ meters $\square$ above or $\square$ 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 $\quad \square$ feet $\square$ meters $\square$ above or $\square$ below the HAG.
E3. Attached garage (top of slab) is $\quad \square$ feet $\square$ metersabove orbelow the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is $\quad \square \quad \square$ feet $\square$ meters $\square$ above or $\square$ 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? $\square$ Yes $\square$ No $\square$ 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, and E for Zone A (without a FEMA-issued or community-issued BFE) <br> 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 |
| Signature | Date | Telephone |
| Comments |  |  |

## 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. Check the measurement used in Items G8 and G9.
G1. $\square \quad$ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who
is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
G2. $\square \quad$ 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. $\square \quad$ The following information (Items G4-G9) is provided for community floodplain management purposes.


Comments

## Building Photographs

See Instructions for Item A6.

|  | Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | Por Insurance Company Use: |
| :--- | :--- | :--- |
| City | State $\quad$ ZIP Code | Company NAIC Number |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.

## Building Photographs

Continuation Page

|  | Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | Folicy Number |
| :--- | :--- | :--- |
|  | City $\quad$ State Company Use: |  |

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."

