

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

| SECTION A – PROPERTY INFORMATION | | | | | | FOR INSURANCE COMPANY USE |
|---|-----------------|-----------------------------------|--|------------------------|---|---------------------------|
| A1. Building Owner's Name Glenda Lacefield | | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 209 East Wade Avenue | | | | | Company NAIC Number: | |
| City Mountain Home | | | State Arkansas | | ZIP Code 72653 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) part of the NE1/4 NW1/4 section 16 T19N R13W | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Non-residential</u> | | | | | | |
| A5. Latitude/Longitude: Lat. <u>36.32483</u> Long. <u>92.38340</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>1B</u> | | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | | |
| a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft | | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____ | | | | | | |
| c) Total net area of flood openings in A8.b _____ sq in | | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| A9. For a building with an attached garage: | | | | | | |
| a) Square footage of attached garage _____ sq ft | | | | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ | | | | | | |
| c) Total net area of flood openings in A9.b _____ sq in | | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | |
| B1. NFIP Community Name & Community Number City of Mountain Home | | | B2. County Name Baxter | | B3. State Arkansas | |
| B4. Map/Panel Number 050351 | B5. Suffix E | B6. FIRM Index Date 12-03-2010 | B7. FIRM Panel Effective/ Revised Date 12-03-2010 | B8. Flood Zone(s) A | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <u>734.0'</u> | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

| | | | |
|---|-------------------|-------------------|----------------------------------|
| 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. 209 East Wade Avenue | | | Policy Number: |
| City Mountain Home | State Arkansas | ZIP Code 72653 | Company NAIC Number |

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. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: AHTD 030001 Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.


Check the measurement used.

- | | | | |
|---|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>742.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>738.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>737.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>738.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>737.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

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 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

| | | | |
|---|-------------------------------|---|--------------------------|
| Certifier's Name Ben Strider | License Number 9120 |  | |
| Title Professional Engineer | | | |
| Company Name Strider Consulting | | | |
| Address 1029 HWY 201 North | | | |
| City Mountain Home | State Arkansas | | ZIP Code 72653 |
| Signature Benjamin H Strider | Date 08-24-2022 | Telephone (870) 424-4330 | Ext. |

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

Comments (including type of equipment and location, per C2(e), if applicable)

- C2.
E= elevation of A/C unit
F= LAG taken on the ramp servicing the building
G= HAG taken from steps servicing the building