

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name <u>Brian Allen</u>		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>12 C.R. 5107</u> City <u>Bloomfield</u> State <u>NM</u> ZIP Code <u>87413</u>		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>36 41 56 N</u> Long. <u>108 01 33 W</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 _____		
A8. For a building with a crawl space or enclosure(s), provide		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) <u>2566</u> sq ft		a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in

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

B1. NFIP Community Name & Community Number <u>3590084 0540</u>		B2. County Name <u>San Juan</u>		B3. State <u>NM</u>	
B4. Map/Panel Number <u>0540</u>	B5. Suffix <u>B</u>	B6. FIRM Index Date <u>8/04/88</u>	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>5386</u>

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

B11. Indicate elevation datum used for BFE in Item 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 \_\_\_\_\_  CBRS  OPA

## 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-g below according to the building diagram specified in Item A7.  
 Benchmark Utilized RM28 Vertical Datum NGVD 1929  
 Conversion/Comments \_\_\_\_\_

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor) 5387.467  feet  meters (Puerto Rico only)

b) Top of the next higher floor 5391.267  feet  meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) \_\_\_\_\_  feet  meters (Puerto Rico only)

d) Attached garage (top of slab) \_\_\_\_\_  feet  meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) 5389.67  feet  meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG) 5387.5  feet  meters (Puerto Rico only)

g) Highest adjacent (finished) grade (HAG) 5389.7  feet  meters (Puerto Rico only)

## 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.

Check here if comments are provided on back of form.

Certifier's Name <u>Scott Andrae</u>		License Number <u>9625</u>	
Title Owner _____		Company Name <u>Intermountain Mapping Services, LLC.</u>	
Address <u>1875 Hwy 170</u>		City <u>La Plata</u> State <u>NM</u> ZIP Code <u>87418</u>	
Signature <u>[Signature]</u> <u>5244</u>		Date <u>5/9/08</u> Telephone <u>505.325.5244</u>	

