

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use:
PROPERTY OWNER'S NAME on Pinover		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 13660 W. 78 <sup>th</sup> Avenue		Company NAIC Number
CITY Arvada	STATE CO	ZIP CODE 80007
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 43 Cameo Estates		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###"##" or #####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

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

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Jefferson County, Colorado - Unincorporated 080087		B2. COUNTY NAME Jefferson	B3. STATE CO
B4. MAP AND PANEL NUMBER 080087 0160	B5. SUFFIX B	B6. FIRM INDEX DATE 7-4-89	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-4-89
B8. FLOOD ZONE(S) A0-A2		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 5506	

10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_  
 11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_  
 12. 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)

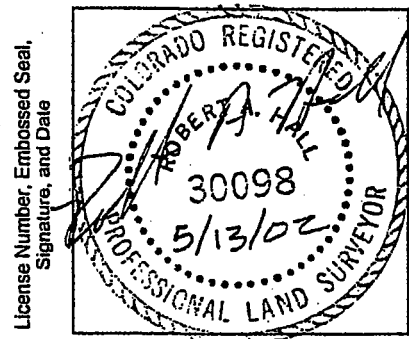
1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
 \*New Elevation Certificate will be required when construction of the building is complete.

2. Building Diagram Number 8 (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.)

3. 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) 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 \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used KK0634 Does the elevation reference mark used appear on the FIRM?  Yes  No

- o a) Top of bottom floor (including basement or enclosure) 5508. 0 ft.(m)
- o b) Top of next higher floor 5512. 3 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft.(m)
- o d) Attached garage (top of slab) \_\_\_\_\_ ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) \_\_\_\_\_ ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 5510. 5 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 5511. 5 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4
- o i) Total area of all permanent openings (flood vents) in C3.h 384 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 Robert A Hall LICENSE NUMBER 30098

Professional Land Surveyor COMPANY NAME Gillans Inc.

ADDRESS CITY STATE ZIP CODE  
 471 Tumpike Dr. #200 Westminster CO 80031

SIGNATURE DATE TELEPHONE  
 [Signature] 5-13-02 303-426-1731

**ATTENTION:** In these spaces, copy the corresponding information from Section A.

MAILING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		For Insurance Company Use:	
660 W. 78 <sup>th</sup> Avenue		Policy Number	
CITY	STATE	ZIP CODE	Company NAIC Number
Westminster	CO	80031	

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

**COMMENTS**  
 Benchmark: NGS point ID KK0634, held Superseded Survey Control Elevation (NGVD29) 5630.06. Verified Datum Shift from NAVD88 to NGVD.29 using VERTCON.

Crawl space vents are based upon existing structure, proposed addition will add 5 new vents.

Crawl Space floor (top of bottom floor) is dirt approximately 4.3 feet below existing finish floor.  Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- Building Diagram Number 8 (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.)
- The top of the bottom floor (including basement or enclosure) of the building is 3 ft.(m) 6 in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).
- For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is     ft.(m) 10 in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- For 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?  
 Yes  No  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, C (Items C3.h and C3.i only), and E for Zone A (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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	

**COMMENTS**

Check here if attachments

**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.

- The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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37. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE

**COMMENTS**

Check here if attachments