



Federal Emergency Management Agency

Washington, D.C. 20472

July 25, 2001

MR. DOUGLAS REINHART, P.E., P.S.
AUGLAIZE COUNTY ENGINEER
1014 SOUTH BLACKHOOF STREET
WAPAKONETA, OH 45895

CASE NO.: 01-05-2976A
COMMUNITY: AUGLAIZE COUNTY, OHIO
(UNINCORPORATED AREAS)
COMMUNITY NO.: 390761

DEAR MR. REINHART:

This is in reference to a request that the Federal Emergency Management Agency (FEMA) determine if the property described in the enclosed document is located within an identified Special Flood Hazard Area, the area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood), on the effective National Flood Insurance Program (NFIP) map. Using the information submitted and the effective NFIP map, our determination is shown on the attached Letter of Map Amendment (LOMA) Determination Document. This determination document provides additional information regarding the effective NFIP map, the legal description of the property and our determination.

Additional documents are enclosed which provide information regarding the subject property and LOMAs. Please see the List of Enclosures below to determine which documents are enclosed. Other attachments specific to this request may be included as referenced in the Determination/Comment document. If you have any questions about this letter or any of the enclosures, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 12101 Indian Creek Court, Beltsville, MD 20705.

Sincerely,

Matthew B. Miller

Matthew B. Miller, P.E., Chief
Hazards Study Branch
Mitigation Directorate

LIST OF ENCLOSURES:

LOMA DETERMINATION DOCUMENT (REMOVAL)

cc: State/Commonwealth NFIP Coordinator
Community Map Repository
Mr. Thomas L. Morrison



Federal Emergency Management Agency

Washington, D.C. 20472

LETTER OF MAP AMENDMENT DETERMINATION DOCUMENT (REMOVAL)

COMMUNITY AND MAP PANEL INFORMATION		LEGAL PROPERTY DESCRIPTION
COMMUNITY	Auglaize County, Ohio (Unincorporated Areas)	Lot 156, Southmoor Shores Subdivision, as described in General Warranty Deed, Document No. 05569, recorded in Volume 301, Pages 0377 and 0378, filed on August 21, 1997, by the Recorder, Auglaize County, Ohio
	COMMUNITY NO.: 390761	
AFFECTED MAP PANEL	NUMBER: 39011C0090C	
	NAME: Auglaize County, Ohio and Incorporated Areas	
	DATE: 09/06/1989	
FLOODING SOURCE: GRAND LAKE ST. MARYS		APPROXIMATE LATITUDE & LONGITUDE OF PROPERTY: 40.511, -84.431 SOURCE OF LAT & LONG: MAPBLAST! DATUM: NAD 83

DETERMINATION

LOT	BLOCK/ SECTION	SUBDIVISION	STREET	OUTCOME <small>WHAT IS REMOVED FROM THE SFHA</small>	FLOOD ZONE	1% ANNUAL CHANCE FLOOD ELEVATION (NGVD 29)	LOWEST ADJACENT GRADE ELEVATION (NGVD 29)	LOWEST LOT ELEVATION (NGVD 29)
156	—	Southmoor Shores	156 Notheana Drive	Structure	X (unshaded)	873.0 feet	873.4 feet	—

Special Flood Hazard Area (SFHA) - The SFHA is an area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood).

ADDITIONAL CONSIDERATIONS (Please refer to the appropriate section on Attachment 1 for the additional considerations listed below.)

PORTIONS REMAIN IN THE SFHA

This document provides the Federal Emergency Management Agency's determination regarding a request for a Letter of Map Amendment for the property described above. Using the information submitted and the effective National Flood Insurance Program (NFIP) map, we have determined that the structure(s) on the property(ies) is/are not located in the SFHA, an area inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood). This document amends the effective NFIP map to remove the subject property from the SFHA located on the effective NFIP map; therefore, the Federal mandatory flood insurance requirement does not apply. However, the lender has the option to continue the flood insurance requirement to protect its financial risk on the loan. A Preferred Risk Policy (PRP) is available for buildings located outside the SFHA. Information about the PRP and how one can apply is enclosed.

This determination is based on the flood data presently available. The enclosed documents provide additional information regarding this determination. If you have any questions about this document, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 12101 Indian Creek Court, Beltsville, MD 20705.

Matthew B. Miller
Matthew B. Miller, P.E., Chief
Hazards Study Branch
Mitigation Directorate

Version 1.3.3

381603014162



Federal Emergency Management Agency

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LETTER OF MAP AMENDMENT DETERMINATION DOCUMENT (REMOVAL)

ATTACHMENT 1 (ADDITIONAL CONSIDERATIONS)

PORTIONS OF THE PROPERTY REMAIN IN THE SFHA (This Additional Consideration applies to the preceding 1 Property.)

This Determination Document has removed the subject of the determination from the Special Flood Hazard Area (SFHA). However, portions of the property may remain in the SFHA. Therefore, any future construction or substantial improvement on the property remains subject to Federal, State/Commonwealth, and local regulations for floodplain management.

This attachment provides additional information regarding this request. If you have any questions about this attachment, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 12101 Indian Creek Court, Beltsville, MD 20705.

Matthew B. Miller

Matthew B. Miller, P.E., Chief
Hazards Study Branch
Mitigation Directorate

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>TOM MORRISON</u>		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>156 NOTHEANA DR.</u>		Company NAIC Number	
CITY <u>ST. MARYS</u>	STATE <u>OHIO</u>	ZIP CODE <u>45885</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 156 SOUTHMOOR SHORES SUBDIVISION</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##" or ###.####°)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Auglaize County</u>		B2. COUNTY NAME <u>"</u>		B3. STATE <u>OHIO</u>	
B4. MAP AND PANEL NUMBER <u>3907610090</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>9-6-89</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>N/A</u>	B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>873.0</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 C3a-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 _____ Conversion/Comments _____

Elevation reference mark used STATE B.M. Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☒ a) Top of bottom floor (including basement or enclosure) 874. 1 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 _____ ft.(m)

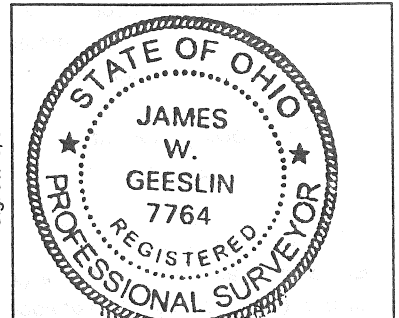
☒ f) Lowest adjacent grade (LAG) 873. 4 ft.(m)

☐ g) Highest adjacent grade (HAG) _____ 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 C3h _____ 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 <u>JAMES W. GEESLIN</u>		LICENSE NUMBER <u>P.S. 7764</u>	
TITLE <u>PROFESSIONAL SURVEYOR</u>	COMPANY NAME <u>GEESLIN SURVEYING</u>		
ADDRESS <u>804 E. MARKET ST.</u>	CITY <u>CELINA</u>	STATE <u>OH</u>	ZIP CODE <u>45885</u>
SIGNATURE <u>James W. Geeslin</u>	DATE <u>5/18/01</u>	TELEPHONE <u>419-586-6155</u>	

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. 156 NOTHEANA DR		Policy Number
CITY ST. MARYS	STATE OHIO	ZIP CODE 45885
		Company NAIC Number

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

☐ 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.

- E1. Building Diagram Number _____ (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade.
- E3. 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) _____ in.(cm) above the highest adjacent grade.
- E4. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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.

- G1. ☐ 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.)
- G2. ☐ 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. ☐ 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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7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

8. Elevation of as-built lowest floor (including basement) of the building is:

9. BFE or (in Zone AO) depth of flooding at the building site is:

_____ . _____ ft.(m) Datum: _____
 _____ . _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attachments

FEDERAL EMERGENCY MANAGEMENT AGENCY
PROPERTY INFORMATION

O.M.B. No. 3067-0147
Expires April 30, 2001

PAPERWORK REDUCTION ACT

Public reporting burden for this form is estimated to average 1.63 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, S.W., Washington, DC 20472, Paperwork Reduction Project (3067-0147).

This form may be completed by the property owner, registered land surveyor, or registered professional engineer.

1. Community Name of NFIP map panel on which the property is located: AUGLAIZE COUNTY
County _____ State: OHIO
Map/Panel Number: 390761 0090 C
Effective Date: 9-6-89
2. Street Address of the Property: 156 SOUTHMOOR SHORES DRIVE, ST. MARYS
3. Legal description of Property, Lot and Block (if a street address cannot be provided):

4. Are you requesting that the SFHA designation be removed from (a) all of the land within the bounds of the property, (b) a portion of land within the bounds of the property (a certified metes and bounds description and map of the area to be removed are required), or (c) the structure(s) on the property? (Answer "a," "b," or "c") C
5. Is this request for (a) a single structure, (b) a single lot, (c) multiple structures, (d) multiple lots? (Answer "a," "b," "c," or "d") a
6. What is the type of construction? (a) crawl space; (b) slab on grade; (c) basement; (d) other (explain). (Answer "a" "b," "c" or "d") a
7. Is this request prior to the transfer of ownership of the property in question from a developer to an individual property owner?
☐ Yes ☒ No
8. Is this request for (a) existing conditions, or (b) proposed project? (Answer "a" or "b") a
9. Has fill been placed on the property to elevate the ground elevations on the property, to elevate a structure(s), or to elevate the ground elevations around a structure(s)? No If yes, when? _____
10. For proposed projects, will fill be placed to elevate this land or structure(s)? N/A
11. If known, list the case number and/or the street address of previous request(s) that have been submitted to FEMA for this property or adjacent properties? _____
12. One of the following documents is required for all cases:
I have enclosed the following documents in support of this request:
☒ a. Copy of the subdivision Plat Map (with recordation data and stamp of the Recorder's Office)
OR
☒ b. Copy of the property Deed (with recordation data and stamp of the Recorder's Office), accompanied by a tax assessor's map or other suitable map showing the surveyed location of the property with respect to local streets and watercourses. (If the plat map and property deed are available, then both should be submitted.)

(For these maps a map scale must be provided and they should not be reduced or enlarged)

PLEASE REFER TO THE INSTRUCTIONS FOR THE APPROPRIATE MAILING ADDRESS

In addition, the following documents should be enclosed as applicable:

- ☒ c. Copy of the effective FIRM panel on which the property location has been accurately plotted, including a copy of the FIRM Title Block (if the request is for more than one lot/structure, this location must be certified by a licensed land surveyor or registered professional engineer).
- ☐ d. A map showing the location of any structures existing or proposed for the property (certified by a licensed land surveyor or registered professional engineer).
- ☐ e. Metes and bounds description and accompanying map of the portion of the property to be removed from SFHA, certified by a licensed land surveyor or registered professional engineer (only if the request is for a portion of land within the bounds of the property, not the entire lot or the structure(s) only).
- ☒ f. Form 2 Elevation Information Form or a FEMA NFIP Elevation Certificate may be submitted in lieu of the Elevation Information Form (for structures/property located in Zone AO see instructions for further guidance).
- ☐ g. Form 4 Community Acknowledgment of Request Involving Fill Form (only if fill has been or will be placed)
- ☐ h. Form 3 Certification of Fill Placement Form (only if fill has been or will be placed and the request is not for an existing single residential structure).
- ☐ i. Additional information: _____
(please specify)

13. ☐ PAYMENT ENCLOSED

Processing fee (see instructions for processing fees and exemptions)

L.O.M.A.
(Type of request)

\$ 0
(amount enclosed)

Check or money order only. Make check or money order payable to: **National Flood Insurance Program**. If paying by Visa or Mastercard, please refer to the Credit Card Information form which follows this form.

14. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Applicant's Name: THOMAS L. MORRISON Company: _____
(please print or type)

Mailing Address: 156 NOTHEANA DR.
ST MARYS, OHIO 45883
(please print or type)

Daytime Telephone Number: 419-394-0700 Fax Number: _____

6-11-01
Date

Thomas L. Morrison
Signature of Applicant (required)