



# Federal Emergency Management Agency

Washington, D.C. 20472

May 15, 2007

MR. MARSHALL ROYER  
8385 GERMANTOWN PIKE  
GERMANTOWN, OH 45327

CASE NO.: 07-05-3802A  
COMMUNITY: AUGLAIZE COUNTY, OHIO  
(UNINCORPORATED AREAS)  
COMMUNITY NO.: 390761

DEAR MR. ROYER:

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, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

Sincerely,

William R. Blanton Jr., CFM, Chief  
Engineering Management Section  
Mitigation Division

**LIST OF ENCLOSURES:**

LOMA DETERMINATION DOCUMENT (REMOVAL)

cc: State/Commonwealth NFIP Coordinator  
Community Map Repository  
Region



# 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 3, Klosterman Kove, as described in the General Warranty Deed recorded as Document No. 8553, in Volume 378, Page 399, in the Office of the Recorder, Auglaize County, Ohio
	COMMUNITY NO.: 390761	
AFFECTED MAP PANEL	NUMBER: 39011C0090C	
	DATE: 9/6/1989	
FLOODING SOURCE: GRAND LAKE ST. MARYS		APPROXIMATE LATITUDE & LONGITUDE OF PROPERTY: 40.512, -84.442 SOURCE OF LAT & LONG: PRECISION MAPPING STREETS 4.0      DATUM: NAD 83

### DETERMINATION

LOT	BLOCK/ SECTION	SUBDIVISION	STREET	OUTCOME WHAT IS REMOVED FROM THE SFHA	FLOOD ZONE	1% ANNUAL CHANCE FLOOD ELEVATION (NGVD 29)	LOWEST ADJACENT GRADE ELEVATION (NGVD 29)	LOWEST LOT ELEVATION (NGVD 29)
3	--	Klosterman Kove	907 Willie's Way	Structure	X (unshaded)	873.0 feet	874.5 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, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

*William R. Blanton Jr.*

William R. Blanton Jr., CFM, Chief  
Engineering Management Section  
Mitigation Division



# Federal Emergency Management Agency

Washington, D.C. 20472

## 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.)**

Portions of this property, but not the subject of the Determination/Comment document, may remain in the Special Flood Hazard Area. 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, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

A handwritten signature in cursive script, reading "William R. Blanton Jr.", is positioned above the typed name.

William R. Blanton Jr., CFM, Chief  
Engineering Management Section  
Mitigation Division

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE**

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

**Important: Read the instructions on pages 1 - 7.**

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		<b>For Insurance Company Use:</b>
BUILDING OWNER'S NAME <u>Marshall And Vickie Royen</u>		Policy Number <u>4002027797</u>
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>907 Willies Way</u>		Company NAIC Number
CITY <u>St Marys Ohio</u>	STATE <u>OH</u>	ZIP CODE <u>45885</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>KLOSTERMAN ROVE PHASE ONE LOT 3</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: <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 <u>Angalaize Co. 390761</u>		B2. COUNTY NAME <u>Angalaize</u>		B3. STATE <u>Ohio</u>	
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE <u>9-6-1989</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE	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 \_\_\_\_ (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 NGVD 1929 Conversion/Comments

Elevation reference mark used MHE 873.36 Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>876.79</u>	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u>	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>875.28</u>	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>875.28</u>	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>N/A</u>	ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>874.5</u>	ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>875.1</u>	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>4</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>720</u>	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 <u>JAMES M. KENT</u>		LICENSE NUMBER <u>6792 OH</u>	
TITLE <u>PROFESSIONAL SURVEYOR</u>	COMPANY NAME <u>KENT SURVEYING</u>		
ADDRESS <u>1750 BELLEFONTAINE ST</u>	CITY <u>Wapakoneta</u>	STATE <u>OH</u>	ZIP CODE <u>45895</u>
SIGNATURE <u>[Signature]</u>	DATE <u>4-3-01</u>	TELEPHONE <u>419 738 5677</u>	

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>For Insurance Company Use:</b>	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 907 WILLIES WAY			Policy Number	
CITY ST. MARYS	STATE OH	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 E3. 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 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
-------------------	------------------------	---

G7. 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 DOUGLAS REINHART	TITLE AUGLAIZE Co. Engineer
COMMUNITY NAME AUGLAIZE COUNTY-UNINCORPORATED	TELEPHONE 419-739-6520
SIGNATURE Douglas Reinhart	DATE April 9, 2007
COMMENTS	

☐ Check here if attachments

PUBLIC BURDEN DISCLOSURE NOTICE

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. 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; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0148), Washington, DC 20503.

You are not required to respond to this collection of information unless a valid OMB Control Number is displayed in the upper right corner of this form.

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, Ohio Unincorporated Areas County: Auglaize State: OHIO  
Panel or Map Number: 39011C0090 C  
Effective Date: SEPTEMBER 6, 1989
2. Street Address of Property: 907 WILLIE'S WAY
3. Description of Property Lot and Block (if a street address cannot be provided):  
KLOSTERMAN KOVE PHASE ONE  
LOT 3
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 of the area to be removed is 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 elevation of the property, to elevate a structure(s), or to elevate the ground elevations around a structure? NO If yes, when? \_\_\_\_\_
10. For proposed projects, will fill be placed to elevate this land or structure? NO
11. If known, list the case number and/or the street address of previous requests that have been submitted to FEMA for this property or adjacent properties? NONE
12. One of the following documents is required of 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.  
(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

The following documents should be enclosed as applicable:

- ☒ c. Copy of the effective FIRM panel on which the property location has been accurately plotted (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 on 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 the 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 form (only if fill has been or will be placed)
- ☐ h. Form 3 Certification of Fill Compaction 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)

\_\_\_\_\_  
(Type of request)

\$ \_\_\_\_\_  
(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 complete and submit the Credit Card Information Form (Form 1A), 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: Marshall Royer  
(please print or type)

Company: \_\_\_\_\_

Mailing Address: 8385 Germantown Pike Germantown, OH 45327  
(please print or type)

Daytime Telephone Number: 937-743-6114

Fax Number: 937-743-0072

4-9-07

Date

Marshall B. Royer

Signature of Applicant (required)