

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

William R Blanton of

Mitigation Division

LIST OF ENCLOSURES:

LOMA DETERMINATION DOCUMENT (REMOVAL)

cc: State/Commonwealth NFIP Coordinator Community Map Repository Region Date: May 15, 2007

Case No.: 07-05-3802A

LOMA



Federal Emergency Management Agency

Washington, D.C. 20472

LETTER OF MAP AMENDMENT
DETERMINATION DOCUMENT (REMOVAL)

	COMMU	NITY /	AND MAP PANEL	INFORMATION		LEGAL I	PROPERTY DESC	RIPTION	
СОМИ	MUNITY		(Unincorpoi	OUNTY, OHIO rated Areas)	Lot 3, Klostermar recorded as Docu Office of the Reco	ıment No. 85	553, in Volume 37	78, Page 399, in	
		COM	IMUNITY NO.: 390	0761					
	CTED	NUM	BER: 39011C009	0C					
IVIAP	PANEL	DAT	E: 9/6/1989						
FLOOD	ING SO	URCE	:: GRAND LAKE S	ST. MARYS	APPROXIMATE LATI SOURCE OF LAT & L				DATUM: NAD 83
					DETERMINATIO	N			
LOT	BLO0 SECTI		SUBDIVISION	STREET	OUTCOME WHAT IS REMOVED FROM THE SFHA	FLOOD ZONE	1% ANNUAL CHANCE FLOOD ELEVATION	LOWEST ADJACENT GRADE ELEVATION	LOWEST LOT ELEVATION (NGVD 29)

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 A

William R. Blanton Jr., CFM, Chief Engineering Management Section Mitigation Division Date: May 15, 2007

Case No.: 07-05-3802A

LOMA



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.

William R Blanton Jr. CEM Chief

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.	
SECTION A - PROPERTY OWNER INFORMATION	For Insurance Company Use:
MARSHAU And Vicke Royer	Policy Number 400 2027 79 7
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number
CITY St MARCY Ohro 45885 STATE	ZIP CODE
KLOSTEMAN KOVE PHASE ONE COT 3	Mittabalan in Mittabalan in mananga kalangan pengangan pengangan kalangan pengangan pengangan an men
COLDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)	
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##" - ##.##" or ##.#####") HORIZONTAL DATUM: SOURCE: L. GPS (Type): L. USGS Quad Map	L_ Other:
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B Ang Alaize (0. 390761 Ang Alaize	3. STATE OLTO
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD DATE CONE(S) NUMBER 9-6-484 EFFECTIVE/REVISED DATE ZONE(S) 14 E	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile	
311. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Des	cribe):
B12. is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area Designation Date:	(OPA)? LYes LIND
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)
C1. Building elevations are based on: [Construction Drawings* Building Under Construction* A new Elevation Certificate will be required when construction of the building is complete.	Finished Construction
C2. Building Diagram Number (Select the building diagram most similar to the building for which this ce pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	rtificate is being completed - see
C3. Elevations - Zones A1-A30 (AE)AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A	.30. 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 measured calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to determine the section of the Section D or Se	ments and datum conversion
Datum NGVD 1929 Conversion/Comments	pocument the datum conversion.
Slevation reference mark used MH @ 873.36 Does the elevation reference mark used appear of	n the FIRM? Yes No
D a) Top of bottom floor (including basement or enclosure) B b) Top of next higher floor B b) Top of next higher floor	
14(11)	, .
The state of the s	
口 e) Lowest elevation of machinery and/or equipment	T .
numerical and the healthform	
□ f) Lowest adjacent grade (LAG) 874.5 . ft.(m) ₹ 5	
g) Highest adjacent grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4.	
i) Total area of all permanent openings (flood vents) in C3h 720 sq. in. (sq. cm)	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
This certification is to be signed and sealed by a land surveyor, angineer, or architect authorized by law to cer	tify elevation information.
in operity that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the interpret that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section	e data available.
CERTIFIER'S NAME JAMES M. KIENT LICENSE NUMBER	20-
PROFESSIONAL SURVEYOR COMPANY NAME KENT SUK	2/19/2 OH
ADDRESS 1750 BELLEFONTAINE ST CITY WARRY STATE OF	ZIP CODE /COOE
SIGNATURE DATE 4-3-01 TELEPHONE	
FEMA FORM 81-31 ALIG 99 SEE REVERSE SIDE FOR CONTINUATION REPLACE	FS ALL PREVIOUS FOITIONS

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COLOR CONTROL OF THE PROPERTY OF THE PROPERTY

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Cony boin sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. SECTION B - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AC and ZONE A (WITHOUT BEE) or Zone AC and ZONE AC A (WITHOUT BEE) or Zone AC and ZONE A (WITHOUT BEE) or Zone AC ACCORDANCE OF ACCORDANCE	•		SERMAN STABLES DE REELES			
SECTION P - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Only both sides of this Elevation Cartificate for (1) community difficial, (2) insurance agent/company, and (3) building owner. SECTION P - SUILLOING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BEE) of Zone AO and Zone A (Without BFE), complete items E1 through E3. If the Elevation Certificate is infrared for use as supporting information for a LOMA or LOMAR-5, Section O must be completed. SURVEY BY SECTION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BEE) or Zone AO and Zone A (Without BFE), complete items E1 through E3. If the Elevation Certificate is Infrared for use as supporting information for a LOMA or LOMAR-5, Section O must be completed. SURVEY BY SECTION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BEE) or Zone AO and Zone AO (Without BEE), complete items E1 through E3. If the Elevation Certificate is being completed—see cages 5 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) The rep of the bottom floor (including basement or endocure) of the building, is a sketch or photograph.) Section P5. PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) EXEMPLICATION 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. SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) EXEMPLICATION The property owner or owner's authorized by law or ordinance to administer the community's Eochglein management ordinance can complete section A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. SECTION F - SONE ACCURATE ACCURATE A SONE ACCURATE ACCURATE A SONE ACCURATE A SONE A CONTINUAL A SONE ACCURATE	IMPORTANT: In these space	es, copy the corresponding info	mation from Secti	on A.	Control of the Contro	y Use:
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Copy both sides of this Elevation Certificate for (1) community difficial, (2) insurance agent/company, and (3) building owner. Check barrel if attachment		The state of the s	OR A POLITYPOT O	POTPIOLYOU /OOUT	70 S O S P 000 073 S	
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SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BRE) or Zone AO and Zone A (without BRE), complete Items Et through ES, if the Elevation Cartificate is intended for use as supporting fromation for a LONA or LOMPA'S section Corrupted them Est through ES, if the Elevation Cartificate is intended for use as supporting from material to the Dubliding of which this certificate is being completed—see cages of and 7. In or diagram accurately represents the Dubliding, provides a sketch or photograph. The top of the bottom floor (including basement of enclosure) of the bullding is		tion Certificate for (1) community of	ficial, (2) insurance	agent/company, and (3) building owner.	
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Community - Isourism for a LOMA or LOMR-F, Section of must be completed,	SECTION E - BUILDING	ELEVATION INFORMATION (SUR	YEY NOT REQUIRE	ED) FOR ZONE AO and	d ZONE A (WITHOUT	BFE)
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 SECTION G - COMMUNITY INFORMATION (OPTIONAL) L Check here if attachments of administrative 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. 1. L The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, angineer, 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.) 2. L A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. 3. Life following information (Items G4-G9) is provided for community floodplain management purposes. 4. FERMIT NUMBER G5. DATE PERMIT ISSUED G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED G7. This permit has been issued for: Life August Co. Euguneer COCAL OFFICIAL'S NAME DATE COMMUNITY NAME August Co. Euguneer DATE OWNER'S AUTHORITY SHAPE DATE DATE OWNER'S AUTHORITY SHAPE DATE OWNER'S AUTHORITY SHAPE DATE DATE OWNER'S AUTHORITY SHAPE DATE OWNER'S AUTHORITY SHAPE Life August Co. Euguneer Life Check here if attachment Life Check her	oformation for a LOMA or LOF 11. Building Diagram Number see pages 6 and 7. If no of 12. The top of the bottom floor (check one) the highest ac 13. For Zone AO only: If no flo	MR-F, Section C must be completed (Select the building diagram diagram accurately represents the building basement or enclosure) ijacent grade, and depth number is available, is the	f. most similar to the utilding, provide a st of the building is e top of the bottom	building for which this c ketch or photograph.) [ft.(m) [in.	ertificate is being com (cm) above or ance with the communication.	pleted - lelow
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 RECEIVED BY STATE ZIP CODE 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 there(s) and sign below. 1. 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). 2. [_ A community official completed Section E for a building located in Zone A (without a FEMA-Issued or community-Issued BFE) or Zone AO. 3. [_ The following information (items G4-G8) is provided for community floodplain management purposes. 4. FERMIT NUMBER GS. DATE PERMIT ISSUED GS. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED GO. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED This permit has been issued for. [_ New Construction						G.
SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community floodplain management ordinance can complete ections A, B, C (or E), and G of this Elevation Cartificate. Complete the applicable item(s) and sign below.						
ADDRESS CITY STATE ZIP CODE SIGNATURE DATE TELEPHONE L_ Check here if attachment SECTION G - COMMUNITY INFORMATION (OPTIONAL) Ine local official who is authorized by law or ordinance to administer the communitys 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. 1. L_ 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.) 2. L_ A community official completed Section E for a building located in Zone A (without a FEMA-Issued or community-Issued BFE) or Zone AO. 3. L_ The following information (Items G4-G9) is provided for community floodplain management purposes. 3.4. FERMIT NUMBER 3.5. DATE PERMIT ISSUED 3.6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 3.6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 3.7. This permit has been issued for. L_ New Construction L_ Substantial Improvement in Et.(m) Datum: 3.6. Elevation of as-built lowest floor (including basement) of the building its: 3.7. This permit has been issued for L_ New Construction L_ Substantial Improvement in Et.(m) Datum: 3.8. Elevation of as-built lowest floor (including basement) of the building its: 4. (m) Datum: 5. (It.(m) Datum: 5. (It.(m) Datum: 5. (It.(m) Datum: 6. (It.(m) Datum: 7. (It.(m) Datum: 8. (It.(m) Datum: 9. (It.(m) Datum: 9. (It.(m) Datum: 1. (It.(m	The property owner or owner community-issued BFE) or Zo	s authorized representative who col ine AO must sign here.	mpietes Sections A.	B, and E for Zone A (W	nthout a PEMA-ISSUEO	Of .
Check here if attachmen SECTION G - COMMUNITY INFORMATION (OPTIONAL)	PROPERTY OWNER'S OR OWN	IER'S AUTHORIZED REPRESENTATI	VE'S NAME	,	Birgaling gazaro	
SECTION G - COMMUNITY INFORMATION (OPTIONAL) SECTION G - COMMUNITY INFORMATION (OPTIONAL) 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 ections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. 1. If 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.) 2. If A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. 3. If the following information (Items G4-G9) is provided for community floodplain management purposes. 3. FERMIT NUMBER G5. DATE PERMIT ISSUED G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED This permit has been issued for: New Construction J. Substantial Improvement S. Elevation of as-built lowest floor (Including basement) of the building is: S. Elevation of as-built lowest floor (Including basement) of the building is: S. Elevation of as-built lowest floor (Including basement) of the building is: S. Elevation of ADD depth of flooding at the building site is: COCAL OFFICIAL'S NAME Dugas Repair Community NAME Augus Augus Community NAME Augus Li Check here if attachment Li Check here if attachment	ADDRESS		CITY	STATE	ZIP CODE	
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. 1. I 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.) 2. I A community official completed Section E for a building located in Zone A (without a FEMA-Issued or community-Issued BFE) or Zone AO. 3. The following information (Items G4-G9) is provided for community floodplain management purposes. 54. FERMIT NUMBER G5. DATE PERMIT ISSUED G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED This permit has been issued for: I New Construction SELEVATION OF as-built lowest floor (Including basement) of the building is: SELEVATION OF ACO) depth of flooding at the building site is: COCAL OFFICIAL'S NAME Date Community RAME August Co. Eugeneer COMMUNITY NAME August Co. Eugeneer DATE COMMUNITY NAME DATE COMMUNITY NAME August Co. Eugeneer DATE COMMUNITY NAME DATE COMMUNITY NAME DATE COMMUNITY NAME DATE COMMUNITY NAME August Co. Eugeneer L Check here if attachment	SIGNATURE .		DATE	TELEPHO	DNE	:
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FEDERAL EMERGENCY MANAGEMENT AGENCY PROPERTY INFORMATION

O.M.B. Burden No. 3067-0147 Expires May 31, 2001

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 fo	orm 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 OHIOUNINCORPORATED ANCAS 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
	L07 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")
<i>5</i> .	Is this request for (a) a single structure, (b) a single lot, (c) multiple structures, (d) multiple lots? (Answer "a, " "b, " "c" or "d")
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")
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")
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?If yes, when?
10.	For proposed projects, will fill be placed to elevate this land or structure?
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?
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)
	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

	owing documents should be enclosed as applicable:	
Ø	c. Copy of the effective FIRM panel on which the pro than one lot/structure, this location must be certifie	operty location has been accurately plotted (if the request is for more of the description of the surveyor or registered professional engineer)
đ	d. A map showing the location of any structures exist surveyor or registered professional engineer)	sting on or proposed for the property (certified by a licensed land
U	e. Metes and bounds description and accompanying (certified by a licensed land surveyor or registered put the bounds of the property, not the entire lot or the	g map of the portion of the property to be removed from the SFHA professional engineer) (only if the request is for a portion of land within structure(s) only)
P	f. Form 2 Elevation Information form or A FEMA NF Information form (for structures/property located in	FIP Elevation Certificate may be submitted in lieu of the Elevation Zone AO see instructions for further guidance.)
	g. Form 4 Community Acknowledgment form (only	if fill has been or <u>will be</u> placed)
	h. Form 3 Certification of Fill Compaction form (only single residential structure)	ly if fill has been or <u>will be</u> placed and the request is not for an existing
	i. Additional information:please specify	
PAYN	IENT ENCLOSED	
	Processing fee (see instructions for processing fee	es and exemptions)
	•	
	(Type of request) (amount	enclosed)
. All do	Check or money order only. Make check or mone Visa or Mastercard, please complete and submit to cuments submitted in support of this request are corre	by order payable to: National Flood Insurance Program . If paying by the Credit Card Information Form (Form 1A), which follows this form. Ect to the best of my knowledge. I understand that any false statement
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