#### O.M.B. No 3067-0077 Expires May 31, 1993

## **ELEVATION CERTIFICATE**

# FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION			FOR INSURANCE COMPANY USE		
BUILDING OWNER'S NAME					POLICY NUMBER
	J. Don Dav				•
STREET ADDRESS (Including A)	pt., Unit, Suite and/or Bldg. i 75 ユニー		ROUTE AND BOX NUMBER		COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and		Ditoc			•
		***************************************			
CITY St. ,	Marys	•		STATE OA io	ZIP CODE 45885
	SECTION B FI	OOD INSURA	NCE RATE MAP (FIRM)	INFORMATION	
Provide the following from t	he proper FIRM (See	Instructions):			•
1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION
390761	0090	C	9-6-89	AE	(in AO Zones, use depth) 873
7. Indicate the elevation date	tum system used on t	he FIRM for Ba	se Flood Elevations (BFE	: VINGVD '29	Other (describe on back)
8. For Zones A or V, where	no BFE is provided o	n the FIRM, an	id the community has esta	ablished a BFE fo	or this building site, indicate
the community's BFE: i_	feet N	IGVD (or other	FIRM datum-see Section	B, Item 7)	
• • • • • • • • • • • • • • • • • • • •	SECTION	ON C BUILDI	NG ELEVATION INFORM	ATION	
1. Using the Elevation Cert	ificate Instructions in	dicate the diag	ram number from the disc	reams found as [	Page 5 and Cabas bank
describes the subject bu	uilding's reference lev	el	an number nom me diag	rams loung on F	rages 5 and 6 that best
2(a). FIRM Zones A1-A30,	AE, AH, and A (with I	BFE). The top	of the reference level floo	r from the select	ed diagram is at an elevation
of 1 1817'5'.10' fee	et NGVD (or other FIF	RM datum-see	Section B, Item 7).		
(b). FIRM Zones V1-V30,	VE, and V (with BFE)	. The bottom	of the lowest horizontal st	ructural member	of the reference level from
(b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).					
(c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is! feet above or					
below (check one) the highest grade adjacent to the building.					
(d). FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check					
one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No : Unknown					
3. Indicate the elevation datum system used in determining the above reference level elevations: V NGVD 29 Other (describe					
under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on					
the FIHM (see Section t	B, Item 7], then conve	rt the elevation	ns to the datum system us	ed on the FIRM	and show the conversion
equation under Commen	its on Page 2.)				
4. Elevation reference mark					
5. The reference level eleva	ation is based on: 🗹	actual constru	ction 🔲 construction dr	awings	
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate					
will be required once cons	ny de vallo for the bul Struction is complete )	ilaing auring the	e course of construction.	A post-construct	ion Elevation Certificate
6. The elevation of the lowe	•		. h:	18 (	
Section B, Item 7).	st grade inimediately	aujacent to the	building is: ( 10174	. o leet NGVD	or other FIHM datum-see
	· SF	ECTION D. CC	MMUNITY INFORMATIO	N.	
1 If the community are					
is not the "lowest floor" as	esponsible for verifyirs s defined in the comm	ig building elev junity's floodole	ations specifies that the r	eference level in	dicated in Section C, Item 1
floor" as defined by the o	rdinance is: ! ! ; !	feet N	GVD for other FIDM dots	o, me elevation (	ine building S lowest
floor" as defined by the ordinance is: ! feet NGVD (or other FIRM datum—see Section B, Item 7).  Date of the start of construction or substantial improvement					

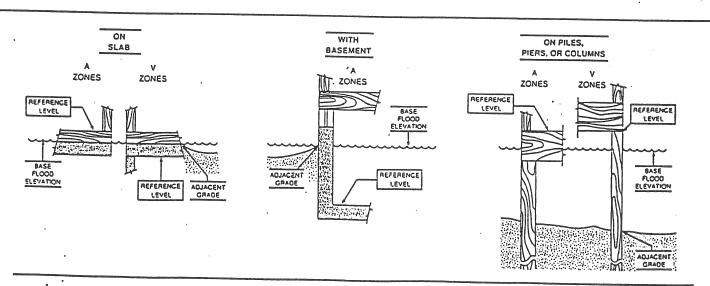
#### SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1–A30, AE, AH, A (with BFE),V1–V30,VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6. 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections 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.

_ Vames A. Wiechart	PE # 6233	38
CERTIFIER'S NAME	LICENSE NUMBER (or Affix Se	
TITLE FIGURE		ω,
*** **********************************	COMPANY NAME.	
1455 S. Defiance Trail	Spencille	06 . 1588
ADDRESS	CITY	STATE 710
ADDRESS  SIGNATURE  1455 S. Defiance Trail  Wiester  SIGNATURE	4-24-99	Oh 45887 STATE ZIP (419)647-6163
SIGNATURE	DATE	PHONE
Copies should be made of this Certificate for: 1) co	ommunity official, 2) insurance agent/con	npany, and 3) building owner.
COMMENTS:		
		TE OF ON MILE
		JAMES A.
·	ann a. When	★ WIECHART A 62338
	. V	CAN COISTER WE
		MINOS/ONAL ENGLISE



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The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

#### 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 e

uppe	er right corner of this form.
This f	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, Chio County: Auglaize State: Ohio
	Panel or Map Number: OC96
	Effective Date:9-6-89
2.	Street Address of Property: 3752 Legion Drive St. Mars, OL 45825
3.	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 of the area to be removed is required), or (c) the structure(s) on the property? (Answer "a," "b," or "c")A
<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") $\beta$
<b>6</b> .	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?
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?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

	i ne toli	owing documents should be enclosed as applicable:					
	Ø	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)					
	Q	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)					
	Ø	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)					
	Ó	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					
3.	PAYME	ENT 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.					
4.	All docu may be	ments submitted in support of this request are correct to the best of my knowledge. I understand that any false statement punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.					
oplica	nt's Name	(please print or type) Company: Core Consulting					
ailing	Address:	1455 S. Define Trail Specuralle, Oh 45887 (please print or type)					
aytime	e Telephor	ne Number: (419) 647 - 6163 Fax Number:					
Ţ	5-6-9	Date  James a Wiecland  Signature of Applicant (required)					
	(	Signature of Applicant (required)					