



Federal Emergency Management Agency

Washington, D.C. 20472

REQUEST FOR LETTER OF MAP AMENDMENT

This is to request that a determination be made as to whether or not a certain land area or structure is within a Special Flood Hazard Area.

I hereby certify that, to the best of my knowledge, fill has not been placed to elevate this land or structure since the date it was first identified as being in a Special Flood Hazard Area.

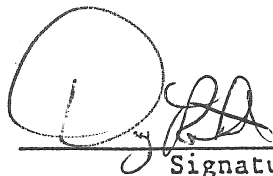
All documents submitted in support of this appeal are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Applicant's Name: Douglas Reinhart, P.E., P.S., Auglaize County Engineer
(please print or type)

Address: 1014 South Blackhoof Street
Wapakoneta, Ohio 45895
(please print or type)

Daytime Telephone Number: (419)738-3219 or (419)738-2713

9/8/00
Date


Signature of Applicant

FEDERAL EMERGENCY MANAGEMENT AGENCY

ELEVATION INFORMATION

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

PAPERWORK REDUCTION ACT

Public reporting burden for this form is estimated to average 0.63 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 must be completed by a registered professional engineer or licensed land surveyor. This form should not be used for requests involving channelization, bridges/culverts, or Fill in the FEMA-Designated (regulatory) Floodway; forms entitled Revisions to National Flood Insurance Program Maps (MT-2) should be used instead. The Elevation Information Form must be included for all requests, unless the request is for a determination in which the FIRM already shows the property to be CLEARLY outside the SFHA. Cases in which the determination for the property or structure is uncertain will require the submittal of elevation data to provide a definitive determination. If an Elevation Certificate has been completed for the subject property, it may be submitted in lieu of this form.

(See instructions for details)

1. Community Name: AUGLAIZE COUNTY, OHIO
2. Legal Description of Property: LOT 100, SOUTHMOOR SHORES SUBDIVISION
3. Flooding Source: GRAND LAKE ST. MARYS
4. Based on the FIRM, this property is located in Zone(s): AE
5. Is any portion of this property located in the regulatory floodway? ☐ Yes ☒ No
- Are any structures (existing or proposed) located in the regulatory floodway? ☐ Yes ☒ No
6. Is this area subject to land subsidence or uplift? ☐ Yes ☒ No
- If Yes, what is the date of the current releveing? _____

For items 7-11, multiple lots/structures, complete the appropriate column(s) of the Summary of Elevations - Individual Lot Breakdown Form (MT-1 Form 5), identifying the elevations for each lot/structure. To support items 9, 10 and 11, please note: a map (certified by a licensed surveyor or registered professional engineer) may be required to relate the ground elevations and locations of structures or lots to the SFHA. The map should indicate whether it reflects "as built" or "proposed" conditions.

7. What is the BFE for this property? (Provide elevation to nearest tenth of a foot and datum) Please refer to the seperately published Flood Insurance Study (FIS).
873.0 Elevation NGVD 29 Datum (NGVD 1929, NAVD 1988 or other)
8. How was the BFE determined? (Attach a copy of the Flood Profile or Summary of Elevations Table from the FIS report, if appropriate, a copy of a letter from a State agency establishing a BFE, or other necessary supporting information including Forms 3 and 4 from forms entitled, "Revisions to National Flood Insurance Program Maps" (MT-2).)
F.I.R.M.

- ☒ If this request is to remove the SFHA designation from a parcel of land or lot(s), what is the existing or proposed elevation of the lowest grade; that is, the lowest ground on the property or within the metes and bounds description of the portion being removed? (Provide elevation to nearest tenth of a foot and datum)
- Elevation _____ Datum _____

PLEASE REFER TO THE INSTRUCTIONS FOR THE APPROPRIATE MAILING ADDRESS

10. If this request is to remove the SFHA designation from a structure(s), what is the elevation of the existing or proposed lowest adjacent grade; that is, the lowest ground touching the structure, including any attached decks or garages? (Provide elevation to nearest tenth of a foot and datum) 874.1 Elevation NGVD 29 Datum
11. If fill has been/will be placed to elevate the structure(s) on this property, what is the existing or proposed elevation of the lowest floor, including basement, crawl space and/or attached garage? (Provide elevation to nearest tenth of a foot and datum) N/A Elevation _____ Datum _____
12. Are the measurements in items 9-11 based on (a) proposed or (b) existing conditions? B
- ~~13.~~ If any of the above elevations were computed based on a datum different than the effective FIS, what is the conversion factor? FIS Datum = Local Datum +/- _____ feet
14. Has a Summary of Elevations-Individual Lot Breakdown Form been completed for this request? ☐ Yes ☒ No
15. All information submitted in support of this request is 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.

Name (please print or type): JAMES W. GEESLIN

Title (please print or type): PROFESSIONAL SURVEYOR

Registration No.: 7764 Expiration Date: 12/31/00

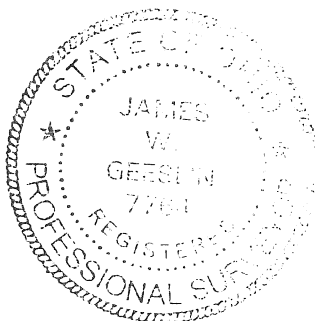
State: OHIO

Telephone Number: (419) 586-6155

James W. Meinhart
Signature

8/23/00
Date

Seal (Optional)



PROPERTY INFORMATION

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, OHIO
County _____ " _____ State: _____
Map/Panel Number: 390761 0090 C
Effective Date: 9-6-89
2. Street Address of the Property: 100 CAUSEWAY DRIVE, ST. MARYS, OH. 45885
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?
92-05-162B
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: GORDON ROLDE Company: _____
(please print or type)

Mailing Address: 100 CAUSEWAY DR.
ST. MARYS, OHIO 45885
(please print or type)

Daytime Telephone Number: 419-394-3433 Fax Number: _____

8/29/2000
Date

Gordon Rolde
Signature of Applicant (required)