

FEDERAL EMERGENCY MANAGEMENT AGENCY  
ELEVATION INFORMATION

O.M.B. NO. 3067-0147  
Expires July 31, 1997

FEMA USE ONLY

PUBLIC BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average .63 hour 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 (3067-0147), Washington, DC 20503.

This form must be completed by a licensed land surveyor or registered professional engineer. These forms should not be used for requests involving Channelization, Bridges/Culverts, or Fill in the FEMA Designated Floodway. Forms entitled Revisions to National Flood Insurance Program Maps (MT-2) should be used. The Elevation Information Form must be included for all request, 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 page 7 of instructions for details)

1. Community Name: AUGLAIZE COUNTY

2. Legal Description of Property: (SEE ENCLOSED DEED)

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 releveling? \_\_\_\_\_

7. What is the BFE for this property? (Provide elevation to nearest tenth of a foot and datum)\*

873.0 Elevation NGVD 29' Datum

8. How was the BFE determined? (attach a copy of the Flood Profile or table from the FIS report, if appropriate, 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.

Approved: Douglas Kentz, P.E., P.S.  
Auglaize Co. Flood Plain Com.

9. If a flood profile for the 500-year flood was provided in the FIS Report, what is the 500-year flood elevation for this property? N/A Elevation \_\_\_\_\_ Datum \_\_\_\_\_

10. 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? (Provide elevation to nearest tenth of a foot and datum)\* N/A Elevation \_\_\_\_\_ Datum \_\_\_\_\_

11. 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? (Provide elevation to nearest tenth of a foot and datum)\* 873.3 NGVD 29' Elevation Datum

12. 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 and/or attached garage? (Provide elevation to nearest tenth of a foot and datum)\* N/A Elevation Datum

13. If any of the above elevations were computed based on a datum different than the effective FEG, what is the conversion factor? FEG Datum = Local Datum +/- N/A Feet

\*For multiple lots/structures, complete the appropriate column(s) of the Summary of Elevations-Individual Lot Breakdown form, identifying the elevation 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. The map should indicate whether it reflects "as-built" or "proposed" conditions.

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

Title: PROFESSIONAL SURVEYOR (please print or type)

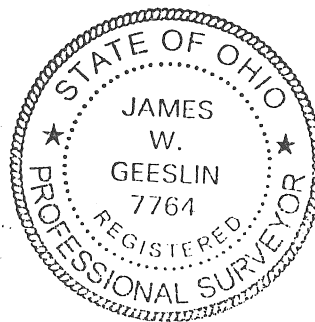
Registration No. 7764 Expiration Date 12/31/99

State OHIO

Telephone Number: (419) 586-6155

James W. Geeslin  
Signature

12/18/98  
Date



Seal (Optional)

## 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 (3067-0147), Washington, DC 20503.

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

1. Community Name: AUGLAIZE COUNTY County: " State: OHIO  
Community Number: 390761 Panel or Map Number: 0090C  
Effective Date: 9-6-89
2. Street Address of Property: 24 BRECKENWOOD LANE
3. Description of Property Lot and Block (if a street address cannot be provided):  
(SEE ENCLOSED DEED)
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 (*metes and bounds description is required*), or (c) the structure(s) on the property? (Answer "a," "b," or "c") C
5. Is this request for (a) a single residential structure or lot, (b) a single commercial structure or lot, (c) multiple structures or lots? (Answer "a," "b" or "c") a If existing structure, what was the date of construction? PRE NFIP
6. Is this request prior to the transfer of ownership of the property in question from a developer to an individual property owner? ☐ Yes ☒ No
7. Is this request for (a) existing conditions or (b) proposed project? (Answer "a" or "b") a
8. Has fill been placed in an identified SFHA or to elevate a structure? No If yes, when? \_\_\_\_\_
9. For proposed projects, will fill be placed to elevate this land or structure(s)? N/A
10. Do you know of previous requests that have been submitted to FEMA for this property or adjacent properties?  
No  
If yes, what was the date of FEMA's response letter? \_\_\_\_\_

11. I have enclosed the following documents in support of this request:

- ☒ a. Copy of the Plat Map (with recordation data) with recorder's seal **(SURVEY INCLUDED. AUGLAIZE CO. TAX MAP OFFICE STATED NO. PLAT OF THIS AREA EXISTS)**
- OR**
- ☒ b. Copy of the Deed (with recordation data), accompanied by a tax assessor's map, plat map or other suitable map showing the surveyed location of the property with recorder's seal (For these maps a map scale must be provided and they should not be reduced or enlarged)
- ☒ 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 locations 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 (only if the request is for a portion of land within the bounds of the property, not structure(s) only)
- ☒ f. Elevation Information form
- ☒ g. Community Acknowledgment form (only if fill has been/will be placed)
- ☒ h. Certification of Fill Compaction form (only if fill has been/will be placed and the request is not for a single residential structure)

Initial fee (see page 7 of instructions for initial fees and exemptions)

☒ i. L. O. M. A. \$ 0  
(Type of request) (amount enclosed)

☐ PAYMENT  
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.

☐ j. Additional information: \_\_\_\_\_  
(please specify)

12. 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: Kenneth L. Hegemann  
(please print or type)

Mailing Address: 299 Main St DR.  
WESTERVILLE OH 43081  
(please print or type)

Daytime Telephone Number: 614-337-6222

11/5/99  
Date

Kenneth L. Hegemann  
Signature of Applicant