

## ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME David A. and Mary A. Puthoff		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 11077 State Route 364		Policy Number	
CITY St. Mary's		STATE OH	ZIP CODE 45885
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot #2 in the subdivision of East Part Lot #157, Block E of Southmoor Subdivision			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) ( ##° - ##' - ##.###" or ###.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 390761		B2. COUNTY NAME Auglaize		B3. STATE OH	
B4. MAP AND PANEL NUMBER 390761 0090	B5. SUFFIX C	B6. FIRM INDEX DATE 09-06-1989	B7. FIRM PANEL EFFECTIVE/REVISED DATE 09-06-1989	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 873.00

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): Auglaize CountyB12. 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 8 (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.)

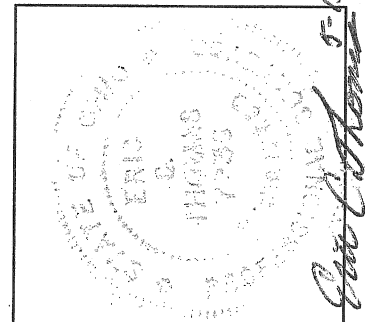
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3-a-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 County Conversion/Comments Meets Elevation on Firm Panel

Elevation reference mark used B.M. Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

- ☐ a) Top of bottom floor (including basement or enclosure) \_\_\_\_\_ ft.(m)
- ☐ b) Top of next higher floor \_\_\_\_\_ ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft.(m)
- ☐ d) Attached garage (top of slab) 875.16ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) \_\_\_\_\_ ft.(m)
- ☐ f) Lowest adjacent (finished) grade (LAG) 874.43ft.(m)
- ☐ g) Highest adjacent (finished) grade (HAG) 874.66 ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade \_\_\_\_\_
- ☐ i) Total area of all permanent openings (flood vents) in C3.h sq. in. (sq. cm)

License Number, Embossed Seal,  
Signature, and Date

## 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 Eric C. Thomas

LICENSE NUMBER OH 7236

TITLE Professional Surveyor

COMPANY NAME

ADDRESS  
208 S. Cedar St.CITY  
ColdwaterSTATE  
OHZIP CODE  
45828SIGNATURE  
*Eric C. Thomas*DATE  
5-15-03TELEPHONE  
419-678-8098

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

11077 State Route 364

CITY

St. Mary's

STATE

OH

ZIP CODE

45885

For Insurance Company Use:

Policy Number

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 E4. 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 2 (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. (Use natural grade, if available).E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is    ft.(m)    in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

David A. and Mary A. Puthoff

ADDRESS

11077 State Route 364

SIGNATURE

CITY

St. Marys

DATE

STATE

OH

TELEPHONE

419-394-6338

ZIP CODE

45885

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

COMMUNITY NAME

AUGLAIZE County

SIGNATURE

COMMENTS

TITLE

AUGLAIZE Co. Flood Plain Coordinator

TELEPHONE

419-738-3219

DATE

6/30/03

Approved: DPR

☐ Check here if attachments

FEDERAL EMERGENCY MANAGEMENT AGENCY  
ELEVATION FORM

O.M.B. NO. 3067-0147  
Expires September 30, 2005

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting 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, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form must be completed for requests and must be completed and signed by a registered professional engineer or licensed land surveyor. A FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in addition to this form for single structure requests.

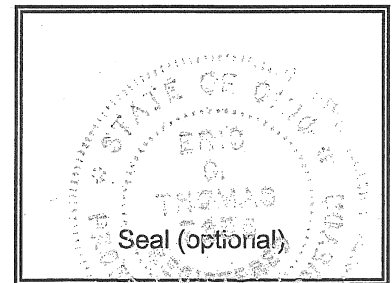
For requests to remove a structure on natural grade OR on engineered fill from the Special Flood Hazard Area (SFHA), submit the lowest adjacent grade (the lowest ground touching the structure), including an attached deck or garage. For requests to remove an entire parcel of land from the SFHA, provide the lowest lot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description.

1. NFIP Community Number: 390761 Property Name or Address: 11077 State Route 364 St. Mary's, Ohio 45885
2. Are the elevations listed below based on ☒ existing or ☐ proposed conditions? (Check one)
3. What is the elevation datum? County \_\_\_\_\_ If any of the elevations listed below were computed using a datum different than the datum used for the effective Flood Insurance Rate Map (FIRM) (e.g., NGVD 29 or NAVD 88), what was the conversion factor? 0
- Local Elevation +/- ft. = FIRM Datum
4. For the existing or proposed structures listed below, what are the types of construction? (check all that apply)  
☒ crawl space ☐ slab on grade ☐ basement/enclosure ☐ other (explain)
5. Has FEMA identified this area as subject to land subsidence or uplift? (see instructions) ☐ Yes ☒ No  
If yes, what is the date of the current releveing? / (month/year)

Lot Number	Block Number	Lowest Lot Elevation	Lowest Adjacent Grade To Structure	Base Flood Elevation	For FEMA Use Only
Lot #2		872.82	874.43	873.00	

This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information. 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.

Certifier's Name: Eric Thomas	License No.: OH S-7236	Expiration Date:
Company Name:	Telephone No.: (419) 678-8098	Fax No.:
Signature: <i>Eric P. Thomas</i>	Date: May 19, 2003	



FEDERAL EMERGENCY MANAGEMENT AGENCY  
PAYMENT INFORMATION FORM

Community Name:

Project Identifier:

THIS FORM MUST BE MAILED, ALONG WITH THE APPROPRIATE FEE, TO ONE OF TWO POST OFFICE BOXES (SEE BELOW) OR FAXED TO THE FAX NUMBER BELOW.

Type of Request:

MT-1 application fee  
MT-2 application fee } (Insert 3173 as the P.O. Box number in the address below)

External Data Requests (EDRs) (Insert 398 as the P.O. Box number in the address below)

Federal Emergency Management Agency  
Revisions Fee-Collection System Administrator  
P.O. Box  
Merrifield, Virginia 22116  
Fax: (703) 849-0282  
Phone: (703) 849-0432

Request No.:

(if known)

Amount:

☒ INITIAL FEE\* ☐ FINAL FEE ☐ FEE BALANCE\*\* ☐ MASTER CARD ☒ VISA ☐ CHECK ☐ MONEY ORDER

\*Note: Applicable only for EDR and/or Alluvial Fan requests (as appropriate).

\*\*Note: Applicable only if submitting a corrected fee for an ongoing request.

COMPLETE THIS SECTION ONLY IF PAYING BY CREDIT CARD

—     —     —

CARD NUMBER

EXP. DATE

—    
Month Year

May 19, 2003

Date

Signature

NAME (AS IT APPEARS ON CARD):  
(please print or type)

ADDRESS:  
(for your  
credit card  
receipt—please  
print or type)

DAYTIME PHONE: (419) 394-6338

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROPERTY INFORMATION FORM**

*O.M.B. NO. 3067-0147  
Expires September 30, 2005*

**PAPERWORK 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, reviewing, and submitting 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, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form may be completed by the property owner, property owner's agent, licensed land surveyor, or registered professional engineer to support a request for a Letter of Map Amendment (LOMA), Conditional Letter of Map Amendment (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional Letter of Map Revision Based on Fill (CLOMR-F) for existing or proposed, single or multiple lots/structures. Please check the item below that describes your request:

<input checked="" type="checkbox"/> LOMA	A letter from FEMA stating that an existing structure or parcel of land that has not been elevated by fill (natural grade) would not be inundated by the base flood.
<input type="checkbox"/> CLOMA	A letter from FEMA stating that a proposed structure that is not to be elevated by fill (natural grade) would not be inundated by the base flood if built as proposed.
<input type="checkbox"/> LOMR-F	A letter from FEMA stating that an <b>existing</b> structure or parcel of land that has been <b>elevated by fill</b> would not be inundated by the base flood.
<input type="checkbox"/> CLOMR-F	A letter from FEMA stating that a parcel of land or <b>proposed</b> structure that will be <b>elevated by fill</b> would not be inundated by the base flood if fill is placed on the parcel as proposed or the structure is built as proposed.

**Fill** is defined as material from any source placed to raise the ground to or above the Base Flood Elevation (BFE). The common construction practice of removing unsuitable existing material (topsoil) and backfilling with select structural material is not considered the placement of fill if the practice does not alter the existing (natural grade) elevation, which is at or above the BFE. **Fill that is placed before the date of the first National Flood Insurance Program (NFIP) map showing the area in a Special Flood Hazard Area (SFHA) is considered natural grade.**

Has fill been placed on your property?      ☐ Yes ☒ No      If yes, when was fill placed?      /      month/year

Will fill be placed on your property?      ☐ Yes ☒ No      If yes, when will fill be placed?      /      month/year

- Street Address of the Property (if request is for multiple structures, please attach additional sheet):  
11077 State Route 364 St. Mary's, Ohio 45885
- Legal description of Property (Lot, Block, Subdivision) (if a street address cannot be provided):  
Lot #2 in the subdivision of the East Part of Lot #157, Block E of Southmoor Subdivision
- Are you requesting that the SFHA designation be removed from (check one):
  - ☐ the entire legally recorded property?
  - ☐ a portion of land within the bounds of the property (a certified metes and bounds description and map of the area to be removed, certified by a licensed land surveyor or registered professional engineer, are required)?
  - ☒ structures on the property? What are the dates of construction? 2003
- Is this request for a (check one):
  - ☒ single structure
  - ☐ single lot
  - ☐ multiple structures (How many structures are involved in your request? List the number:      )
  - ☐ multiple lots (How many lots are involved in your request? List the number:      )

In addition to this form (MT-1 Form 1), ALL requests must include the following:

- Copy of the Plat Map for the property (with recordation data and stamp of the Recorder's Office)  
OR
- Copy of the property Deed (with recordation data and stamp of the Recorder's Office), accompanied by a tax assessor's map or other certified map showing the surveyed location of the property relative to local streets and watercourses
- Copy of the effective FIRM panel and/or Flood Boundary and Floodway Map (FBFM) (if applicable) on which the property location has been accurately plotted (property inadvertently located in the NFIP regulatory floodway will require Section B of MT-1 Form 3)
- Form 2 – Elevation Form. If an Elevation Certificate has already been completed for this property, it may be submitted in addition to Form 2.

Please include a map scale and North arrow on all maps submitted.

For LOMR-Fs and CLOMR-Fs, the following must be submitted in addition to the items listed above:

- Form 3 – Community Acknowledgment Form

Processing Fee (see instructions for appropriate mailing address; or, visit [http://www.fema.gov/mit/tsd/frm\\_fees.htm](http://www.fema.gov/mit/tsd/frm_fees.htm) for the most current fee schedule)

Revised fee schedules are published periodically, but no more than once annually, as noted in the Federal Register. Please note: single/multiple lot(s)/structure(s) LOMAs are fee exempt. The current review and processing fees are listed below:

Check the fee that applies to your request:

- ☐ \$325 (single lot/structure LOMR-F following a CLOMR-F)
- ☐ \$425 (single lot/structure LOMR-F)
- ☐ \$500 (single lot/structure CLOMA or CLOMR-F)
- ☐ \$700 (multiple lot/structure LOMR-F following a CLOMR-F, or multiple lot/structure CLOMA)
- ☐ \$800 (multiple lot/structure LOMR-F or CLOMR-F)

Please submit the Payment Information Form for remittance of applicable fees. Please make your check or money order payable to: National Flood Insurance Program.

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: David A. and Mary A. Puthoff  
Please Print or Type

Company:

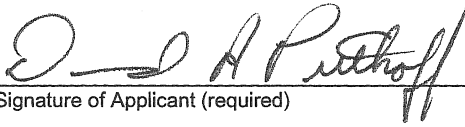
Mailing Address: 11077 State Route 364  
St. Mary's, Ohio 45885

Daytime Telephone No.: (419) 394-6338

E-Mail Address:  
(optional)

Fax No.:

May 19, 2003  
Date

  
Signature of Applicant (required)

If you have any questions concerning FEMA policy, or the NFIP in general, please contact the FEMA Map Assistance Center toll free at 1-877-FEMA MAP (1-877-336-2627), or visit the Flood Hazard Mapping website at [www.fema.gov/mit/tsd/](http://www.fema.gov/mit/tsd/).