

# ELEVATION CERTIFICATE

**Important:** Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Alfred Scheer				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 11000 County Road 66A				Company NAIC Number:	
City St. Marys		State Ohio		ZIP Code 45885	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 1.5 Acres in Section 22 of St. Marys Township					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Detached Garage</u>					
A5. Latitude/Longitude: Lat. <u>40.50968</u> Long. <u>-84.38837</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Unincorporated Areas 390761			B2. County Name Auglaize		B3. State Ohio
B4. Map/Panel Number  39011C0090	B5. Suffix  C	B6. FIRM Index Date  09-06-1989	B7. FIRM Panel Effective/ Revised Date  09-06-1989	B8. Flood Zone(s)  A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)  871.90
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <u>County Engineer</u>					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 11000 County Road 66A			Policy Number:
City St. Marys	State Ohio	ZIP Code 45885	Company NAIC Number



## 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. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  
Benchmark Utilized: County BM Vertical Datum: NGVD 1929
- Indicate elevation datum used for the elevations in items a) through h) below.  
☒ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: \_\_\_\_\_
- Datum used for building elevations must be the same as that used for the BFE.
- Check the measurement used.
- |   |               |  |                                 |
|---|---------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | <u>868.40</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | _____         | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | _____         | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | _____         | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | _____         | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>867.30</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>868.20</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | _____         | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |

## 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 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.*

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name Kent Marbaugh	License Number 7421		
Title Owner			
Company Name Marbaugh Land Surveying			
Address 1901 Carolina Ct.			
City Celina	State Ohio		ZIP Code 45822
Signature 	Date 03-01-2018	Telephone (419) 586-4293	Ext.
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.			

Comments (including type of equipment and location, per C2(e), if applicable)

**ELEVATION CERTIFICATE**OMB No. 1660-0008  
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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 11000 County Road 66A			Policy Number:
City St. Marys	State Ohio	ZIP Code 45885	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. 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, 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, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address	City	State	ZIP Code
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Signature	Date	Telephone
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Comments

☐ Check here if attachments.

**ELEVATION CERTIFICATE**OMB No. 1660-0008  
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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 11000 County Road 66A			Policy Number:	
City St. Marys	State Ohio	ZIP Code 45885	Company NAIC Number	
<b>SECTION G – COMMUNITY INFORMATION (OPTIONAL)</b>				
<p>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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.</p> <p>G1. <input type="checkbox"/> The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)</p> <p>G2. <input type="checkbox"/> A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.</p> <p>G3. <input type="checkbox"/> The following information (Items G4–G10) is provided for community floodplain management purposes.</p>				
G4. Permit Number		G5. Date Permit Issued		G6. Date Certificate of Compliance/Occupancy Issued
<p>G7. This permit has been issued for:      <input type="checkbox"/> New Construction    <input type="checkbox"/> Substantial Improvement</p> <p>G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet    <input type="checkbox"/> meters    Datum _____</p> <p>G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet    <input type="checkbox"/> meters    Datum _____</p> <p>G10. Community's design flood elevation: _____ <input type="checkbox"/> feet    <input type="checkbox"/> meters    Datum _____</p>				
Local Official's Name			Title	
Community Name			Telephone	
Signature			Date	
<p>Comments (including type of equipment and location, per C2(e), if applicable)</p> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if attachments.</div>				

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## BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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City St. Marys	State Ohio	ZIP Code 45885	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Rear

Clear Photo One



Photo Two

Photo Two Caption Front

Clear Photo Two



## **AUGLAIZE COUNTY**

### ***Engineering Department***

P.O. Box 59  
1014 S. Blackhoof Street  
Wapakoneta, Ohio 45895

TELEPHONE 419-739-6520  
FAX 419-739-6521  
Email: [doug@augcoeng.com](mailto:doug@augcoeng.com)



*Douglas Reinhart*  
**COUNTY ENGINEER**

**Flood Plain elevation for 11000 CR#66A  
February 13, 2018**

**The FEMA flood plain elevation (BFE) for Koop Creek at 11000 CR#66A  
is 871.90.**

**The nearest USGS elevation (1929 datum) is the top of a GPS monument in the SE  
corner of the intersection of CR#66A and Waesch Road and it's elevation is 867.60.**

**Douglas Reinhart, P.E., P.S.  
Auglaize County Engineer  
Auglaize County Flood Plain Coordinator**



**AUGLAIZE COUNTY**  
***Engineering Department***

P.O. Box 59  
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*Douglas Reinhart*  
COUNTY ENGINEER

**Flood Plain elevation for 11000 CR#66A**  
**February 13, 2018**

**The FEMA flood plain elevation (BFE) for Koop Creek at 11000 CR#66A is 871.90.**

**The nearest USGS elevation (1929 datum) is the top of a GPS monument in the SE corner of the intersection of CR#66A and Waesch Road and it's elevation is 867.60.**

**Douglas Reinhart, P.E., P.S.**  
**Auglaize County Engineer**  
**Auglaize County Flood Plain Coordinator**