

SENT TO FEMA 3-30-01

ELEVATION CERTIFICATE

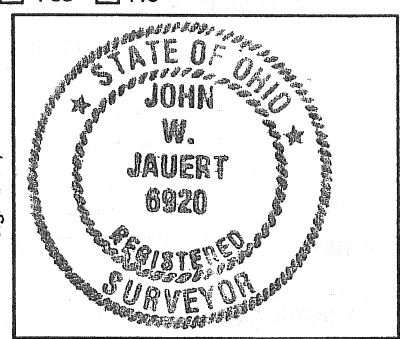
Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <u>CAROLYN & TERRY LAY</u>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>111 EAST SILVER STREET</u>		Company NAIC Number
CITY <u>WAPAKONETA</u>	STATE <u>OHIO</u>	ZIP CODE <u>45895</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Pt. E.P. O.L. 15 & W.P. Lot 1, J.S. WALTERS SUB, WAPAKONETA</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL</u>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####)		SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <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 <u>WAPAKONETA CITY 390023</u>		B2. COUNTY NAME <u>AUGLAIZE</u>		B3. STATE <u>OHIO</u>	
B4. MAP AND PANEL NUMBER <u>39011C0105</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>09-06-1989</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>SEPT. 6, 1989</u>	B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>880.0</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number _ (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 C3a-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 _____ Conversion/Comments _____	
Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>880.3</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>887.0</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>885.0</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>880.6</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>885.0</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ 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 <u>JOHN W. JAUERT</u>		LICENSE NUMBER <u>OHIO 6920</u>	
TITLE <u>PROFESSIONAL SURVEYOR</u>	COMPANY NAME <u>JAUERT SURVEYING</u>		
ADDRESS <u>11584 MONROE ROAD</u>	CITY <u>WAPAKONETA</u>	STATE <u>OHIO</u>	ZIP CODE <u>45895</u>
SIGNATURE <u>[Signature]</u>	DATE <u>MARCH 28TH 2001</u>	TELEPHONE <u>(419) 657-6999</u>	

IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 111 EAST SILVER STREET		Policy Number
CITY WAPAKONETA	STATE OHIO	ZIP CODE 45895
		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 BFE OF 880.0 TAKEN FROM FIRM CITY OF WAPAKONETA, MAP N°390023 ZONE AE. BENCH MARK - USGS - DESIGNATION W166 - ELEV. = 892.86

☒ Check here if attachments

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

or 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.

1. Building Diagram Number __ (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.)

2. 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.

3. 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.

4. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME
J. W. SAUERT

ADDRESS
11584 MONROE ROAD WAPAKONETA OHIO 45895

SIGNATURE
[Signature]

CITY
WAPAKONETA

STATE
OHIO

ZIP CODE
45895

DATE
MARCH 28TH 2001

TELEPHONE
(419) 657-6999

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.

1. ☐ 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.)

2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

3. ☐ 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
-------------------	------------------------	---

7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

8. Elevation of as-built lowest floor (including basement) of the building is: ____ ft.(m) Datum:

9. BFE or (in Zone AO) depth of flooding at the building site is: ____ ft.(m) Datum:

LOCAL OFFICIAL'S NAME
TITLE

COMMUNITY NAME
TELEPHONE

SIGNATURE
DATE

COMMENTS

☐ Check here if attachments

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 a valid OMB Control Number is displayed in the upper right corner of this form.

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:

WAPAKONETA, CITY OF

County: Auglaize

State: OHIO

Panel or Map Number: 390023

Effective Date: SEPT. 6TH, 1989

2. Street Address of Property: 111 EAST SILVER ST., WAPAKONETA, OHIO 45895

3. Description of Property Lot and Block (if a street address cannot be provided):

PT. OF THE EAST PT. OF O.L. #15 & PT. OF THE WEST
PT. OF LOT #1 OF THE J.J. WALTERS SUBDIVISION
TO THE CITY OF WAPAKONETA, AUGLAIZE CTY., OHIO

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") 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") C

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 elevation of the property, to elevate a structure(s), or to elevate the ground elevations around a structure? NO If yes, when? _____

10. For proposed projects, will fill be placed to elevate this land or structure? N/A

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)
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.

(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

The following documents should be enclosed as applicable:

- ☒ 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 location 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 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)
- ☐ 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

13. PAYMENT 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.

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: JOHN W. JOUERT Company: JOUERT SURVEYING
(please print or type)

Mailing Address: 11584 MONROE ROAD, Wapakoneta, OHIO
(please print or type) 45895

Daytime Telephone Number: (419) 657-6999

Fax Number: (419) 657-2745

03/28/2001
Date

[Signature]
Signature of Applicant (required)