U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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 CRS EC Checklist	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Either A2 or A3 must be completed, with City, State, and Zip	Company NAIC Number:

City	State	Zip Code

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Either A2 or A3 must be completed, with City, State, and Zip

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)

A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: ◯ NAD 1927 ◯ 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 _____ Must be full Diagram Number (e.g., "1A" or "1B," not just "1")

A8. For a building with a crawlspace or enclosure(s):
If there is no crawlspace, enclosure, or garage, enter "N/A" in the blanks
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 _____
If there is a crawlspace, enclosure, or garage, but no openings within 1.0 foot above grade, enter "0"
c) Total net area of flood openings in A8.b _____ sq in
If there are engineered flood openings, attach the certification from the engineer or the ICC Evaluation Service
d) Engineered flood openings? ◯ Yes ◯ 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? ◯ Yes ◯ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:
◯ FIS Profile ◯ FIRM ◯ Community Determined ◯ Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: ◯ NGVD 1929 ◯ NAVD 1988 ◯ Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ◯ Yes ◯ No
Designation Date: ◯ CBRS ◯ OPA

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: _____ Vertical Datum: _____

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)	_____ . _____	◯ feet	◯ meters
b) Top of the next higher floor	_____ . _____	◯ feet	◯ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ . _____	◯ feet	◯ meters
d) Attached garage (top of slab)	_____ . _____	◯ feet	◯ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	_____ . _____	◯ feet	◯ meters
f) Lowest adjacent (finished) grade next to building (LAG)	_____ . _____	◯ feet	◯ meters
g) Highest adjacent (finished) grade next to building (HAG)	_____ . _____	◯ feet	◯ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ . _____	◯ feet	◯ meters

Items a), f) and g) must always have a number. If items b) - e) are not relevant, enter "N/A"

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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.	Policy Number:
City State Zip Code	Company NAIC Number:

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.*

☐ Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? ◯ Yes ◯ No

Certifier's Name		License Number	
Title	Company Name		
Address	City	State	Zip Code
Signature	Date	Telephone	

PLACE SEAL HERE

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

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

Signature Date

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 page 8 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 Complete Section F if there is no BFE and Section E is used

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

☐ Check here if attachments.

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. If this page is required, this section must be filled out.	Policy Number:
City State Zip Code	Company NAIC Number:

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. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.

G1. ☐ 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.)

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-G10) 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: _____ . _____ ◯ feet ◯ meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ ◯ feet ◯ meters Datum _____

G10. Community's design flood elevation: _____ . _____ ◯ feet ◯ meters Datum _____

Local Official's Name Complete and sign if G1, G2, G8, or G9 are checked	Title
Community Name	Telephone
Signature	Date

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

☐ Check here if attachments.