

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

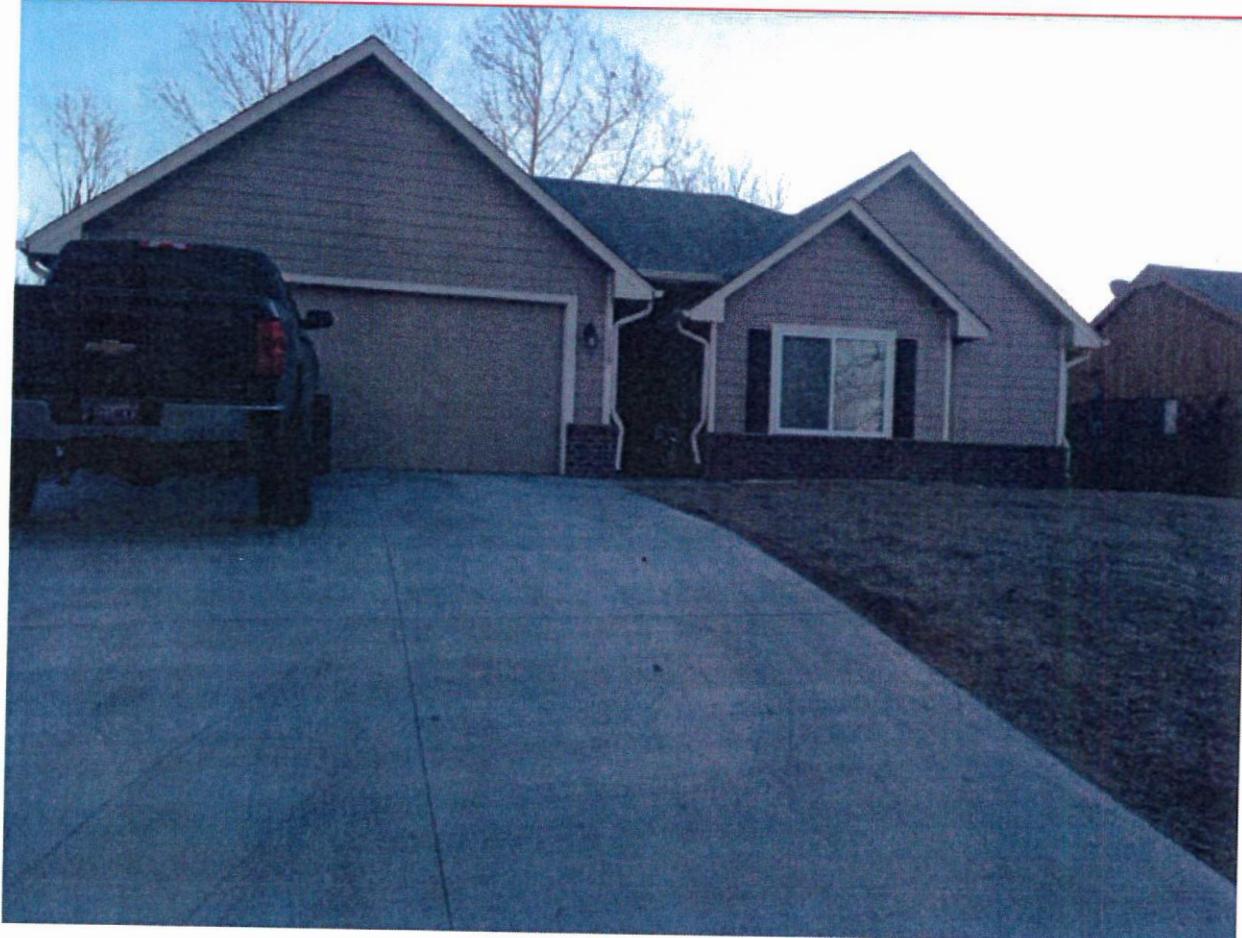
SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE	
A1. Building Owner's Name	Perry Homes	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	1119 South Willis Street	Company NAIC Number:	
City	Stillwater	ZIP Code	74074
A3. Property Description (Lot and Block No.)	Lot 6, Block 3, Red Bud Addition	etc.)	
A4. Building Use (e.g., Residential, Non-Residential, Commercial, Industrial, Institutional, etc.)	Residential		
A5. Latitude/Longitude: Lat. <u>N36-10898</u>	Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building.	in flood insurance.		
A7. Building Diagram Number	1		
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s)	394 sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	NA		
c) Total net area of flood openings in A8.b	NA sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
included in 2015 5yr Audit			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number	B2. County Name		B3. State
Stillwater, City of 405380	Payne		Oklahoma
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date
40119C0227	F		05/16/2007
B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)		
AE	870.1		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:			
<input checked="" type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" 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			
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. 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: <u>Stillwater, City of</u> Vertical Datum: <u>NAVD 29</u>			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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>872.20</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>NA</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input type="checkbox"/> feet	<input checked="" type="checkbox"/> meters
d) Attached garage (top of slab)	<u>871.89</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>871.90</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>871.10</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>871.71</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>NA</u>	<input type="checkbox"/> feet	<input checked="" 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name Carey E. Harris		License Number OK PLS 1719	
Title Surveyor		Company Name Keystone Engineering & Land Surveying	
Address PO Box 436		City Stillwater	State OK
Signature 		ZIP Code 74076	Telephone (405) 743-3355

ELEVATION CERTIFICATE, page 3**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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. 1119 South Willis Street			Policy Number:
City Stillwater	State OK	ZIP Code 74074	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.

Front View West Side**Date: 01/16/15**

ELEVATION CERTIFICATE, page 4**BUILDING PHOTOGRAPHS**

Continuation Page

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 PO. Route and Box No. 1119 South Willis Street			Policy Number:
City Stillwater	State OK	ZIP Code 74074	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.

Rear View East Side

Date: 01/16/15



ELEVATION CERTIFICATE, page 4**BUILDING PHOTOGRAPHS**

Continuation Page

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 PO. Route and Box No. 1119 South Willis Street			Policy Number:
City Stillwater	State OK	ZIP Code 74074	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.

Street View
Date: 01/16/15



ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name	Perry Homes	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	1119 South Willis Street	
City	State	ZIP Code
Stillwater	OK	74074

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	Lot 6, Block 3, Red Bud Addition				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	Residential				
A5. Latitude/Longitude: Lat. <u>N36 10898</u>	Long. <u>W97 08347</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	1				
A8. For a building with a crawlspace or enclosure(s):	A9. For a building with an attached garage:				
a) Square footage of crawlspace or enclosure(s)	<u>NA</u>	sq ft	a) Square footage of attached garage	<u>394</u>	sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<u>NA</u>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	<u>NA</u>	
c) Total net area of flood openings in A8.b	<u>NA</u>	sq in	c) Total net area of flood openings in A9.b	<u>NA</u>	sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

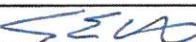
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Stillwater, City of 405380		B2. County Name Payne		B3. State Oklahoma	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
40119C0227	F		05/16/2007	AE	870.1

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:	<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. 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: <u>Stillwater, City of</u> Vertical Datum: <u>NAVD 29</u>					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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>872</u>	. <u>20</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
b) Top of the next higher floor	<u>NA</u>	.	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	.	<input type="checkbox"/> feet	<input type="checkbox"/> meters	
d) Attached garage (top of slab)	<u>871</u>	. <u>89</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>871</u>	. <u>90</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	<u>871</u>	. <u>10</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	<u>871</u>	. <u>71</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>NA</u>	.	<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.					
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.	Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<input type="checkbox"/> Check here if attachments.					
Certifier's Name Carey E. Harris		License Number OK PLS 1719			
Title Surveyor		Company Name Keystone Engineering & Land Surveying			
Address PO Box 436		City Stillwater	State OK	ZIP Code 74076	
Signature 		Date 01/16/2015	Telephone (405) 743-3355		



ELEVATION CERTIFICATE, page 2

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. 1119 South Willis Street			Policy Number:
City Stillwater	State OK	ZIP Code 74074	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

C2.e AC pad.

Signature

Date 01/16/2015

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 8–9 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 _____

Signature _____ Date _____ Telephone _____

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. 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
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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 _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments.

ELEVATION CERTIFICATE, page 3**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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. 1119 South Willis Street		Policy Number:
City Stillwater	State OK	ZIP Code 74074

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.

Front View West Side**Date: 01/16/15**

ELEVATION CERTIFICATE, page 3**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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. 1119 South Willis Street		Policy Number:
City Stillwater	State OK	ZIP Code 74074

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.

Right Side View South Side
Date: 01/16/15



ELEVATION CERTIFICATE, page 4**BUILDING PHOTOGRAPHS**

Continuation Page

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. 1119 South Willis Street		Policy Number:
City Stillwater	State OK	ZIP Code 74074

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.

Rear View East Side**Date: 01/16/15**

ELEVATION CERTIFICATE, page 3**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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. 1119 South Willis Street			Policy Number:
City Stillwater	State OK	ZIP Code 74074	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.

Left Side View North Side

Date: 01/16/15



ELEVATION CERTIFICATE, page 4**BUILDING PHOTOGRAPHS**

Continuation Page

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. 1119 South Willis Street		Policy Number:
City Stillwater	State OK	ZIP Code 74074

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.

Street View
Date: 01/16/15

