

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

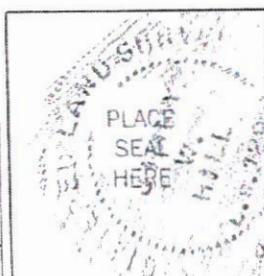
SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name DAVID McCASLIN				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1401 S. RANSOM STREET				Company NAIC Number:	
City STILLWATER				ZIP Code 74074	
A3. Property Description (Lot and Block Numbers MISC TRACT IN N1/2 SE1/4					
A4. Building Use (e.g., Residential, Non-Residential) N				Horizontal Datum <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
A5. Latitude/Longitude: Lat. N 36.00175				Insurance:	
A6. Attach at least 2 photographs of the building					
A7. Building Diagram Number 1					
A8. For a building with a crawlspace or enclosure				building with an attached garage:	
a) Square footage of crawlspace or enclosure		square footage of attached garage			
b) No. of permanent flood openings in the enclosure(s) within 1.0 foot above adjacent grade		number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade		N/A	
c) Total net area of flood openings in A8.b		c) Total net area of flood openings in A9.b		N/A	
d) Engineered flood openings? <input type="checkbox"/> Yes		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 CITY OF STILLWATER 405380		B2. County Name PAYNE		B3. State OK	
B4. Map/Panel Number 40119C0231	B5. Suffix F	B6. FIRM Index Date MAY 16, 2007	B7. FIRM Panel Effective/Revised Date MAY 16, 2007	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AE, use base flood depth) 859.9
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input checked="" type="checkbox"/> S Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: N/A					
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 N/A					
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: N/A / <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: RM 36 (VERTCON TO NAVD 88) Vertical Datum: NAVD 88					
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)	861.4	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
b) Top of the next higher floor	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
d) Attached garage (top of slab)	861.4	<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)	861.1	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)	861.1	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support					

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 comments are provided on back of form. Check here if attachments.

Certifier's Name JIMMY W. HILL		License Number LS 129	
Title PRIVATE ENGR-SURVEYOR	Company Name		
Address 2700 S. WESTERN	City STILLWATER	State OK	Zip 74074
Signature 	Date 2/23/15	Telephone 405 743 4455	



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IMPORTANT: Follow the instructions on pages 1-9.

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Expiration Date: July 31, 2015

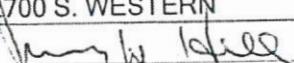
SECTION A - PROPERTY INFORMATION			FOR INSURANCE COMPANY USE	
A1. Building Owner's Name DAVID MCCASLIN			Policy Number: _____	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1401 S. RANSOM STREET			Company NAIC Number: _____	
City STILLWATER	State OK	ZIP Code 74074		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) MISC TRACT IN N1/2 SE1/4 SEC. 24, T19N, R2E				

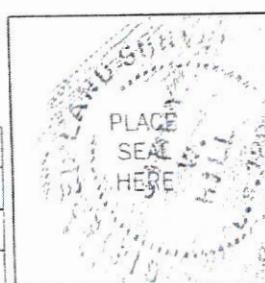
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) N 36.00175		Long W 97.0230	Horizontal Datum	<input type="checkbox"/> NAD 1927 XXNAD 1983
A5. Latitude/Longitude: Lat. N 36.00175 Long W 97.0230				
A6. Attach at least 2 photographs of the building if the Certificate is 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)	_____ sq ft	a) Square footage of attached garage	NONE sq ft	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	_____	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 A8.b	_____ sq in	c) Total net area of flood openings in A9.b	_____ sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes XX No		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 CITY OF STILLWATER 405380		B2. County Name PAYNE		B3. State OK	
B4. Map/Panel Number 40119C0231	B5. Suffix F	B6. FIRM Index Date MAY 16, 2007	B7. FIRM Panel Effective/Revised Date MAY 16, 2007	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AE, use base flood depth) 859.9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: XXS 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 XXNAVD 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 XX 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* XX 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: RM 36 (VERTCON TO NAVD 88) Vertical Datum: NAVD 88					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 XXNAVD 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)	861.4	<input type="checkbox"/> feet	<input type="checkbox"/> meters		
b) Top of the next higher floor	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<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 (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)	861.1	<input type="checkbox"/> feet	<input type="checkbox"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	861.1	<input type="checkbox"/> feet	<input type="checkbox"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<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 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? XX Yes <input type="checkbox"/> No					
<input type="checkbox"/> Check here if attachments.					
Certifier's Name JIMMY W. HILL			License Number LS 129		
Title PRIVATE ENGR-SURVEYOR		Company Name			
Address 2700 S. WESTERN		City STILLWATER	State OK	ZIP Code 74074	
Signature 		Date 2/23/15	Telephone 405 743 4455		



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. 1401 S. RANSOM STREET			Policy Number: 1401 S. RANSOM STREET	
City STILLWATER	State OK	ZIP Code 74074	Company NAIC Number: 1401 S. RANSOM STREET	

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

Signature

Date

2/23/15

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-G9) 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.