

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>Ms. MELINDA HARDY</i>	Policy Number <i>100-000000000000000000</i>
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>1124 PRESTON</i>	Company NAIC Number <i>100000000000000000</i>
CITY <i>STILLWATER, OKLAHOMA</i>	STATE <i>OKLAHOMA</i>
ZIP CODE <i>74075</i>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>LOT 9 BLOCK 10 LAKESIDE DR</i>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <i>RESIDENTIAL</i>	
LATITUDE/LONGITUDE (OPTIONAL) (#° - #' - ##.##" or ##.####") <i>36° 5' 30.0" N 97° 10' 00.0" W</i>	HORIZONTAL DATUM: NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> <i>CRS</i>
SOURCE: <input checked="" type="checkbox"/> GPS (Type): <i>JAVAD-TOPCON</i> <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>STILLWATER</i>	B2. COUNTY NAME <i>PAYNE</i>	B3. STATE <i>OKLAHOMA</i>			
B4. MAP AND PANEL NUMBER <i>405380</i>	B5. SUFFIX <i>0003D</i>	B6. FIRM INDEX DATE <i>06/22/73</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>MAY 06, 1996</i>	B8. FLOOD ZONE(S) <i>A</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>NOT DETERMINED</i>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): <i>NO BFE ESTABLISHED</i>					
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: Construction Drawings* Building Under Construction* 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 C3.a-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 NGVD 29 Conversion/Comments _____

Elevation reference mark used RM 1A Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 915.60 ft.(m) _____ ft.(m)
 b) Top of next higher floor _____ ft.(m)
 c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
 d) Attached garage (top of slab) 915.2 ft.(m) _____ ft.(m)
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ ft.(m)
 f) Lowest adjacent (finished) grade (LAG) _____ ft.(m)
 g) Highest adjacent (finished) grade (HAG) _____ ft.(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____ ft.(m)
 i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number _____ Embossed Seal _____
Signature _____ 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

CHARLES R. SETTLES

TITLE

PRESIDENT/OWNER

ADDRESS

2020-5 N. AIRPORT RD

SIGNATURE

Charles Settles

LICENSE NUMBER

DE 10272 65 1019

COMPANY NAME

CHARLES R. SETTLES CO.

CITY

STILLWATER

DATE

12/24/2001

STATE

OKLA

ZIP CODE

74075

TELEPHONE

405-377-8203

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 124 PRESTON		For Insurance Company Use Policy Number 74075	
CITY STILLWATER	STATE OKLA	ZIP CODE 74075	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

*FLOOR SLAB GLO 10 913.6. THE LAST BFE DETERMINED IS 909 AT LAKEVIEW ROAD APPROX 200 FEET SOUTH. THERE IS NO INFORMATION SHOWN TO INDICATE THIS HOUSE WILL BE SUBJECT TO THE 100 YEAR FLOOD.
(SEE PHOTO OF HOUSE.)*

Check here if attachments

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

For 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.

E1. 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.) *(SEE Photo)*

E2. The top of the bottom floor (including basement or enclosure) of the building is 1.6 ft.(m) 1 in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is 1.6 ft.(m) 1 in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

CHARLES R. SETTLES

ADDRESS

2020 N. AIRPORT RD

SIGNATURE

Charles R. Settles

COMMENTS

CITY

STILLWATER

DATE

26.21.2002

STATE

OKLA

ZIP CODE

74075

TELEPHONE

405-377-8223

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.

G1. 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.)

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 is: _____ ft.(m) Datum: *NAVD 27*

G9. 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



