01-153

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: RICHARD H. JENKINS

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: HOWETH ROAD

CITY: WHITMAN STATE: MD ZIP CODE: 21676

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): TAX MAP NO 22 GRID 19 PARCEL 352

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°) HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983 SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
TALBOT 2400	TALBOT	MD

B4. MAP AND 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 depth of flooding)
2400060002B	B	6/16/92	6/16/92	A5	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ 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 1 (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 1929 Conversion/Comments
Elevation reference mark used AC Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No

- ☐ a) Top of bottom floor (including basement or enclosure) 5.9 ft.(m)
- ☐ b) Top of next higher floor 9.8 ft.(m)
- ☐ c) Bottom of lowest horizontal structural member (V zones only) ___ ft.(m)
- ☐ d) Attached garage (top of slab) 7.5 ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building 8.6 ft.(m)
- ☐ f) Lowest adjacent grade (LAG) 6.6 ft.(m)
- ☐ g) Highest adjacent grade (HAG) 7.3 ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 23
- ☐ i) Total area of all permanent openings (flood vents) in C3h ___ sq. in. (sq. cm) 2254 sq.in.

Licensee Number, Embossed Seal, Signature, and Date: 2/22/01 STATE OF MARYLAND DAVID R. JOINER No. 414 REGISTERED PROPERTY LINE SURVEYOR

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: DAVID R. JOINER LICENSE NUMBER: 414
TITLE: PROPERTY LINE SURVEYOR COMPANY NAME: McCRONE INC
ADDRESS: 207 N. LIBERTY ST. CITY: CENTREVILLE STATE: MD ZIP CODE: 21617
SIGNATURE: David R. Joiner DATE: 2/22/01 TELEPHONE: 410-758-2237