U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFOR	RMATION For Insurance Company Use:
A1. Building Owner's Name	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box 2521 14 TH COURT NORTH	
City BESSEMER State AL	ABAMA ZIP Code 35020
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  LOT 13, BLOCK 602 - CARVER PLAF (HB 6, Pq. 35)	38-04-200.300
a) Square footage of crawl space or enclosure(s) sq ft a) b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	Horizontal Datum: NAD 1927 NAD 1983
SECTION B - FLOOD INSURANCE RATE MAP (F	IRM) INFORMATION
B1. NFIP Community Name & Community Number B2. County Name	B3. State
010115 BESSEMER JEFFERSON	ALABAMA
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel Effective/Revised Date September 19, 200	B8. Flood Zone(s) AO, use base flood depth) AF
*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, AF below according to the building diagram specified in Item A7.	N (SURVEY REQUIRED)  r Construction* Finished Construction
Benchmark Utilized Vertical De Conversion/Comments	AUM NOVE PROPERTY AND 401.2
a) Top of bottom floor (including pasement, crawl space, or enclosure floor) 470 \$ b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zonos only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG)	Check the measurement used.    Check the measurement used.
SECTION D - SURVEYOR, ENGINEER, OR ARCHI	
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorize information. I certify that the information on this Certificate represents my best efforts to interpret understand that any false statement may be punishable by fine or imprisonment under 18 U S  Check here if comments are provided on back of form  ROWLAND JACKINS, BUTLER ADAMS  Certifier's Name  Title 3946 Montroland ROND BIRMINGHAM  Address  City State  Date A Telephone	et the data available.

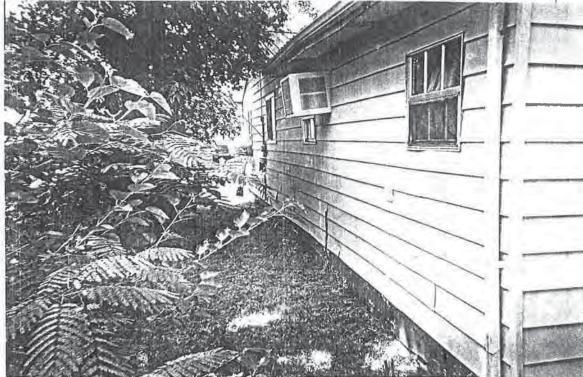
		The second second	
IMPORTANT: In these spaces, of	copy the corresponding information from Section		For Insurance Company Use:
Building Street Address (including Apt.	., Unit, Suite, and/or Bldg, No.) or P.O. Route and Box No.	),	Policy Number
BESSEMER	State ALABAMA	350,20	Company NAIG Number
SECTION	D - SURVEYOR, ENGINEER, OR ARCHITECT (	CERTIFICATION (CONT	INUED)
Copy both sides of this Elevation Certi	ficate for (1) community official, (2) insurance agent/com	pany, and (3) building owner	ſ,
Comments NONE			
D/			
DIXI	1.4.18	7	
Signature	Date		A
05050115	The second secon	TO TOD TONE AO AN	Check here if attachments
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NOT REQUIR	RED) FOR ZONE AO AN	D ZONE A (WITHOUT BEE)
grade (HAG) and the lowest adj a) Top of bottom floor (including b) Top of bottom floor (including E2. For Building Diagrams 6-8 with (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery an E5. Zone AO only: If no flood depth	basement, crawl space, or enclosure) is	feet meters about the feet meters about and/or 9 (see page 8 of Instance) above or below the below the HAG. feet meters about the call the feet about the feet meters about the call the feet about the call the feet about the feet ab	below the HAG. below the LAG. tructions), the next higher floor HAG.
			CATION
	N F - PROPERTY OWNER (OR OWNER'S REPR		
or Zone AO must sign here. The state  Property Owner's or Owner's Authorize	rized representative who completes Sections A, B, and E ements in Sections A, B, and E are correct to the best of zed Representative's Name	my knowledge.	reason of community loaded 2. E/
Address	City	State	ZIP Code
Signature	Date	Telephone	e
Comments			
			Check here if attachmer
and G of this Elevation Certificate, Co. 31, [7] The information in Section C	SECTION G - COMMUNITY INFORMATI law or ordinance to administer the community's floodplain mplete the applicable item(s) and sign below. Check the c was taken from other documentation that has been sign y elevation information. (Indicate the source and date of	n management ordinance ca e measurement used in Item ned and sealed by a licensed	is G8, and G9, d surveyor, engineer, or architect who
32. A community official comple	ted Section E for a building located in Zone A (without a ems G4G9.) is provided for community floodplain mana	FEMA-issued or community	
G4 Permit Number		6. Date Certificate Of Comp	liance/Occupancy Issued
G7. This permit has been issued for:	New Construction Substantial Improveme	ent	
38. Elevation of as-built lowest floor (i		feet meters (P	R) Datum
39, BFE or (in Zone AO) depth of floo	ding at the building site:	feet meters (P	R) Datum
Local Official's Name	Title		
Community Name	Telepho	one	
Signature	Date		
Comments			
		- III	Check here if attachme

## Building Photographs See Instructions for Item A6

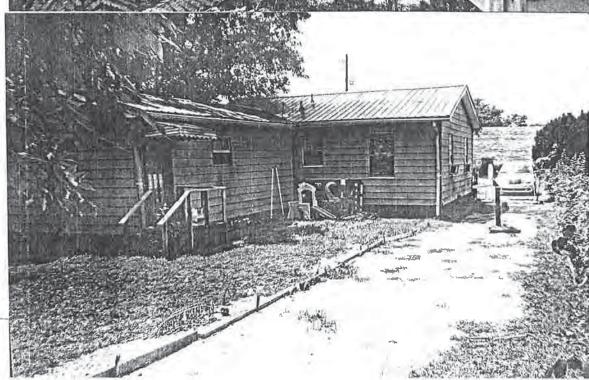
For Insurance Company Use: Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number Company NAIC Number ZIR Code

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

RIGHT SIDE VIEW



LEFT SIDE VIEW



## Building Photographs Continuation Page

For Insurance Company Use:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. COURT NORTH State

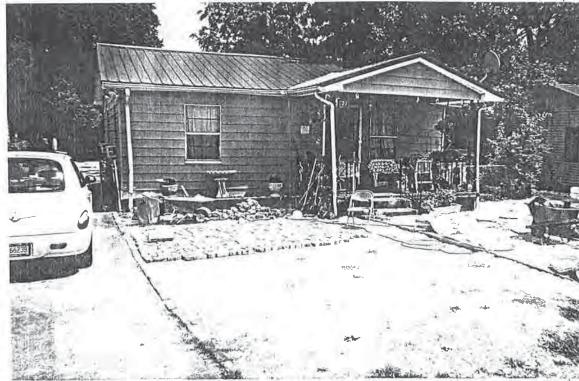
Policy Number

City

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. !dentify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

Front View



REAR

