U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

National Flood Insurance Program Important: Read the Instructi	ons on pages 1-9.
SECTION A - PROPERTY	
A1. Building Owner's Name Town of Union Bridge	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 115 West Locust Street	and Box No. Company NAIC Number
City Union Bridge State MD ZIP Code 21791	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description Tax Map 801, Grid 1, Parcel 610	on, etc.)
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Wastew A5. Latitude/Longitude: Lat39-34-07ong.77-11-05 Horizontal Datum: NAI A6. Attach at least 2 photographs of the building if the Certificate is being used to obtai A7. Building Diagram Number 'A' A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b d) Engineered flood openings? Yes No	D 1927 🐼 NAD 1983
SECTION B - FLOOD INSURANCE RATE	MAP (FIRM) INFORMATION
B1. NFIP Community Name & Community Number B2. County Name Carroil County, MD (Unincorporated Areas) Carroll	B3. State MD
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM P 240015 0075 B Date Effective/Revis 8/7/1981 8/7/198	ed Date Zone(s) AO, use base flood depth)
SECTION C - BUILDING ELEVATION INFOR	MATION (SURVEY REQUIRED) wilding Under Construction* inplete. AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h
Conversion/Comments	Charly the mean unement used
d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	feet
SECTION D - SURVEYOR, ENGINEER, OR	
Richard S. Krebs Certifier's Name County Surveyor Title 225 North Center Street Address Address Certifier's Name Carroll County Government Company Name Westminster City 1-24-12 44	o interpret the data available.I 18 U.S. Code, Section 1001. gitude in Section A provided by a 2 Yes No se Number

IMPORTANT: In these sn:	aces, copy the corresponding info	ormation from Section	A. I F	or Insurance Company Use:
Building Street Address (includ	ling Apt., Unit, Suite, and/or Bldg. No.) or	r P.O. Route and Box No.		Policy Number
115 West Locust Street City Union Bridge State MD	7IP Code 21791			Company NAIC Number
City Offion Bridge State MD	ZIF Code 21791			
SE	CTION D - SURVEYOR, ENGINEE	R, OR ARCHITECT CE	RTIFICATION (CONTI	NUED)
Copy both sides of this Elevation	on Certificate for (1) community official, ((2) insurance agent/compan	y, and (3) building owner	c.
Comments				
		1.2412		
Signature	Arelo	1.24-12 Date		
SECTION E BUILDING	C EL EVATION INFORMATION (CI	IBVEY NOT BEOLUBER	LOD ZONE AO ANG	Check here if attachment
SECTION E - BUILDING	G ELEVATION INFORMATION (SU	JRVEY NOT REQUIRED) FOR ZONE AC AND	ZONE A (WITHOUT BEE)
	BFE), complete Items E1-E5. If the Cert			
	natural grade, if available. Check the me ation for the following and check the app		1500	
grade (HAG) and the low	rest adjacent grade (LAG).			
a) Top of bottom floor (in- b) Top of bottom floor (in-	cluding basement, crawlspace, or enclosed cluding basement, crawlspace, or enclosed	sure) is		ove or Delow the HAG.
E2. For Building Diagrams 6-	9 with permanent flood openings provide	ed in Section A Items 8 and	or 9 (see pages 8-9 of Ir	structions), the next higher floor
(elevation C2.b in the dia E3. Attached garage (top of s	agrams) of the building is	feet		AG.
E4. Top of platform of machin	nery and/or equipment servicing the buil-	ding is 🔲 fe	et 🗌 meters 🗌 above	
	d depth number is available, is the top of No Unknown. The local official m			mmunity's floodplain management
	CTION F - PROPERTY OWNER (C			ATION
	authorized representative who complete			
	he statements in Sections A, B, and E ar			issued or sommunity issued bir E)
Property Owner's or Owner's A	authorized Representative's Name			
Address	To the second se	City	State	ZIP Code
Signature		Date	Telephone	
Comments				
	ORESTON TO A STATE OF THE STATE	THE RESIDENCE OF THE PARTY OF T		
				Check here if attachme
he local official who is authorize	SECTION G - COMMI ed by law or ordinance to administer the	UNITY INFORMATION (complete Sections A. B. C. (or E)
and G of this Elevation Certificate	e. Complete the applicable item(s) and	sign below. Check the mea	surement used in Items	G8 and G9.
	ction C was taken from other documenta certify elevation information. (Indicate t			
management in the second of the second	ompleted Section E for a building located			Marian Company
33. The following information	ion (Items G4-G9) is provided for comm	unity floodplain manageme	nt purposes.	
G4. Permit Number	G5. Date Permit Issued	G6. Da	te Certificate Of Complia	nce/Occupancy Issued
37. This permit has been issue	ed for: New Construction	☐ Substantial Improvement		
	floor (including basement) of the buildin	Alexandria de la caracteria de la ca	meters (PR) Datum	
69. BFE or (in Zone AO) depth			meters (PR) Datum	
310. Community's design flood	elevation		meters (PR) Datum	
Logal Official's Name		Title		
A STATE OF THE STA		Title		
Community Name		Telephone		
Signature?		Date		
Gomments or ``	400000000000000000000000000000000000000	10000		
The State of the S				
and the same of th	WHITE CONTRACTOR AND ADDRESS OF THE			
				Check here if attachme

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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
115 West Locust Street	
City State ZIP Code Union Bridge, Maryland 21.791	Company NAIC Number

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.

1 SNDE

BACK

BUILDING 'A'

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008 Expires March 31, 2012

National Flood Insurance Program	Importar	nt: Read the in	istructions on pa	ges 1-9.	
	SE	CTION A - PRO	PERTY INFORMA	ATION	For Insurance Company Use:
A1. Building Owner's Name Town	of Union Bridge				Policy Number
A2. Building Street Address (includ 115 West Locust Street	ling Apt., Unit, Suite, and/o	or Bldg. No.) or P.(D. Route and Box No).	Company NAIC Number
City Union Bridge State MD	ZIP Code 21791				Construction of the Constr
A3. Property Description (Lot and E Tax Map 801, Grid 1, Parcel 610	Block Numbers, Tax Parce	l Number, Legal D	escription, etc.)		
 A4. Building Use (e.g., Residential, A5. Latitude/Longitude: Lat 39–34. A6. Attach at least 2 photographs of A7. Building Diagram Number 15. A8. For a building with a crawlspace a) Square footage of crawlspace b) No. of permanent flood open enclosure(s) within 1.0 foot c) Total net area of flood open d) Engineered flood openings 	-07ong. 77-11-04 Hof the building if the Certific 12 Hof the building if the Certific 12 Hof the core enclosure(s): ace or enclosure(s) enings in the crawlspace of above adjacent grade nings in A8.b	Horizontal Datum: cate is being used N/A sq ft N/A sq in	NAD 1927 (X) to obtain flood insur A9. For a b a) Squ b) No. with c) Tot	NAD 1983 ance. uilding with an attach uare footage of attact	ned garage NA sq ft openings in the attached garage jacent grade NA penings in A9.b NA sq in
	SECTION B - FLOO	D INSURANCE	RATE MAP (FIRM	INFORMATION	
B1. NFIP Community Name & Com Carroll County, MD (Unincorporated		B2. County Na Carroll	me		33. State MD
그는 그 전에 있으라게 되었다. 중에 하면 사람들은 하면 문화 전에 하면 하면 하면 하는 사람들이 되었다. 그 기계를 받는 것이다.	Suffix B6. FIRM Inde B Date 8/7/1981	Effectiv	FIRM Panel re/Revised Date 8/7/1981	B8. Flood Zone(s) A7	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 394.4
	stal Barrier Resources Sy	stem (CBRS) area	a or Otherwise Prote ☐ OPA INFORMATION (S	SURVEY REQUIR	☐ Yes ⊠ No
 C1. Building elevations are based or *A new Elevation Certificate will C2. Elevations – Zones A1-A30, AE below according to the building Benchmark Utilized X_Verticonversion/Comments N/A 	be required when constru- , AH, A (with BFE), VE, V1 diagram specified in Item A	ction of the buildin I-V30, V (with BFI A7. Use the same	E), AR, AR/A, AR/AE		⊠ Finished Construction I, AR/AO. Complete Items C2.a-h
a) Top of bottom floor (including b) Top of the next higher floor c) Bottom of the lowest horizod Attached garage (top of slate) Lowest elevation of machin (Describe type of equipment b) Lowest adjacent (finished) Highest adjacent (finished) b) Lowest adjacent grade at least ructural support	ontal structural member (Vab) hery or equipment servicing that and location in Commer grade next to building (LA grade next to building (HA	Zones only) g the building nts) G) AG)	368. 99 392. 77 N/A. N/A. 370. 44 390. 55 391. 85	∑ feet □ n ☐ feet □ n ☐ feet □ n ∑ feet □ n ∑ feet □ n ∑ feet □ n ∑ feet □ n	neters (Puerto Rico only)
	SECTION D - SURVEY	YOR, ENGINEE	R, OR ARCHITEC	T CERTIFICATIO	N
This certification is to be signed and information. I certify that the informunderstand that any false statemen Check here if comments are presented by the County Surveyor Title	eation on this Certificate re to may be punishable by fir ovided on back of form. Carnoll County Company Name	presents my best ne or imprisonment Were latitude licensed land 10873 y Covenment	efforts to interpret the trunder 18 U.S. Cod and longitude in Secsurveyor?	e data available.I e, Section 1001.☐ ction A provided by a res ☐ No	OF MAR
225 North Center Street Address Signature	Westminster All Market 1-3 Date	24-12	M) State 410-386-22 Telephone	21157 ZIP Code 157	ONAL LAND SURIOR STATE OF THE PARTY OF THE P

IMPORTANT: In the	any the commend of the form	tion from Continu A	T _F	or Incurance Compone Use.
	copy the corresponding informat , Unit, Suite, and/or Bldg. No.) or P.O.			or Insurance Company Use:
115 West Locust Street		Noute and Box 140.		
City Union Bridge State MD ZIP Co	de 21791			ompany NAIC Number
SECTION	D - SURVEYOR, ENGINEER, OR	R ARCHITECT CERTIF	ICATION (CONTIL	(UED)
Copy both sides of this Elevation Certi	ficate for (1) community official, (2) insu	urance agent/company, ar	nd (3) building owner.	
Comments Signature	S	1-24-12 Date	Ti.	
SECTION E - BUILDING ELE	VATION INFORMATION (SURVE)	Y NOT REQUIRED) FO	OR ZONE AO AND	ZONE A (WITHOUT BFE)
 and C. For Items E1-E4, use natural set. E1. Provide elevation information for grade (HAG) and the lowest adjate a) Top of bottom floor (including b) Top of bottom floor (including b) Top of bottom floor (including E2. For Building Diagrams 6-9 with perfect (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth 	basement, crawlspace, or enclosure) is basement, crawlspace, or enclosure) is ermanent flood openings provided in S of the building is fe	ment used. In Puerto Ric le boxes to show whether Get	the elevation is above the elevation is above the meters above the meters above the meters above the pages 8-9 of Interpretation the HAG. meters above the meters above the meters above the condance with the condance with the condance meters.	e or below the highest adjacent ove or below the HAG. ove or below the LAG. structions), the next higher floor G.
SECTION	F - PROPERTY OWNER (OR OV	VNER'S REPRESENT	ATIVE) CERTIFICA	ATION
The property owner or owner's authorized or Zone AO must sign here. <i>The state</i> Property Owner's or Owner's Authorized	ments in Sections A, B, and E are corre	tions A, B, and E for Zone ect to the best of my know	A (without a FEMA-i vledge.	ssued or community-issued BFE)
Address		City	Chaha	710.0
A. A			State	ZIP Code
Signature		Date	Telephone	
Comments				
				Check here if attachments
	SECTION G - COMMUNITY			
The local official who is authorized by law and G of this Elevation Certificate. Com	v or ordinance to administer the comm	unity's floodplain manage	ment ordinance can o	complete Sections A, B, C (or E),
G1. ☐ The information in Section C v is authorized by law to certify the control of the control	vas taken from other documentation that elevation information. (Indicate the sou	at has been signed and so urce and date of the eleva	ealed by a licensed su tion data in the Comn	urveyor, engineer, or architect who nents area below.)
	d Section E for a building located in Zo			ued BFE) or Zone AO.
G4. Permit Number	ns G4-G9) is provided for community flo G5. Date Permit Issued			
G4. Fermit Number	G5. Date Felmit Issued	G6. Date C	ertificate Of Complian	ce/Occupancy Issued
G7. This permit has been issued for:		stantial Improvement		
G8. Elevation of as-built lowest floor (in	Har water		neters (PR) Datum _	
G9. BFE or (in Zone AO) depth of flood			neters (PR) Datum _	
G10. Community's design flood elevation		feet 🗌 n	neters (PR) Datum _	
Local Official's Name		Title		
Community Name 29		Telephone		
Signature 2 22		Date		
Confinents				
				Check here if attachments

Renlaces all previous editions

FFMA Form 81-31 Mar 09



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
115 West Locust Street	
City State ZIP Code	Company NAIC Number
Union Bridge, Maryland 21791	

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FRONT /

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BUILDING

BACK

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