

ELEVATION CERTIFICATE
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM (NFIP)


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

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Instructions for completing this form can be found on pages 2 through 7.

SECTION A PROPERTY OWNER INFORMATION		For Insurance Company Use
BUILDING OWNER'S NAME <u>JL Properties, Inc.</u>	Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>P.O. Box 202845</u>	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Numbers, Legal Description etc.) <u>Tax Parcel 002-071-14-0017 situated in NW 1/4 NE 1/4 Sec. 18 T.13N. R.3W. S.4</u>	CITY <u>Anchorage</u> STATE <u>AK</u> ZIP CODE <u>99520</u>	
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.###")	SOURCE: <input type="checkbox"/> GPS (Type: _____) <input type="checkbox"/> USGS QUAD Map _____ <input type="checkbox"/> Other: _____	

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Municipality of Anchorage 020005</u>	B2. COUNTY NAME <u>(Independent Municipality)</u>	B3. STATE <u>AK</u>
B4. MAP AND PANEL NUMBER <u>020005 0235</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>March 5, '90</u>
B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>March 5, 1990</u>	B8. FLOOD ZONE(S) <u>A</u>	B9. BASE FLOOD ELEVATION(S) (AO Zones, use depth of flooding) <u>19.0</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth provided in B9. <u>Coastal Flood Elev. from FIS Profile</u> <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (describe: <u>FIS (rev. 3-5-90) p. 21</u>)		
B11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other (describe: <u>MSL 1972</u>)		
B12. Is the building located within a Coastal Barrier Resource System (CBRS) area or otherwise protected area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ * <u>Greater Anch. Area Borough, Post Quake U.S. Geodetic Survey</u>		

SECTION C BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)		Mean Sea Level of 1972
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings <input type="checkbox"/> Building Under Construction <input checked="" type="checkbox"/> Finished Construction		
NOTE: A new certificate will be required once construction of the building is complete.		
C2. Building Diagram Number <u>1</u> (Select the building diagram type most similar to the building under consideration - see pages 6 and 7.) If no diagram accurately represents the building for which the certificate is being completed, provide a sketch or photograph.)		
C3. Elevations - Zones A1-30, AE, AH (with BFE), VE, V1-30, V (with BFE), AR, AR/A, AR/AE, AR/A1-30, AR/AH, AR/AO: Complete the elevation information below (Items C3a-i) based on the selected building diagram. 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. The comments portion of Section E should be used to document the datum conversions. Datum <u>MSL 1972</u> Conversion/Comments <u>(RM)</u>		
Elevation reference mark used <u>USC&GS N. 12</u> Does the elevation reference mark used appear on the FIRM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> a) Top of the bottom floor (including basement or enclosure)	<u>22.7</u> ft.(m)	License Number, Embossed Seal, Signature, and Date 
<input type="checkbox"/> b) Top of next highest floor	<u>35.7</u> ft.(m)	
<input type="checkbox"/> c) Bottom of the lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)	
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u> ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment in an attached garage or enclosure	<u>N/A</u> ft.(m)	
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>21.6</u> ft.(m)	
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>22.5</u> ft.(m)	
<input type="checkbox"/> h) Number of permanent openings (flood vents) within 1.0 ft of LAG	<u>1</u>	
<input type="checkbox"/> i) Total size of permanent openings (flood vents)	<u>1</u> square inches (square cm)	

SECTION D SURVEYOR, ENGINEER, ARCHITECT CERTIFICATION			
This certification is to be signed by a land surveyor, engineer, or architect who is 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 <u>Robert T. Kean</u>	LICENSE NUMBER <u>3943-S</u>		
TITLE <u>Registered Professional Land Surveyor</u>	COMPANY NAME <u>Kean & Associates</u>		
ADDRESS <u>14510 Ahtena Circle</u>	CITY <u>Anchorage</u>	STATE <u>AK</u>	ZIP <u>99516</u>
SIGNATURE	DATE <u>3-1-99</u>	TELEPHONE <u>907-345-2098</u>	

BUILDING STREET ADDRESS Tax Parcel 002-071-14-0017	Situated in NW 1/4 NE 1/4 Sec 18 T.13N R.3W S.H	Policy Number
CITY Anchorage	STATE AK	ZIP CODE 99520
		Company NAIC Number

SECTION D SURVEYOR, ENGINEER, ARCHITECT CERTIFICATION (CONTINUED)

This certification is to be signed by a land surveyor, engineer, or architect who is 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.

Copies should be made of this Certificate for 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS
FIELD TEST

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

For Zones A (without BFE) and AO, complete Items E1 through E3.
 E1. C2. Building Diagram Number (Select the building diagram type most similar to the building under consideration - see pages 5 and 6. If no diagram accurately represents the building for which the certificate is being completed, provide a sketch or photograph.)
 E2. The top of the bottom floor (including basement or enclosure) of the building is [] ft.(m) - [] in.(cm) [] above or [] below (check one) the highest adjacent grade.
 E3. For Zone AO only: If no flood depth number is available, is the top of the floor elevated in accordance with the community's floodplain management ordinance: [] Yes [] No [] Unknown

SECTION F PROPERTY OWNER (OWNER'S REPRESENTATIVE) INFORMATION

The Property owner or Owner's Authorized Representative who completes Sections A, B, and E for Zones A (without a FEMA or community-issued BFE) or AO must sign here.

BUILDING OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE NAME
 ADDRESS CITY STATE ZIP CODE
 SIGNATURE DATE TELEPHONE
 COMMENTS
FIELD TEST

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, E, and G of this Elevation Certificate. Check the applicable box(es) and sign below:

- The information provided in Section C was taken from other documentation which contains elevation data 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. State the source and date of the elevation data in the comments section below.
- A community official completed Section D for a building located in Zone A (without a FEMA or community-issued BFE) or Zone AO.
- The following information (Items G4-G6) is provided for community floodplain management purposes.

G1. PERMIT NUMBER	G2. DATE PERMIT ISSUED	G3. DATE CERTIFICATE OF COMPLIANCE ISSUED
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G4. This permit has been issued for: New Construction Substantial Improvement
 G5. Elevation of As-built lowest floor (including basement) of the building is: [] ft.(m) Datum: _____
 G6. BFE or depth of flooding (AO Zones) at the building site is: [] ft.(m) Datum: _____

NAME OF LOCAL OFFICIAL TITLE
 NAME OF COMMUNITY TELEPHONE NUMBER
 SIGNATURE DATE
 COMMENTS
FIELD TEST