

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM (NFIP)

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

| | | |
|---|------------------------|--|
| SECTION A - PROPERTY OWNER INFORMATION | | For Insurance Company Use |
| BUILDING OWNER'S NAME <u>JOHN M. ONEY</u> | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>9611 ALBATROSS DRIVE</u> | | Company NAIC Number |
| CITY <u>ANCHORAGE</u> | STATE <u>ALASKA</u> | ZIP CODE <u>99515</u> |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 21A, BLOCK 4, CAMPBELL LAKE HEIGHTS, ADD. NO 10 // TAX ID # 012-412-38-00011</u> | | |
| BUILDING USE (e.g. Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL</u> | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##"###" or ##°###'###") <u>N 61° 08' 00" W 149° 55' 42"</u> | | HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____ |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | |
|--|-----------------|-----------------------------------|---|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Municipality of Anchorage 020005 | | B2. COUNTY NAME None | B3. STATE Alaska |
| B4. MAP AND PANEL NUMBER 020005 0240 | B5. SUFFIX C | B6. FIRM INDEX DATE 07-02-2002 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/5/90 |
| | | B8. FLOOD ZONE(S) GA1 | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 20.0 |

- 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): MSL - 1972 ADJUSTMENT
- B12. Is the building located within a Coastal Barrier Resource System (CBRS) area or Otherwise Protected Area (OPA)? Yes No SOME MS FIRM
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

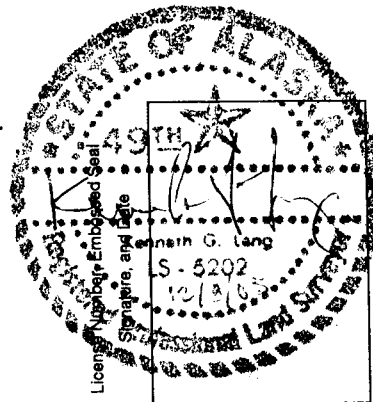
- C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation certificate will be required once construction of the building is complete.
- C2. Building Diagram Number 3 (Select the building diagram most similar to the building for 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 1972NGS Conversion/Comments NONE

Elevation reference mark used RM-43 Does the elevation reference mark used appear on the FIRM? Yes No

- | | |
|---|------------------------------|
| <input checked="" type="checkbox"/> a) Top of the bottom floor (including basement or enclosure) | <u>21</u> . <u>0</u> ft. (m) |
| <input checked="" type="checkbox"/> b) Top of next higher floor | <u>23</u> . <u>0</u> ft. (m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | _____ . _____ ft. (m) |
| <input checked="" type="checkbox"/> d) Attached garage (top of slab) | <u>32</u> . <u>0</u> ft. (m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building | _____ . _____ ft. (m) |
| <input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG) | <u>20</u> . <u>7</u> ft. (m) |
| <input checked="" type="checkbox"/> g) Highest adjacent grade (HAG) | <u>21</u> . <u>7</u> ft. (m) |
| <input type="checkbox"/> h) Number of permanent openings (flood vents) within 1.0 ft. above adjacent grade <u>N/A</u> | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h <u>N/A</u> sq. in. (sq. cm) | |



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed 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.

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| CERTIFIER'S NAME <u>Kenneth G. Lang</u> | LICENSE NUMBER <u>LS-5202</u> |
| TITLE <u>President</u> | COMPANY NAME <u>LANG & ASSOCIATES, INC.</u> |
| ADDRESS <u>11500 DAWYD AVENUE</u> | CITY <u>ANCHORAGE</u> |
| SIGNATURE <u>Kenneth G. Lang</u> | STATE <u>ALASKA</u> |
| | ZIP CODE <u>99515</u> |
| | DATE <u>12/8/05</u> |
| | TELEPHONE <u>(907) 522-6476</u> |