

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM (NFIP)

O.M.B. No. 3057-0077  
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use
BUILDING OWNER'S NAME <i>ALPINE PARTNERS</i>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>MAIN SKI VIEW RD</i>		Company NAIC Number
CITY <i>GIRARDWOOD AK</i>	STATE	ZIP CODE <i>99587</i>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>GIRARDWOOD ELEMENTARY SCHOOL SUBTRACT A2 - AC06 #1</i>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <i>RESIDENTIAL</i>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####')	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: <i>1972 ADONIS</i>

**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 <i>2510</i>	B5. SUFFIX <i>B</i>	B6. FIRM INDEX DATE 07-02-2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>09-18-07</i>
B8. FLOOD ZONE(S) <i>AO</i>		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>123.0</i>	

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 within a Coastal Barrier Resource 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 once 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.)

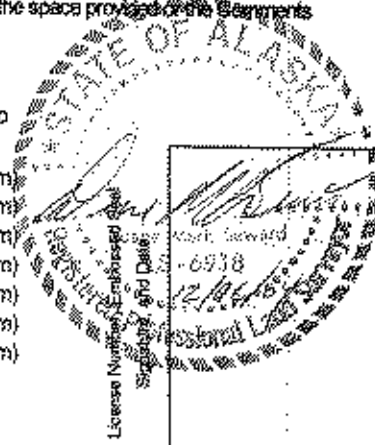
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIA/E, ARIA1-A30, ARIA/H, ARIA/O

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 calculations. Use the space provided in 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: *1113* Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of the bottom floor (including basement or enclosure)	<i>124.0</i>	ft. (m)
<input type="checkbox"/> b) Top of next higher floor	_____	ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____	ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<i>123.3</i>	ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<i>123.7</i>	ft. (m)
<input type="checkbox"/> h) Number of permanent openings (flood vents) within 1.0 ft. above adjacent grade	_____	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ 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.

CERTIFIER'S NAME <i>Diane Mark Senard</i>	LICENSE NUMBER <i>650918</i>
TITLE <i>OWNER</i>	COMPANY NAME <i>SENARD ASSOCIATES LAND SURVEYING</i>
ADDRESS <i>PO BOX 770529</i>	CITY <i>EAGLE RIVER</i>
SIGNATURE <i>Diane Mark Senard</i>	STATE <i>ALASKA</i>
DATE <i>12/16/04</i>	ZIP CODE <i>99577</i>
	TELEPHONE <i>694-0829</i>

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete items E1 through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_ (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.)
- 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. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_ ft.(m) \_\_\_\_ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_\_ ft.(m) \_\_\_\_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. 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. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

*Dwight Mack Seward*

ADDRESS	CITY	STATE	ZIP CODE
<i>PO Box 770529</i>	<i>EGGLE RIVER</i>	<i>ALASKA</i>	<i>99577</i>
SIGNATURE	DATE	TELEPHONE	
<i>Dwight Mack Seward</i>	<i>12/6/04</i>	<i>694-0829</i>	

COMMENTS

Check here if attachments

**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 (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1.  The information in Section C was taken from other documentation 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. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

- G7. This permit has been issued for:  New Construction  Substantial improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_ ft. (m) Datum: \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_ ft. (m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE NUMBER
SIGNATURE	DATE
COMMENTS	

Check here if attachments

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM (NFIP)

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

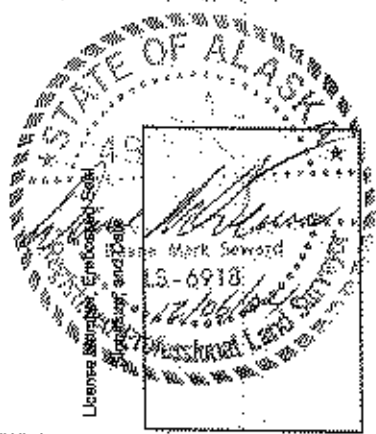
ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use
BUILDING OWNER'S NAME <u>ALPINE PARTNERS</u>		Policy Number
BUILDING STREET ADDRESS (including Apt., Unit, Suite and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>NAN SKI TRAIL RD</u>		Company NAIC Number
CITY <u>GIRWOOD</u>	STATE <u>AK</u>	ZIP CODE <u>99587</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>GIRWOOD ELEMENTARY SCHOOL SUB TRACT A2 - BLDG # 2</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL</u>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##° ##' ##")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: <u>1972 ADJUST</u>

<b>SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Municipality of Anchorage 020005		B2. COUNTY NAME None		B3. STATE Alaska	
B4. MAP AND PANEL NUMBER 020005.0510	B5. SUFFIX B	B6. FIRM INDEX DATE 07-02-2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE 09-18-87	B8. FLOOD ZONE(S) A5	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 123.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1928 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located within a Coastal Barrier Resource System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____					

<b>SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation certificate will be required once construction of the building is complete.	
C2. Building Diagram Number <u>1</u> (Select the building diagram most similar to the building for which this certificate is being completed - see pages 5 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: <u>1972NGS</u> Conversion/Comments: <u>NONE</u> Elevation reference mark used: <u>CWZ</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> a) Top of the bottom floor (including basement or enclosure)	<u>124.0</u> ft. (m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>123.7</u> ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>123.7</u> ft. (m)
<input type="checkbox"/> h) Number of permanent openings (flood vents) within 1.0 ft. above adjacent grade	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)	



<b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>			
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.			
CERTIFIER'S NAME <u>MARK SEWARD</u>		LICENSE NUMBER <u>LS-6918</u>	
TITLE <u>OWNER</u>	COMPANY NAME <u>SEWARD &amp; ASSOCIATES LAND SURVEYING</u>		
ADDRESS <u>PO BOX 770529</u>	CITY <u>EDGE RIVER</u>	STATE <u>ALASKA</u>	ZIP CODE <u>99577</u>
SIGNATURE <u>Mark Seward</u>	DATE <u>12/16/04</u>	TELEPHONE <u>694-0829</u>	

IMPORTANT: In these spaces, copy the corresponding information from Section A.

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

CITY STATE ZIP CODE

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete items E1 through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number... E2. The top of the bottom floor... E3. For Building Diagrams B-5... E4. The top of the platform of machinery... E5. For Zone AO only...

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

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 (or E), and G of this Elevation Certificate.

- G1. The information in Section C was taken from other documentation... G2. A community official completed Section E... G3. The following information (Items G4-G9) is provided...

Table with 3 columns: G4. PERMIT NUMBER, G5. DATE PERMIT ISSUED, G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: G8. Elevation of as-built lowest floor... G9. BFE or (in Zone AO) depth of flooding at the building site is:

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE NUMBER

SIGNATURE DATE

COMMENTS

Check here if attachments