FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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
71295, Inc.

Policy Number

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

Company NAIC Number

| CITY | STATE | ZIP CODE |
|---|---|---|
| Long Island | ME | 04050 |

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Tax Map 97 Block G Lot 5, 1 and 2

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residential and Commercial (restaurant)

LATITUDE/LONGITUDE (OPTIONAL) ( ##° - ## - ##.##" or ##.######°)

HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983

SOURCE: ☐ GPS (Type):____ ☐ USGS Quad Map ☐ Other: ____

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER | B2. COUNTY NAME | B3. STATE |
|---|---|---|
| | Cumberland | Maine |

| B4. MAP AND PANEL NUMBER | B5. SUFFIX | B6. FIRM INDEX DATE | B7. FIRM PANEL EFFECTIVE/REVISED DATE | B8. FLOOD ZONE(S) | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) |
|---|---|---|---|---|---|
| 231035 0009 | B | 12-8-98 | 7-17-1986 | V2 | 21 |

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 in a Coastal Barrier Resources 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 when construction of the building is complete.

C2. Building Diagram Number 8 (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 C3.-a-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 ____ Conversion/Comments ____

Elevation reference mark used ____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

| | |
|---|---|
| a) Top of bottom floor (including basement or enclosure) | 38. 0 ft.(m) |
| b) Top of next higher floor | ____. __ ft.(m) |
| c) Bottom of lowest horizontal structural member (V zones only) | 37. 0 ft.(m) |
| d) Attached garage (top of slab) | ____. __ ft.(m) |
| e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) | 37. 0 ft.(m) |
| f) Lowest adjacent (finished) grade (LAG) | 26.8. __ ft.(m) |
| g) Highest adjacent (finished) grade (HAG) | 38. 0 ft.(m) |
| h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | ____ |
| i) Total area of all permanent openings (flood vents) in C3.h | ____ sq. in. (sq. cm) |

License Number, Embossed Seal, Signature, and Date

STATE OF MAINE
WILLIAM C. SHIPPEN
No. 2118
PROFESSIONAL LAND SURVEYOR

## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed 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 William C. Shippen

LICENSE NUMBER 2118

TITLE Professional Land Surveyor

COMPANY NAME Owen Haskell, Inc.

| ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 16 Casco Street | Portland | ME | 04101 |

| SIGNATURE | DATE | TELEPHONE |
|---|---|---|
| | 07/14/05 | 207-774-0424 |