

# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008  
 Expiration Date: July 31, 2015

| SECTION A - PROPERTY INFORMATION  |   | FOR INSURANCE COMPANY USE   |
|---|---|---|
| A1. Building Owner's Name<br><b>MISQUAMICUT FIRE DISTRICT</b>   | Policy Number:  |   |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No.<br><b>103 ATLANTIC AVENUE</b>  | Company NAIC Number:  |   |
| City<br><b>WESTERLY</b>   | State<br><b>RHODE ISLAND</b>  | ZIP Code<br><b>02891</b>  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br><b>AP 176 LOT 28</b>  |   |   |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)<br><b>BATHHOUSE SEASONAL</b>   |   |   |
| A5. Latitude/Longitude: Lat. <b>41°19'15.85"</b> Long. <b>71°48'52.09"</b> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 |   |   |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.   |   |   |
| A7. Building Diagram Number <b>6</b>  |   |   |
| A8. For a building with a crawlspace or enclosure(s):   |   | A9. For a building with an attached garage:   |
| a) Square footage of crawlspace or enclosure(s)<br><b>448</b> sq ft   | a) Square footage of attached garage _____ sq ft  | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade<br><b>4 BREAKAWAY WALLS</b>                                       | c) Total net area of flood openings in A8.b _____ sq in   | d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| c) Total net area of flood openings in A8.b _____ sq in   | d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |                        |   |   |                                |  |  |
|---|------------------------|---|---|--------------------------------|--|--|
| B1. NFIP Community Name & Community Number<br><b>WESTERLY 445410</b>  |                        | B2. County Name<br><b>WASHINGTON</b>      |   |                                | B3. State<br><b>R.I.</b>   |  |
| B4. Map/Panel Number<br><b>44009C025A</b>   | B5. Suffix<br><b>J</b> | B6. FIRM Index Date<br><b>OCT 16 2013</b> | B7. FIRM Panel Effective/Revised Date<br><b>OCT 16 2013</b> | B8. Flood Zone(s)<br><b>VE</b> | B9. Base Flood Elevation(s) (Zone AO, use base flood depth)<br><b>15</b> |  |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____         |                        |   |   |                                |  |  |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |                        |   |   |                                |  |  |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date: _____ / _____ / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA |                        |   |   |                                |  |  |

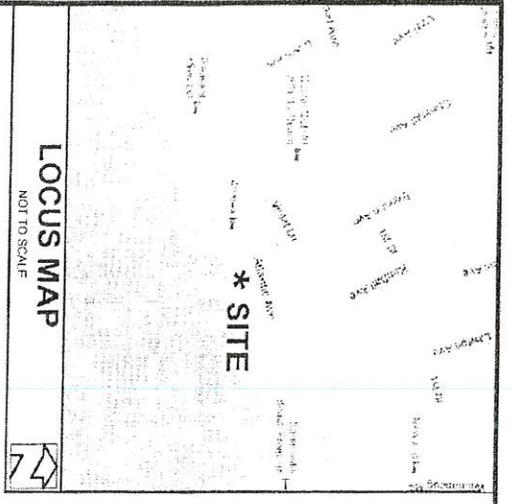
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  |   |
|---|---|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction<br>*A new Elevation Certificate will be required when construction of the building is complete.   |   |
| C2. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.<br>Benchmark Utilized: <b>GPS</b> Vertical Datum: <b>NAVD 88</b><br>Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____<br>Datum used for building elevations must be the same as that used for the BFE. |   |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | <u>7.04</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters  |
| b) Top of the next higher floor   | <u>17.21</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | <u>16.06</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | <u>---</u> <input type="checkbox"/> feet <input type="checkbox"/> meters              |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)  | <u>17.21</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>5.46</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters  |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>3</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters     |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support  | <u>6.30</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters  |

| 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 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. |   |
| <input type="checkbox"/> Check here if comments are provided on back of form. <input checked="" type="checkbox"/> Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Check here if attachments.   |   |
| Certifier's Name<br><b>NORBERT A THERIEN</b>  | License Number<br><b>PLS 1739</b>   |
| Title<br><b>PRES</b>  | Company Name<br><b>NATIONAL: SURV-DEV INC</b>                             |
| Address<br><b>42 HAMLET AVE</b>   | City<br><b>WIGWAMSOCKET</b> State<br><b>R.I.</b> ZIP Code<br><b>02895</b> |
| Signature<br><i>Norbert A Therien</i>   | Date<br><b>6-4-14</b> Telephone<br><b>1-401-769-7779</b>                  |

**NORBERT A. THERIEN**

PLACE SEAL HERE

PROFESSIONAL LAND SURVEYOR



**LOCUS MAP**  
NOT TO SCALE

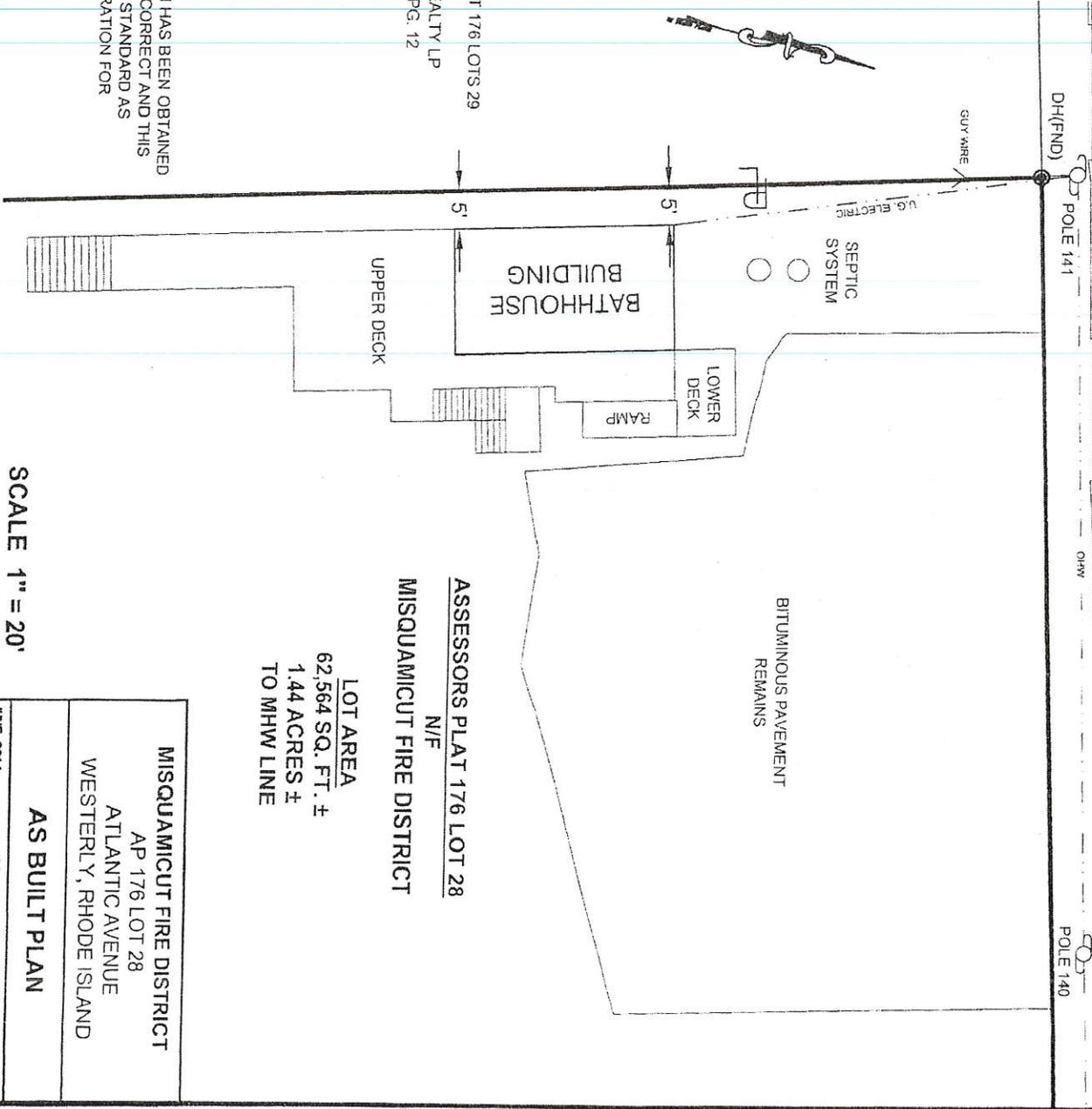
**NATIONAL**  
Surveyors-Developers  
Inc.  
42 Hamlet Ave., Woonsocket, R.I.  
(401) 769-7779

**NORBERT A. THERIEN**  
No. 1739  
PROFESSIONAL  
LAND SURVEYOR

6/15/14

I CERTIFY THAT THE INFORMATION SHOWN HEREON HAS BEEN OBTAINED BY AN ACTUAL SURVEY ON THE GROUND THAT IT IS CORRECT AND THIS SURVEY AND PLAN CONFORM TO A CLASS 1 STANDARD AS ADOPTED BY THE RHODE ISLAND BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS  
BY: *Norbert A. Therien*  
NORBERT A. THERIEN P.L.S.

ASSESSORS PLAT 176 LOTS 29  
N/F  
COLUCCI REALTY LP  
D.B. 1754 PG. 12



**ATLANTIC AVENUE**  
50 FOOT WIDTH - PUBLIC

DH(FND) POLE 141

POLE 140

BITUMINOUS PAVEMENT  
REMAINS

SEPTIC  
SYSTEM

BATHHOUSE

LOWER  
DECK

RAMP

UPPER DECK

ASSESSORS PLAT 176 LOT 28  
N/F  
MISQUAMCUT FIRE DISTRICT

LOT AREA  
62,564 SQ. FT. ±  
1.44 ACRES ±  
TO MHW LINE

SCALE 1" = 20'

|  |
|--|
| MISQUAMCUT FIRE DISTRICT<br>AP 176 LOT 28<br>ATLANTIC AVENUE<br>WESTERLY, RHODE ISLAND |
| <b>AS BUILT PLAN</b>   |
| JUNE 2014      JOB No. 2014-06      SHEET 1 OF 1                                       |

# Building Photographs

See Instructions for Item A6.

|                            |
|----------------------------|
| For Insurance Company Use: |
| Policy Number              |
| Company NAIC Number        |

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

103 ATLANTIC AVENUE

City

WESTERLY

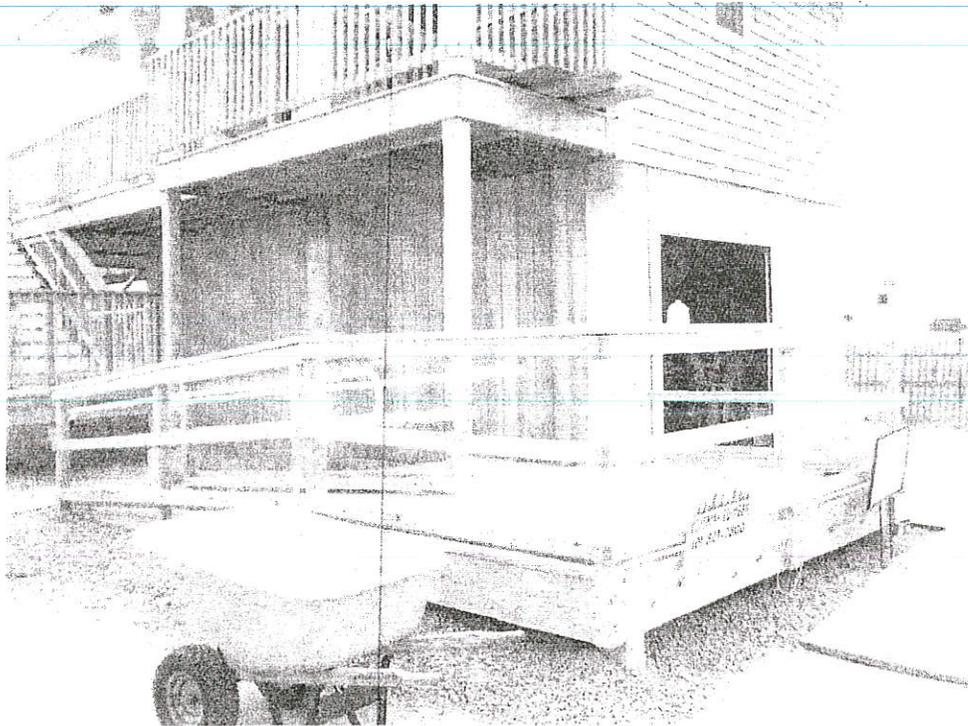
State

R.I.

ZIP Code

02891

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 on the reverse.



FRONT VIEW

# Building Photographs

See instructions for Item A6

|                           |
|---------------------------|
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| Policy Number             |
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103 ATLANTIC AVENUE

City

WESTERLY

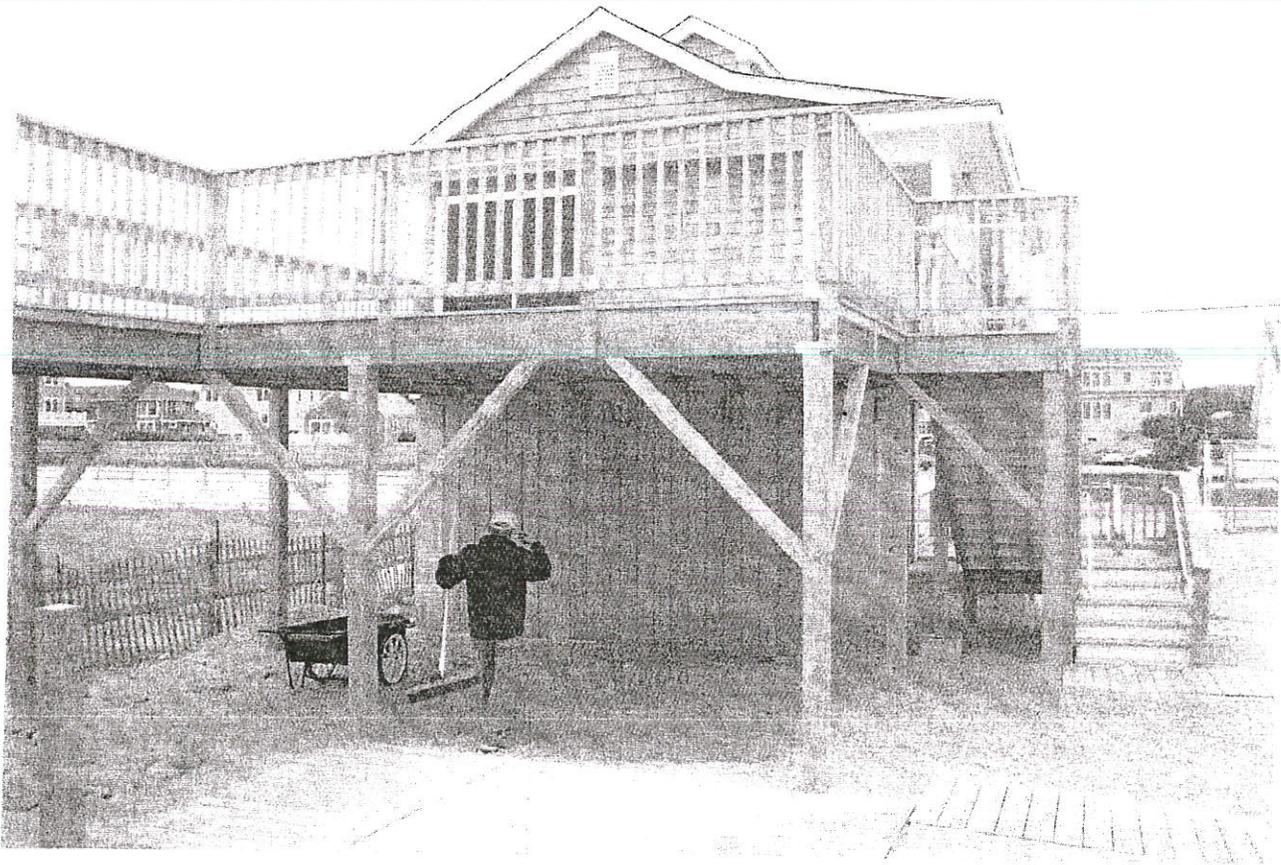
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REAR VIEW

# Building Photographs

See instructions for Item A6

|                           |
|---------------------------|
| For Insurance Company Use |
| Policy Number             |
| Company NAIC Number       |

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103 ATLANTIC AVENUE

City

WESTERLY

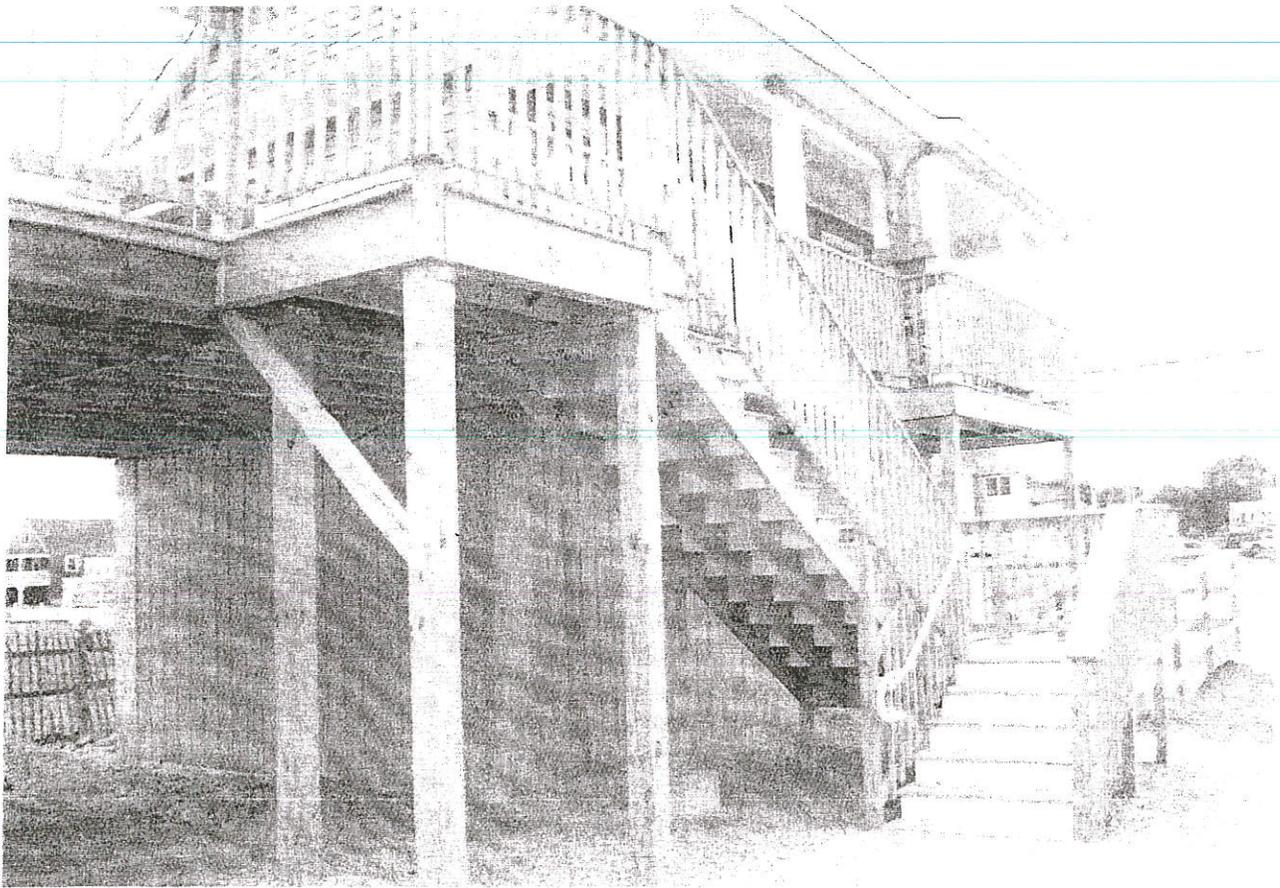
State

R.I.

ZIP Code

02891

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LEFT VIEW

Building Photographs  
See Instructions for Item A6.

|   |       |          |                           |
|---|-------|----------|---------------------------|
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| 103 ATLANTIC AVENUE   |       |          | Policy Number             |
| City  | State | ZIP Code | Company NAIC Number       |
| WESTERLY  | R.I.  | 02891    |                           |

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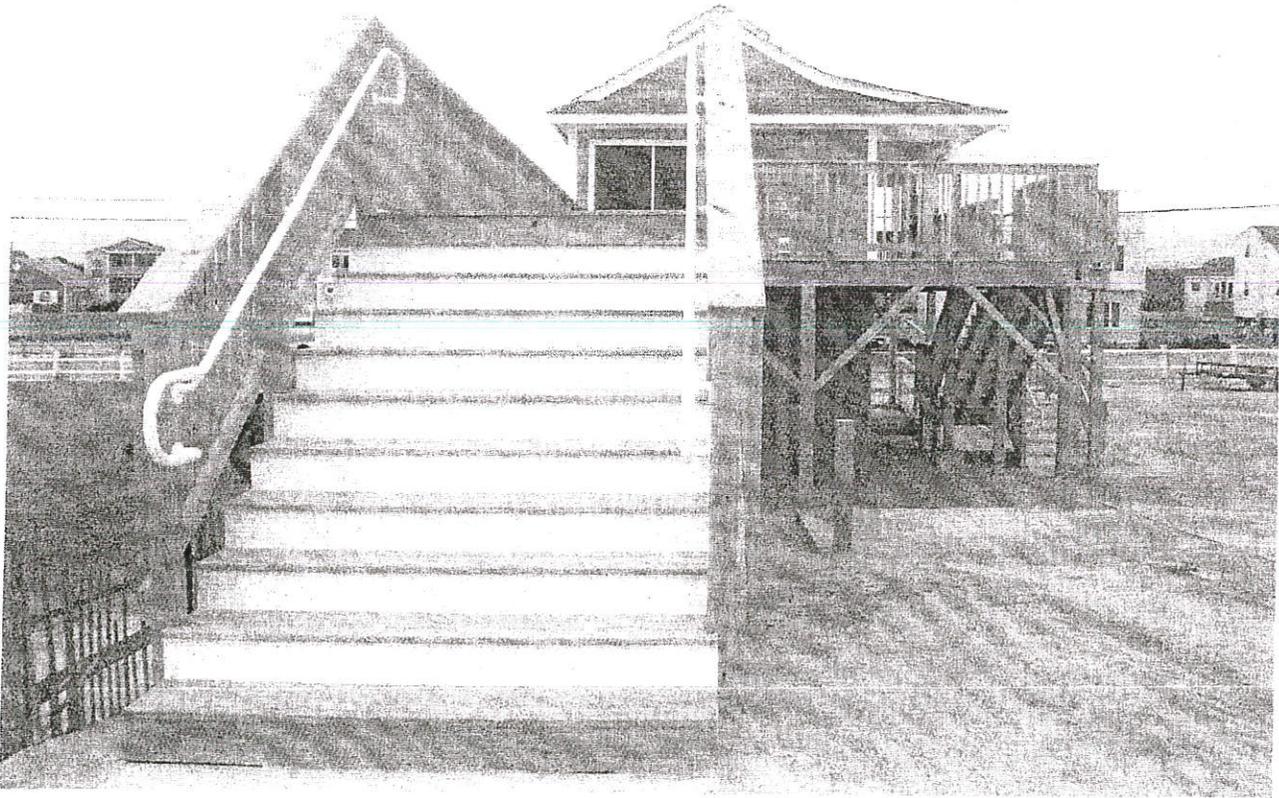
LEFT VIEW

# Building Photographs

See Instructions for Item A6

|   |                          |                     |                           |
|---|--------------------------|---------------------|---------------------------|
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| City<br><b>WESTERLY</b>   |                          |                     | Policy Number             |
| State<br><b>R.I.</b>  | ZIP Code<br><b>02891</b> | Company NAIC Number |                           |

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REAR VIEW