

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION						FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Thomas and Patience Franceski						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 118 Atlantic Ave.						Company NAIC Number:	
City Westerly		State Rhode Island		ZIP Code 02891			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Town of Westerly, Assessor's Map 165, Lot 96							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>							
A5. Latitude/Longitude: Lat. <u>41°19'18.07"</u> Long. <u>71°48'46.49"</u> 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 <u>1B</u> <input checked="" type="checkbox"/>							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s) <u>908</u> sq ft							
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>5</u>							
c) Total net area of flood openings in A8.b <u>640</u> sq in							
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
A9. For a building with an attached garage:							
a) Square footage of attached garage <u>N/A</u> sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>							
c) Total net area of flood openings in A9.b <u>N/A</u> sq in							
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number WESTERLY 445410				B2. County Name WASHINGTON		B3. State Rhode Island <input checked="" type="checkbox"/>	
B4. Map/Panel Number 44009C0254	B5. Suffix J	B6. FIRM Index Date 10/16/13	B7. FIRM Panel Effective/ Revised Date 10/16/13	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) EL = 12.00'		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <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 type="checkbox"/> No Designation Date: <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA							

ELEVATION CERTIFICATE

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. <u>118 Atlantic Ave.</u>		Policy Number:
City <u>Westerly</u>	State <u>RI</u>	Company NAIC Number
	ZIP Code <input checked="" type="checkbox"/> <u>02891</u>	

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. 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.
Benchmark Utilized: TOWN OF WESTERLY Vertical Datum: 1929 - 0.95 = 1988

Indicate elevation datum used for the elevations in Items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____
Datum used for building elevations must be the same as that used for the BFE.

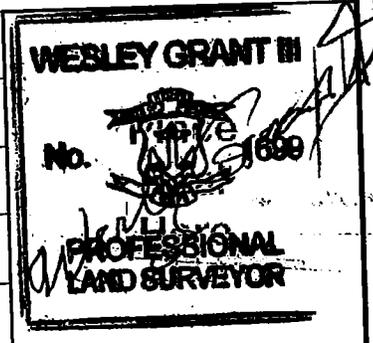
	Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____	7.02 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor _____	16.12 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) _____	N/A <input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) _____	N/A <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) _____	19.12 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) _____	6.60 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) _____	6.90 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	6.26 <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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name <u>WESLEY GRANT, III</u>	License Number <u>1699</u>
Title <u>PROFESSIONAL LAND SURVEYOR</u>	
Company Name <u>ENVIRONMENTAL PLANNING & SURVEYING, INC.</u>	
Address <u>52 DUGWAY BRIDGE ROAD</u>	
City <u>WEST KINGSTON</u>	State <u>Rhode Island</u>
	ZIP Code <input checked="" type="checkbox"/> <u>02892</u>



Signature <u>Wesley Grant III</u>	Date <u>11/23/19</u>	Telephone <u>401-789-3628</u>	Ext.
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Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
 LOWEST MECHANICAL IS ELECTRIC METER OUTSIDE @ ELEVATION 19.12'
 ALL OTHER MECHANICALS ABOVE ON THIRD FLOOR AND ROOF @ ELEVATION 25+
 BOTTOM FLOOR PARKING AND STORAGE, NO UTILITIES.
 5 SMART VENT @ 200 S.F. EACH = 1,000 S.F..

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. <i>118 Atlantic Ave.</i>		Policy Number:	
City <i>Westerly</i>	State <i>RI</i>	ZIP Code <input checked="" type="checkbox"/> <i>02891</i>	Company NAIC Number
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)			
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.			
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).			
a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters	<input type="checkbox"/> above or <input type="checkbox"/> below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters	<input type="checkbox"/> above or <input type="checkbox"/> below the LAG.
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____			
E3. Attached garage (top of slab) is _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters	<input type="checkbox"/> above or <input type="checkbox"/> below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is _____			
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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 E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code <input checked="" type="checkbox"/>
Signature	Date	Telephone	
Comments			
<input type="checkbox"/> Check here if attachments.			

ELEVATION CERTIFICATE

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. <i>118 Atlantic Ave.</i>		Policy Number:
City <i>Westerly</i>	State <i>RI</i>	Company NAIC Number
	ZIP Code <input checked="" type="checkbox"/> <i>02891</i>	

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. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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-G10) 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building:	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____
G9. BFE or (in Zone AO) depth of flooding at the building site:	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____
G10. Community's design flood elevation:	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____
Local Official's Name	Title	
Community Name	Telephone	
Signature	Date	

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

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:

118 Atlantic Ave.

City

State

ZIP Code

Company NAIC Number

Westerly

RI

02891

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption

Front Looking North

Clear Photo One



Photo Two Caption

Side Looking Northwest

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
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ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
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City <i>Westerly</i>	State <i>RI</i>	ZIP Code <input checked="" type="checkbox"/> <i>02891</i>	Company NAIC Number	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

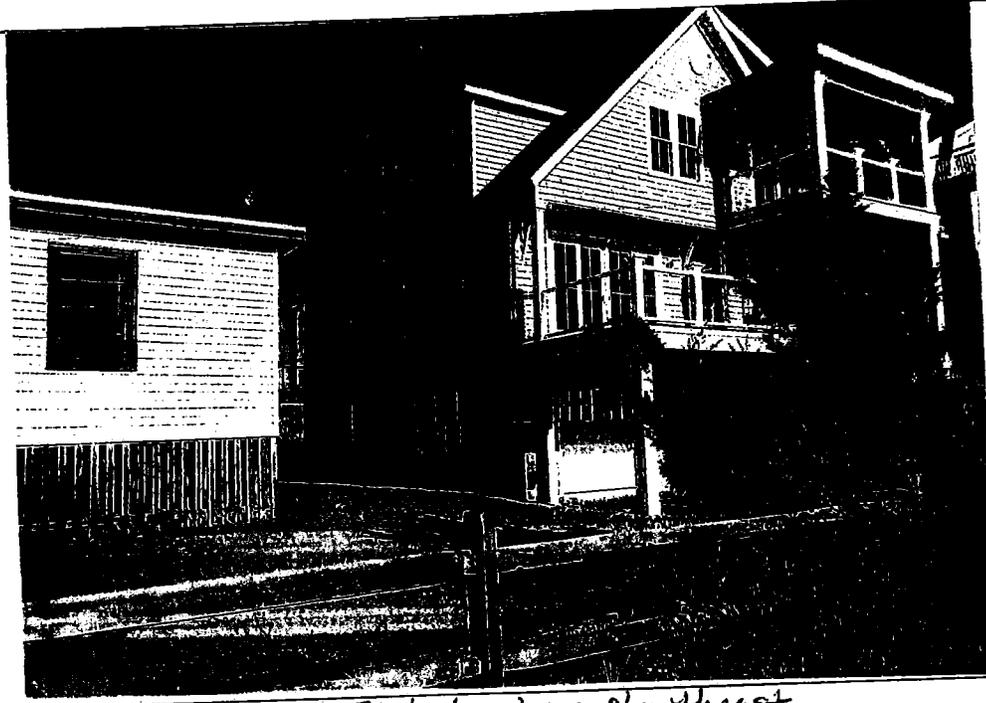


Photo Three Caption

Side Looking Northeast

Clear Photo Three



Photo Four Caption

Rear Looking South

Clear Photo Four