

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008
 Expiration: 11/30/2018

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

CRS EC Checklist

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Either A2 or A3 must be completed, with City, State, and Zip	Company NAIC Number:
City	State
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Either A2 or A3 must be completed, with City, State, and Zip	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="radio"/> NAD 1927 <input type="radio"/> 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 Must be full Diagram Number (e.g., "1A" or "1B," not just "1")	
A8. For a building with a crawlspace or enclosure(s): If there is no crawlspace, enclosure, or garage, enter "N/A" in the blanks	A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft	a) Square footage of attached garage _____ sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in	c) Total net area of flood openings in A9.b _____ sq in
If there is a crawlspace, enclosure, or garage, but no openings within 1.0 foot above grade, enter "0"	
d) Engineered flood openings? <input type="radio"/> Yes <input type="radio"/> No	d) Engineered flood openings? <input type="radio"/> Yes <input type="radio"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
B4. Map/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 base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____		
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA		

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: _____ Vertical Datum: _____

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)	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters
b) Top of the next higher floor	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters
d) Attached garage (top of slab)	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters

Items a), f) and g) must always have a number. If items b) - e) are not relevant, enter "N/A"

