U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

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							RANCE COMPANY USE	
A1. Building Owner's Name Mark Matecki							ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 21819 532nd Lane							IAIC Number:	
City McGregor						ZIP Code 55760		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PID No. 32-1-090100								
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential								
A5. Latitude/Longitude: Lat. 46 46 42.1 Long. 93 18 39.6 Horizontal Datum: NAD 1927 X 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 8								
A8. For a building with a crawlspace or enclosure(s):								
a) Square footage of crawlspace or enclosure(s) sq ft								
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0								
c) Total net area of flood openings in A8.b sq in								
d) Engineered flood openings?								
A9. For a building with an attached garage:								
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								
c) Total net area of flood openings in A9.b sq in								
d) Engineered flood openings?								
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION		
B1. NFIP Community Name & Community Number Aitkin County 270628				B2. County Name Aitkin			B3. State Minnesota	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) e Base Flood Depth)	
270628 0205	С	02-02-1996	02-02-		X/AE	1223.9		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: Source Community Determined Other/Source Other/S								
B11. Indicate elevation datum used for BFE in Item B9: 🗵 NGVD 1929 🔲 NAVD 1988 🔲 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No								
Designation Date: CBRS OPA								

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, and/or 21819 532nd Lane	Policy Number:							
City State McGregor Minr	e ZIP (nesota 5576	Code 60	Company NAIC Number					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)								
C1. Building elevations are based on: *A new Elevation Certificate will be required when co C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build Benchmark Utilized: Turner MN001 Indicate elevation datum used for the elevations in ite NGVD 1929 NAVD 1988 Other/S Datum used for building elevations must be the same a) Top of bottom floor (including basement, crawlspane) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Committee of the complete of th	n Drawings*	ding Under Constructing is complete. FE), AR, AR/A, AR/A, Item A7. In Puerto NAVD88 v. FE. 12 12.	ction*					
 h) Lowest adjacent grade at lowest elevation of decl structural support 	22.65 × feet 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 Koneck here if attachments.								
Certifier's Name	License Number							
Dennis J. Warner	42656							
Title Professional Land Surveyor Company Name Northern Engineering and Consulting Inc. Address PO Box 292	Chata	ZIP Code	Place Seal Here					
City Walker	State Minnesota	56484						
Signature Dennis J. Warner Date: 2018.01.03 10.04.36-06000	Date 01-03-2018	Telephone (218) 259-9436	Ext.					
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) See attached for a copy of the firmette, part of the FIS Study for Aitkin County and the Subdivision plat. Vertical height conversion for this property (NAVD88-NGVD29=0.59 feet). Type of equipment listed for item C2(e) is a furnace.								