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Fax: (207)774-6635

CORPORATE OFFICES: Maine, Massachusetts,

New Hampshire, Connecticut, and Florida

Operational offices fhroughouf the U.S.

## TRANSMITTAL

Project #: 203438

|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 110,001::: 200100               |                                      |
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| TO:          | Marge Schmuckal, Zoning Administrator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE:                           | 11/02/04                             |
|              | City of Portland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                      |
|              | City Hall, 3 <sup>rd</sup> Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                      |
|              | 389 Congress Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                      |
|              | Portland. ME 04101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                      |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                      |
| RE:          | Site Plan Approval Documents - Ocean Gateway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                      |
| ]<br>[       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                      |
|              | ENDING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                      |
| WE ARE SI    | ENDING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                      |
| QUANTITY     | DESCRIPTION P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                      |
| 1            | Signed Elevation Certificate (FEM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A form 81-31) for Receiving     | Station                              |
| 1            | Signed Elevation Certificate (FEM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                      |
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|              | ELV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sent By: Pt 3                   |                                      |
|              | X USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ANY PROPERTY OF THE PROPERTY OF | REGULAR MAIL                         |
|              | APPROVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | FEDERAL EXPRESS                      |
|              | REVIEW/COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | UPS                                  |
|              | INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | COURIER                              |
|              | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (                               | OTHER                                |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                      |
| COMMENT      | S: Marge,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                      |
| Board's ap   | dition of the Ocean Gateway Approval letter addressed approval of the Ocean Gateway Project, please find encloyed Receiving Station. These certificates are being provided to the Ocean Gateway Project, please find encloyed the Ocean Gateway Project find encloyed the Ocean Gateway Project find the Ocean Gateway Pro | sed the signed and sealed El    | evation Certificate for the Terminal |
| Feel free to | give me a call, if you have any questions concerning th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ese documents.                  |                                      |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                      |
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| CC: D 1 F    | ) (I MDOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                      |
| Jeff M       | Pottle, MDOT Conroe, City of Portland (w/o ENGLOSURES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                      |
| Bill No      | control, City of Portland (w/o ENCLOSURES) eedelman, City of Portland (w/o ENCLOSURES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Smy                                  |
|              | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Sheff, P.E.                          |
| ı            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Projec                          | et Manager                           |

#### FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31,2005

| FI | F۱ | ΙΔ | TI | <b>ON</b> | J | CF | R. | ΓI | FI | CA           | T | F |
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| BILLIDING OWNERS NAME City of Protriand BULDING STREET ADDRESS (Induding Apt., Unit. Natic. and/or Bidg. No.) OR P.O. ROUTE AND BOX NO.  Company NAIC Number BI INPCOMMUNITY NAME A COMMUNITY NAMER Cyrif Protrian  BY APP AND PANEL AND PANEL AND PANEL AND PROTECTION BY APP AND PANEL AND P |                           |                                         | ON A - PROPERTY OWNER INFORM                | MATION            | For Insurance Company Use       |
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| BILLIONG STREET ADDRESS (Induding Apt., Unit., Suine., and/or Blog. No.) OR P.O. ROUTE AND BOX NO.  Company NAIC Number Receiving Station - Ocean Gateway  BI NRP COMMUNITY NAME & COMMUNITY NAMESR Cyd Podrard  Discontinuous Community Names Community Namesr Cyd Podrard  BI MAP PAD PANEL NAMESE: SE STATE MARKER MARKER MARKER 2005110014  BI ST FREIPHANEL MARKER |                           | Policy Number                           |                                             |                   |                                 |
| BI NEP COMMUNITY NAME & COMMUNITY NUMBER  BI NAP COMMUNITY NAME & COMMUNITY NUMBER  BI NAP AND PANIEL  NAMER  BI SUMP AND PANIEL  BI SUMP AND PANIEL  NAMER  BI SUMP AND PANIEL  BI SUMP AND  |                           |                                         |                                             |                   | <u> </u>                        |
| B1 N-PP COLMALINITY NAME & COMMUNITY NUMBER  B2 COUNTY NAME Charbonic County Mark  B1 MMP AND PANEL NAMER 20061 0014  B3 STATE Mark  B5 SUFFIX B6 FRMINDEX DATE PERCITIVEREVISEDDATE 7/17/1976  B7/17/1976  B8 R.COCOZONE(S)  B8 R.COCOZONE(S)  7/17/1976  B8 R.COCOZONE(S)  8/18/19/19  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  14/57  |                           |                                         | and/or Bldg. No.) OR P.O. ROUTE AND         | BOX NO.           | Company NAIC Number             |
| St. MAP AND PANEL   BS. SUFFIX   B6. FRMINDEX DATE   S7. FRMIPANEL   PRIOR TOWNS   S8. FLCOODZONE(S)   S   |                           |                                         |                                             |                   |                                 |
| St. MAP AND PANEL   BS. SUFFIX   B6. FRMINDEX DATE   S7. FRMIPANEL   PRIOR TOWNS   S8. FLCOODZONE(S)   S   |                           |                                         |                                             |                   |                                 |
| St. MAP AND PANEL   BS. SUFFIX   B6. FRMINDEX DATE   S7. FRMIPANEL   PRIOR TOWNS   S8. FLCOODZONE(S)   S   |                           |                                         |                                             |                   |                                 |
| St. MAP AND PANEL   BS. SUFFIX   B6. FRMINDEX DATE   S7. FRMIPANEL   PRIOR TOWNS   S8. FLCOODZONE(S)   S   |                           |                                         |                                             |                   |                                 |
| St. MAP AND PANEL   BS. SUFFIX   B6. FRMINDEX DATE   S7. FRMIPANEL   PRIOR TOWNS   S8. FLCOODZONE(S)   S   |                           |                                         |                                             |                   |                                 |
| St. MAP AND PANEL   BS. SUFFIX   B6. FRMINDEX DATE   S7. FRMIPANEL   PRIOR TOWNS   S8. FLCOODZONE(S)   S   |                           |                                         |                                             |                   |                                 |
| St. MAP AND PANEL   BS. SUFFIX   B6. FRMINDEX DATE   S7. FRMIPANEL   PRIOR TOWNS   S8. FLCOODZONE(S)   S   |                           |                                         |                                             |                   |                                 |
| St. MAP AND PANEL   BS. SUFFIX   B6. FRMINDEX DATE   S7. FRMIPANEL   PRIOR TOWNS   S8. FLCOODZONE(S)   S   |                           |                                         |                                             |                   |                                 |
| St. MAP AND PANEL   BS. SUFFIX   B6. FRMINDEX DATE   S7. FRMIPANEL   PRIOR TOWNS   S8. FLCOODZONE(S)   S   | P4 NICID COMMUNITY/NAME   |                                         | DO COTTATIVA NAME                           |                   | D3 CTATE                        |
| B4.MAP AND PANEL NUMBER 2000510014  B5.SUFFIX B6.FIRMINDEX DATE FFECTIVEREVISEDDATE 7/17/1976  B5.SUFFIX B6.FIRMINDEX DATE FFECTIVEREVISEDDATE 7/17/1976  B6.FIRMINDEX DATE FFECTIVEREVISEDDATE 7/17/1976  B7.FIRMIPANEL EFFECTIVEREVISEDDATE A2  B8.FLCODZCNE(S)  C/mreAQ, usedepth of fooding)  14.57  B8.FLCODZCNE(S)  C/mreAQ, usedepth of fooding)  14.57  B9.BASE FLCODELEVATION(S)   |                           | A COMMUNITY NUMBER                      |                                             |                   |                                 |
| Elevation reference mark used BM#3 1971 Does the elevation reference mark used appear on the FIRM? Yes No   a) Top of bottom flow (including basement or endosure) 15. Q0.1(m) 3   b) Top of notath higher floor   b) Bottom for (including basement or endosure) 15. Q0.1(m) 3   d) Attached garage (top of slab) NAAft.(m) 4 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 4 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 4 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 5 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 5 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 5 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 5 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 5 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 5 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 5 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 6 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 6 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 6 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 6 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 6 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 6 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 7 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 7 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 8 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 8 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 8 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 8 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 8 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 8 a servicing the building (Describe in a Comments area) 30. 66.ft.(m) 8 a servicing the buil    | DA MAD AND DANIEL         |                                         | -                                           |                   | PO PACE EL CODELEVATION(C)      |
| Elevation reference mark used BM#3 1971 Does the elevation reference mark used appear on the FIRM? Yes No a) Top of bottom floor (including basement or enclosure)    a) Top of bottom floor (including basement or enclosure)   b) Top of next higher floor   c) Bottom of lowest horizontal structural member (V zones only)   d) Attachedgarage (top of slab)   wAAft.(m)   d) By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NUMBER                    |                                         | DATE EFFECTIVEREVISEDDATE                   |                   | (ZoneAO, use depth of flooding) |
| Elevation reference mark used BM#3 1971 Does the elevation reference mark used appear on the FIRM?  \  Yes \  No \  a) Top of bottom floor (including basement or endosure)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 200011011                 | 2 1/11/1010                             | , , , , , , , , , , , , , , , , , , ,       |                   | 11.07                           |
| Elevation reference mark used BM#3 1971 Does the elevation reference mark used appear on the FIRM?  \  Yes \  No \  a) Top of bottom floor (including basement or endosure)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | $\boxtimes$                             |                                             |                   |                                 |
| □ a) Top of bottom floor (induding basement or endosure) □ b) Top of next higher floor □ c) Bottom of lowest horizontal structural member (V zones only) □ d) Attached garage (top of slab) □ d) Attached garage (top of slab) □ e) Lowest elevation of machinery andor equipment servicing the building (Describe in a Comments area) O 9 Lowest adjacent (finished) grade (TAG) □ g) Highest adjacent (finished) grade (HAG) □ h) No. of permanent openings (flood vents) within 1ft. above adjacent grade 0  I undersfandthat any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  CERTIFIERS NAME Bruno Elias Ramos □ COMPANY NAMEBEA International  ADDRESS □ CITY □ STATE □ ZIP CODE 4111 Le Jeune Road □ Miami □ FL □ 33146  SIGNATURE □ DATE □ TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                         |                                             | $\boxtimes$       |                                 |
| □ a) Top of bottom floor (induding basement or endosure) □ b) Top of next higher floor □ c) Bottom of lowest horizontal structural member (V zones only) □ d) Attached garage (top of slab) □ d) Attached garage (top of slab) □ e) Lowest elevation of machinery andor equipment servicing the building (Describe in a Comments area) O 9 Lowest adjacent (finished) grade (TAG) □ g) Highest adjacent (finished) grade (HAG) □ h) No. of permanent openings (flood vents) within 1ft. above adjacent grade 0  I undersfandthat any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  CERTIFIERS NAME Bruno Elias Ramos □ COMPANY NAMEBEA International  ADDRESS □ CITY □ STATE □ ZIP CODE 4111 Le Jeune Road □ Miami □ FL □ 33146  SIGNATURE □ DATE □ TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                         |                                             |                   |                                 |
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| D) Top of next higher floor   C) Bottom of lowest horizontal structural member (V zones only)   SUA-66-64(mth)   W as   Columbs   D) Attached garage (top of slab)   N/Aft.(m)   E P C C C C C C C C C C C C C C C C C C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Elevation reference mark  | used BM#3 1971 Does the elevation       | reference mark used appear on the FIRM?     | ☐ Yes ☒ No        |                                 |
| D) Top of Next Inginerhoor   D) Bottom of lowest horizontal structural member (V zones only)   State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | □ a) Top of bottom floor  | (induding basement or endosure)         | <u>18</u> . <u>00 </u> ft.(m)               | 3                 |                                 |
| d) Attachedgarage (top of slab)   N/Aft.(m)   E v v v v v v v v v v v v v v v v v v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                         |                                             | σ                 | /1                              |
| c) Lowest elevation of machinery andor equipment servicing the building (Describe in a Comments area)   30. 66 ft.(m)   4 ft   5 ft   6 ft.(m)   2 ft   5 ft   6 ft.(m)   2 ft   6 ft.(m)   2 ft.(m)   2 ft.(m)   2 ft.(m)   2 ft.(m)   2 ft.(m)   2 ft.(m)   3 ft.(m)   |                           |                                         | nly) <u><b>80/</b>4-66-</u> ftf(r(n))       | 横廊                | / 1                             |
| Servicing the building (Describe in a Comments area)  O 9 Lowestadjacent (finished) grade (LAG)  G 9 Highest adjacent (finished) grade (HAG)  O 17 Mighest adjacent (finished) grade (HAG)  O 18 Highest adjacent (finished) grade (HAG)  O 19 Highest adjacent (finished) grade (HAG)  O 10 H) No. of permanentopenings (flood vents) within 1 ft. above adjacent grade 0  I undersfandthat any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  CERTIFIERS NAME Bruno Elias Ramos  LICENSE NUMBER ARC 2644  TITLE Licensed Architect  COMPANY NAMEBEA International  ADDRESS  4111 Le Jeune Road  Miami  FL  33146  SIGNATURE  DATE  TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | , , ,                     | . ,                                     | <u>N/A</u> ft.(m)                           |                   | / 1                             |
| □ g) Highest adjacent (finished) grade (HAG) □ h) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ □ th) No. of permanentopenings (flood vents) within 1ft. above adjacent grade □ t  |                           |                                         | 00 00 (1)                                   | er 85             |                                 |
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| CERTIFIERS NAME Bruno Elias Ramos  LICENSE NUMBER ARC 2644  TITLE Licensed Architect  COMPANY NAMEBEA International  ADDRESS  CITY  STATE  ZIP CODE  4111 Le Jeune Road  Miami  FL  33146  SIGNATURE  DATE  TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n) No. or permanento      | penings (11000 vents) within 11t. above | adjacent grade <u>u</u>                     | <u> </u>          |                                 |
| CERTIFIERS NAME Bruno Elias Ramos  LICENSE NUMBER ARC 2644  TITLE Licensed Architect  COMPANY NAMEBEA International  ADDRESS  CITY  STATE  ZIP CODE  4111 Le Jeune Road  Miami  FL  33146  SIGNATURE  DATE  TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                         |                                             |                   |                                 |
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| TITLE Licensed Architect  COMPANY NAMEBEA International  ADDRESS  CITY STATE ZIP CODE 4111 Le Jeune Road Miami FL 33146  SIGNATURE DATE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                         | and or amprissorations assured 100,0, Court |                   | ARC 2644                        |
| ADDRESS CITY STATE ZIP CODE 4111 Le Jeune Road Miami FL 33146 SIGNATURE DATE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                         |                                             |                   |                                 |
| 4111 Le Jeune Road         Miami         FL         33146           SIGNATURE         DATE         TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TITLE Licensed Architect  |                                         | COMPANY NAME                                | BEA International |                                 |
| 4111 Le Jeune Road         Miami         FL         33146           SIGNATURE         DATE         TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ADDDEOC                   |                                         |                                             |                   |                                 |
| SIGNATURE DATE TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                         |                                             |                   |                                 |
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| IMPORTANT: In these spaces, Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the corresponding information f              | rom Section A.            |                                  |                | nsurance Company Use:        |
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| BUILDING STREET ADDRESS (Including Apt. Un<br>Receiving Station - Ocean Gateway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Init, Suite, and/or Bldg. No.) OR P.O. ROUTE | AND BOX NO.               |                                  | Policy         | y Number                     |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | STATE                     | ZIP CODE                         | Comp           | pany NAIC Number             |
| Portland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MD CUDUEVAS TITLE                            | ME<br>OR ADCUITECT CI     | 04101                            | 1              |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ON D- SURVEYOR, ENGINEER, (                  |                           | •                                | JED)           |                              |
| Copy both sides of this Elevation Certificate f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tor (1) community official, (2) insurance    | agent/company, and (      | ( <del>3) Duildin</del> g owner  | <del></del>    |                              |
| COMMENTS Mezzanìne Levelwith mechanicalequipmen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tis 12'-8" (nlan) / 20' 0" /14" 1144         |                           |                                  |                |                              |
| - поглание Leverwith mechanical equipmen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | wair-o (hail)! on-o (kittin)                 |                           |                                  |                |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                           |                                  |                |                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EVATION INFORMATION (SURV                    |                           |                                  | •              |                              |
| For Zone AO and Zone A (without BFE), comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | olete Items E I through E4. If the Eleva     | tionCertificateis intend  | dedfor use as supportinginfor    | mation for a L | OMA or LOMR-F,               |
| Section C must <b>be</b> completed.  E1. Building Diagram Number_(Select the bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ildingdiagrammost similarto the building     | ngfor which this cortifi  | icateis being completed_soc      | pages 8 and    | 7. If nodiagram accurately   |
| represents the building, provide a sketch of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or photograph.)                              |                           |                                  |                |                              |
| E2. The top of the bottom floor (including base                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | _ ft.(m)in.(cm)           | above or Delow(check or          | ne) the highe  | st adjacent grade. (Use      |
| natural grade, if available).  E3 For Building Diagrams 6-8 with openings (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Spenage 7) the northighests                  | vated floor (alarestical) | h) of the building is 4 (-)      | in (cm) ==     | ve the highest adiacent      |
| E3. For Building Diagrams 6-8 with openings (a grade. Complete items C3.h and C3.i on the complete ite |                                              | valou iluui (elevation)   | ~, or a re-particulary isit.(m)_ | (u11) abc      | vo a ro i irgi lest aUjaCeNt |
| E4. The top of the platform of machinery and/o natural grade, if available).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | _ft.(m)in.(cm)            | above or Delow (check or         | ne) the highe  | stadjacent grade. (Use       |
| E5. For Zone AO only: If no flood depth numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                           | dance with the community's floo  | odplain mana   | agementordinance?            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cal offiaal must certify this information in |                           | OFFITATION CO.                   | 101'           |                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ON F - PROPERTY OWNER (OR C                  |                           |                                  |                | MA Innual                    |
| The property owner or owner's authorized repissued BFE) or Zone AO must sign here. The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                           |                                  | (without a FE) | IVIA-ISSUED or community-    |
| PROPERTY OWNER'S OR OWNERSAUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                           |                                  |                |                              |
| BEA International                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                           |                                  | ATC            | 7/0 000-                     |
| ADDRESS 4111 Le Jeune Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | CITY<br>Miami             | _                                | ATE            | ZIP CODE<br>33146            |
| 4111 Le Jeune Road<br>SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                            | DATE                      |                                  | LEPHONE        |                              |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                            | 10/19/04                  |                                  | 5 4612053      |                              |
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| G4. PERMIT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | G5. DATE PERMIT ISSUED                       |                           | G6. DATE CERTIFICATE OF CO       | MPLIANCE/O     | OCCUPANCY ISSUED             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L                                            |                           |                                  |                |                              |
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| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                           |                                  |                |                              |
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Please Read, fill-inappropriately, sign è return



# FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

# **ELEVATION CERTIFICATE**

**AND** 

Instructions



1 !

# NATIONAL FLOOD INSURANCE PROGRAM ELEVATION CERTIFICATE

#### PAPERWORK BURDEN DISCLOSURE NOTICE

FEMA Form 81-31

The public reporting burden for this form is estimated to be **3.0** hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (**3067-0077**). NOTE: Please do not send your completed form to the above address.

#### PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP). It is to be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to determine the proper insurance premium rate, **arid** to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR-F).

The Elevation Certificate is required in order to properly rate post-FIRM buildings, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), for flood insurance Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, MAE, AR/A1-A30, AR/AH, and AR/AO. The Elevation Certificate is not required for pre-FIRM buildings unless the building is being **rated** under the optional post-FIRM flood insurance rules.

As **part** of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt a floodplain management ordinance that specifies **minimum** requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings and maintain a record of such information. **The** Elevation Certificate provides a way for a community to comply with this requirement.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. **Only** a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution **has** the option of requiting flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA or **LOMR-F** request. Lowest floor and lowest adjacent grade elevations certified by a surveyor or engineer will be required if the certificate is used to support a LOMA or LOMR-F request.

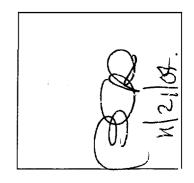
This certificate is used **only** to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the Base Flood Elevation (BFE). A floodproofed building is a building that **has** been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings **is** not permitted under the NFIP **unless** FEMA has granted the community **an** exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

#### FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077 Expires December 31,2005

|                                                 | •                                                                                                                                   | SECTION                         | Α- | PROPERTY OWNER INFORMA                              | TION             |   | For Insurance Company Use:                                      |  |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----|-----------------------------------------------------|------------------|---|-----------------------------------------------------------------|--|
| BUILDING OWNERS NA                              | _                                                                                                                                   | Policy Number                   |    |                                                     |                  |   |                                                                 |  |
| BUILDING STREET ADD<br>Terminal Building - Ocea | BUILDING STREET ADDRESS (IndudingApt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTEAND BOX NO.<br>Terminal Building - Ocean Gateway |                                 |    |                                                     |                  |   |                                                                 |  |
|                                                 |                                                                                                                                     |                                 |    |                                                     |                  |   |                                                                 |  |
|                                                 |                                                                                                                                     |                                 |    |                                                     |                  |   |                                                                 |  |
|                                                 |                                                                                                                                     |                                 |    |                                                     |                  |   |                                                                 |  |
|                                                 |                                                                                                                                     |                                 |    | ⊠                                                   |                  |   | Survey                                                          |  |
|                                                 |                                                                                                                                     |                                 |    |                                                     |                  |   |                                                                 |  |
| B1. NFIP COMMUNITY NAME<br>City of Portland     | & COMMUNITY NUM                                                                                                                     | IBER                            |    | 2. COUNTY NAME<br>mberland County                   | _                |   | , STATE<br>aine                                                 |  |
| B4, MAP AND PANEL<br>NUMBER<br>230051 0014      | B5. SUFFIX<br>B                                                                                                                     | B6, FIRM INDEX DAT<br>7/17/1976 | ΓE | B7.FIRMPANEL<br>EFFECTIVE/REVISED DATE<br>7/17/1976 | B8. FLOOD ZONE(S | ) | B9. BASE FLOOD ELEVATION(S)<br>(Zone AO, use depth of flooding) |  |
|                                                 |                                                                                                                                     |                                 |    |                                                     |                  |   |                                                                 |  |
|                                                 |                                                                                                                                     |                                 |    |                                                     | ⊠                |   |                                                                 |  |
|                                                 |                                                                                                                                     |                                 |    |                                                     |                  |   |                                                                 |  |
|                                                 |                                                                                                                                     |                                 |    |                                                     |                  |   |                                                                 |  |



#### 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, 6, and C on this certificate represents my best efforts to interpret the data available. I undersfandthat any false statement may be punishable by fine or imprisonment under 18U.S. Code, Section 1001.

CERTIFIER'S NAME Bruno Elias Ramos

LICENSE NUMBER ARC 2644

| TITLE Licensed Architect      | COMPANY NAME BEA | International            |                   |
|-------------------------------|------------------|--------------------------|-------------------|
| ADDRESS<br>4111 Le Jeune Road | CITY<br>Miami    | STATE<br>FL              | ZIP CODE<br>33146 |
| SIGNATURE                     | DATE<br>10-1944  | TELEPHONE<br>305 4612053 |                   |

| IMPORTANT: In these spaces, copy                                                        | <u> </u>                                           |                                |                                | For                      | nsurance Company Use:       |
|-----------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------|--------------------------------|--------------------------|-----------------------------|
| BUILDINGSTREET ADDRESS (Including Apt, U<br>Terminal Building - Ocean Gateway           | Init, Suite, and/or Bldg. No.) <b>OR</b> P.O. ROUT | EAND BOX NO.                   |                                | Polic                    | y Number                    |
| CITY<br>Portland                                                                        |                                                    | STATE<br>ME                    | ZIP CODE<br>04101              | Com                      | pany NAIC Number            |
| SECTION                                                                                 | ON D- SURVEYOR, ENGINEER,                          | OR ARCHITECT                   | CERTIFICATION(CONTI            | NUED)                    |                             |
| - Copy both sides of this Elevation Certificate                                         |                                                    |                                | •                              |                          | ~-                          |
| COMMENTS City Approved Water Level Analysis conduct                                     | ted in May 2004 determined a finish flo            | or elevabon of 1687            | (000 MLLW)                     |                          |                             |
| Top of floor, first floor +16 87' MLLW                                                  |                                                    |                                | · .                            |                          |                             |
| Top of mech. mezzaninefloor = 46.37'. Ele                                               |                                                    |                                | IEDIFAR TANK                   | _                        | Check here if attachments   |
|                                                                                         | LEVATION INFORMATION (SUR)                         |                                | •                              | •                        | •                           |
| For Zone AO and Zone A (without BFE), comp. Section C must be completed.                | piete Items E I through E4. If the Eleva           | ation certificateis inte       | ndeator use as supporting inf  | rormationfor a           | LUMA OF LOMR+F,             |
| E1. Building Diagram Number 5 (Select the burepresentsthe building, provide a sketch of |                                                    | ling for which this cert       | ificate is being completed – s | ee pages 6 and           | 7. If no diagram accurately |
| E2. The top of the bottomfloor (including base natural grade, if available).            |                                                    | ∑ft.(m) <u>6</u> in.(cm) ⊠ ε   | above or 🔲 below (check or     | ne) the highest          | adjacent grade. (Use        |
| E3. For Building Diagrams 6-8 with openings (grade. Complete items C3.h and C3.i on     |                                                    | evated floor (elevation        | nb) of the building isft.(m)   | )in.(cm) abo             | ove the highest adjacent    |
| E4. The top of the platform of machinery and/c natural grade, if available).            |                                                    | 0ੁ ft.(m) <u>6</u> in.(cm) ☐ ε | above or Delow (check or       | ne) the highest          | adjacent grade. (Use        |
| E5. For Zone AO only: If no flood depth numb                                            |                                                    |                                | rdance with the community's    | floodplain man           | agement ordinance?          |
|                                                                                         | ON F- PROPERTY OWNER (OR                           |                                | ESENTATIVE) CERTIFIC           | ATION                    |                             |
| The property owner or owner's authorized re issued BFE) or Zone AO must sign here. The  | ·                                                  |                                |                                | A (without a FE          | MA-issued or community-     |
| PROPERTY OWNER'S OR OWNER'S AU                                                          |                                                    |                                |                                |                          |                             |
| BEA International ADDRESS                                                               |                                                    | CITY                           |                                | STATE                    | ZIP CODE                    |
| 4111 Le Jeune R o a d                                                                   | <del>\</del>                                       | Miami                          | F                              | FL                       | 33146                       |
| SIGNATURE SIGNATURE                                                                     | ノ<br>                                              | DATE<br>10/19/04               | 3                              | TELEPHONE<br>305 4612053 |                             |
| COMMENTS Bottom floor elevation for Tern                                                | ninal Building determined by City Appro            | oved Water Level Ana           |                                |                          |                             |
|                                                                                         |                                                    |                                |                                |                          |                             |
|                                                                                         |                                                    |                                |                                |                          |                             |
|                                                                                         |                                                    |                                |                                |                          |                             |
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|                                                                                         |                                                    |                                |                                |                          |                             |
|                                                                                         |                                                    |                                |                                |                          |                             |
| G4. PERMITNUMBER                                                                        | G5. DATEPERMIT ISSUED                              | - 1                            | G6. DATE CERTIFICATEOF (       | TORREST TARROSTO         | ערן וסאוויט ויכי ובי        |
| UT. 1 ENIVIH NUIVIDEN                                                                   | OU. DATEFERIVIRI ISSUED                            |                                | SU. DATECERTIFICATEOF!         |                          | WOULTHING 1990ED            |
|                                                                                         |                                                    |                                |                                |                          |                             |
|                                                                                         |                                                    |                                |                                |                          |                             |
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|                                                                                         | _                                                  |                                |                                |                          |                             |
|                                                                                         |                                                    |                                |                                |                          |                             |
| COMMENTS                                                                                |                                                    |                                |                                |                          |                             |
|                                                                                         |                                                    |                                |                                |                          |                             |
|                                                                                         |                                                    |                                |                                | C                        | heck here if attachments    |



 $C\ O\ N\ S\ U\ L\ T\ I\ N\ G$ ENGINEERS

PND No. 00433.22

May 21,2004

Attn: Barry Sheff Woodard & Curran 41 Hutchins Drive Portland, ME 04102

RE: Pier 2 and Pier 2 Expansion, Recommended Finish Floor Elevation.

#### Dear Barry:

This letter summarizes our findings for our work effort to determine a recommended finish floor elevation for Pier 2 Terminal Building and Pier 2 Expansion Project. Our work included review of the existing FIRM report for the site and conducting an independent analysis by obtaining additional information in the area. As you know, the FIRM map did not include Pier 2. Additional requests to obtain the supporting analysis yielded no information to help validate the previous work by FEMA. We therefore relied on the existing tide gage information at the Maine State Pier and wind data from a buoy off the adjacent coast to conduct our analysis and provide our recommendation. (See final reports previously sent.) This recommendation was reviewed by STRATEX, a peer review consultant hired by the City of Portland, which concurred with our recommendation. In conclusion, our recommendation is that the minimum finish floor elevation for the project should be 12.3 feet NGVD29. This was in recognition of the project structures assessed to be in an A-Zone along with the Maine State Pier as shown on the FIRM map. The recommended finish floor elevation was determined as follows:

SWL +  $\frac{1}{2}$  H<sub>m</sub> + H<sub>t</sub> = Finish Floor Elevation

9.6 + (1/2)(3.6) + .9 = 12.3 feet NGVD29

= Still water level for 100 year tide at the Maine State Pier (FIRM)

= Mean Wave Height as determined by PND using site specific information (PND)  $H_{m}$ 

 $H_{r}$ = .9 ft, an agreed upon correction accounting for tide effects (.63) and uncertainties

(.27) in global climates for a 100 year future consideration. (PND & STRATEX)

If you have any additional questions, please contact me at any time.

Sincerely,

PND Incorporated Seattle Office

David Pierce, P.E.S.E

Vice President

#### 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 Policy Number 05 ADDRESS (Including Apt., Unit, Suite, and/or Bldg, No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number Ocean STATE ZIP. CODE 0410 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 43-D-5-7 443-G-1-Z 454-520 C Commercia BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary, Non residential International Marine Terminal to LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): ( ##° - ##' - ##.##" or ##.####") | NAD 1983 NAD 1927 USGS Quad Map Other SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B2. COUNTY NAME B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER -#23005 Cumber LAnd Portumo B6. FIRM INDEX B4. MAP AND PANEL **B5. SUFFIX B7. FIRM PANEL** B8. FLOOD B9. BASE FLOOD ELEVATION(S) NUMBER EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) 00133 July 17, 1986 AZ 10 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Community Determined \_\_ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X 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 Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings\* IXIBuilding Under Construction\* **IFinished** Construction \*A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number \_\_1\_\_ (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, ARIA, ARIAE, 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 10.20 Conversion/Comments Survey Plan band wood NGUD Elevation reference mark used 10.20 fut Soes the elevation reference mark used appear on the FIRM? ] Yes a) Top of bottom floor (including basement or enclosure) 16. ft.(m) b) Top of next higher floor ft.(m) c) Bottom of lowest horizontal structural member (V zones only) ft.(m) **d**) Attached garage (top of slab) ft.(m) e) Lowest elevation of machinery and/or equipment 10 servicing the building (Describe in a Comments area.) ft.(m) f) Lowest adjacent (finished) grade (LAG) ft.(m) g) Highest adjacent (finished) grade (HAG) 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) 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, 8, 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 LICENSE NUMBER CERTIFIER'S NAME ZIP CODE STATE Main 98-1339 SIGNATURE TELEPHONE 207-856 02

| IMPORTANT: In these spaces,                                                                                                                                                                                                                                                                                                                                                                                                                                             | copy the corresponding information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | n from Section A.                                                                                                                                                                                                                                                                                                                                                            | For Insurance Company Use:                                                                                                                                                                                                                 |
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| Copy both sides of this Elevation                                                                                                                                                                                                                                                                                                                                                                                                                                       | Certificate for (1) community official, (2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2) insuranceagent/company, and (                                                                                                                                                                                                                                                                                                                                             | 3)building owner.                                                                                                                                                                                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VATION INFORMATION (SURVEY N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ·                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
| information for a LOMA or LOMR-FE1. Building Diagram Number see pages 6 and 7. If no diagr. E2. The top of the bottom floor (inc. (check one) the highest adjace E3. For Building Diagrams 6-8 with [ ft. (m)   jin. (cm) at E4. The top of the platform of mach (check one) the highest adjace E5. For Zone AO only: If no flood of floodplain management ordinates SECTION The property owner or owner's aut (without a FEMA-issuedor commutate best of my knowledge. | (Select the building diagram most sam accurately represents the building luding basement or enclosure) of the luting grade. (Use natural grade, if availate openings (see page 7), the next high pove the highest adjacent grade. Continery and/or equipment servicing the lepth number is available, is the top of lepth number is available, is the lepth number is available, is the top of lepth number is available, is the lepth number is available, is the lepth number is available, is the lep | similar to the building for which this of provide a sketch or photograph.) building is   ft. (m)     in. able.) er floor or elevated floor (elevation building is   ft. (m)     in. able.) fthe bottom floor elevated in according. The local official must certify this ERS REPRESENTATIVE)CERTIFES Sections A, B, C (Items C3.h and gn here. The statements in Section MAE | certificate is being completed—  (cm) [] above or [] below  b) of the building is of form.  (cm) [] above or [] below  lance with the community's and in Section G.  ICATION  C3.i only), and E for Zone A s A, B, C, and E are correct to |
| - CAMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              | 439-1008                                                                                                                                                                                                                                   |
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| A NOTE LO                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CSECTION G - COMMUNITY IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                              | Check here if attachments                                                                                                                                                                                                                  |
| Sections A, B, C (or E), and G of this GI.   The information in Section G engineer, or architect who elevation data in the Comm G2.   A community official completions AO.                                                                                                                                                                                                                                                                                              | by law or ordinance to administer the constant of the constant | applicable item(s) and sign below.<br>n that has been signed and emboss<br>ertify elevation information. (Indicat<br>n Zone <b>A</b> (without a FEMA-Issued or                                                                                                                                                                                                               | ed by a licensed surveyor, e the source and date of the community-IssuedBFE) or                                                                                                                                                            |
| G4. PERMIT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                       | G5. DATE PERMIT ISSUED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | G6. DATE CERTIFICATE OF ISSUED                                                                                                                                                                                                                                                                                                                                               | COMPLIANCE/OCCUPANCY                                                                                                                                                                                                                       |
| LOCAL OFFICIAL'S NAME COMMUNIW NAME                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TITLE TELEPHONE                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                            |
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| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                            |
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#### INSTRUCTIONS FOR COMPLETING THE ELEVATION CERTIFICATE

The Elevation Certificate is to be completed by a land surveyor, engineer, or architect who is authorized by law to certify elevation information when elevation information is required for Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, *MAE*, AR/A1-A30, AR/AH, or AR/AO. Community officials who are authorized by law or ordinance to provide floodplain management information may also complete this form. For Zones AO and A (without BFE), a community official, a property owner, or an owner's representative may provide information on this certificate, unless the elevations are intended for use in supporting a LOMA or LOMR-F. Certified elevations must be included if the purpose of completing the Elevation Certificate is to obtain a LOMA or LOMR-F.

In Puerto Rico only, elevations for building information and flood hazard information may be entered in meters.

#### SECTION A \* PROPERTY OWNER INFORMATION

This section identifies the building, its location, and its owner. Enter the name(s) of the building owner(s), the building's complete street address, and the lot and block number. If the building's address is different from the owner's address, enter the address of the building being certified. If the address is a rural route or a Post Office box number, enter the lot and block numbers, the tax parcel number, the legal description, or an abbreviated location description based on distance and direction from a fixed point of reference. For the purposes of this certificate, "building" means both a building and a manufactured (mobile) home.

A map may be attached to this certificate to show the location of the building on the property. A tax map, FIRM, or detailed community map is appropriate. If no map is available, provide a sketch of the property location, and the location of the building on the property. Include appropriate landmarks such as nearby roads, intersections, and bodies of water. For building use, indicate whether the building is residential, non-residential, an addition to an existing residential or non-residential building, an accessory building (e.g., garage), or other type of structure. Use the Comments area of Section F if needed.

If latitude and longitude data are available, enter them in degrees, minutes, and seconds, or in decimal degrees, taken at the center of the front of the building. Enter arc seconds to two decimal places. Indicate the horizontal datum and the source of the measurement data (for example, taken with GPS, scaled from a USGS Quad Map, etc.).

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

Complete the Elevation Certificate on the basis of the FIRM in effect at the time of the certification.

The information for Section B is obtained by reviewing the FIRM panel that includes the building's location. Information about the current FIRM and a pamphlet titled "Guide to Flood Maps" **are** available from the Federal Emergency Management Agency (FEMA) website at http://www.fema.gov or by calling 1-800-427-4661. If a Letter **of Map** Amendment (LOMA) or Letter of Map Revision (LOMR-F) has been issued by FEMA, please provide the letter date **and** case number in the Comments area of Section D or Section G, **as** appropriate.

Item **B1.** NFIP Community Name & Community Number. Enter the complete name of the community in which **the** building is located and the associated 6-digit community number. For a building that is in an area that **has** been annexed **by** one community but is shown on another community's **FIRM**, enter the community name and 6-digit number of the annexing community. For a newly incorporated community, use the name and 6-digit number of the new community. Under the NFIP, a "community" is any State or area or political subdivision thereof, or any Indian tribe or authorized native organization, that has authority to adopt and enforce floodplain management regulations for the areas within its jurisdiction. To determine the current community number, see the **NFIP** *Community Status Book*, available on FEMA's website at http://www.fema.gov or by calling 1-800-427-466 1.

Item **B2.** County Name. Enter the name of the county or counties in which the community is located. For an unincorporated area of a county, enter "unincorporated area." For **an** independent city, enter "independent city."

Item **B3.** State. Enter the 2-letter state abbreviation (for example, VA, TX, CA).

- Item **B4.** Map and Panel Number. Enter the 10-digit number shown on the FIRM panel where the building or manufactured (mobile) home is located. The first six digits will not match the NFIP community number: 1) when the sixth digit is a "C," in which case the FIRM panel is in a countywide format; or 2) when one community has annexed land from another community but the FIRM panel has not been updated to reflect this annexation. If the sixth digit is a "C," it is followed by a four-digit map number. For maps not in countywide format, enter the "community panel number" shown on the FIRM.
  - Item **B5**. Suffix. Enter the suffix letter shown on the FIRM panel that includes the building's location.
  - Item **B6.** FIRM Index Date. Enter the effective date or **map** revised date shown on the FIRM Index.
  - Item **B7.** FIRM Panel Effective/Revised Date. Enter the map effective date or the *map* revised date shown on the FIRM panel. This will be the latest of all dates shown on the map. The current FIRM panel effective date can be determined by calling 1-800-427-4661.
  - Item **B8.** Flood Zone(s). Enter the flood zone, or flood zones, in which the building is Located. All flood zones containing the letter "A" or "V" are considered Special Flood Hazard Areas. The flood zones are A, AE, A1-A30, V, VE, V1-V30, AH, AO, AR, AR/A, AR/AE, AR/A1-A30, AR/AH, and AR/AO. Each flood zone is defined in the legend of the FIRM panel on which it appears.
  - Item **B9.** Base Flood Elevation(s). Using the appropriate Flood Insurance Study (FIS) Profile, Flood Elevation Table, or FIRM panel, locate the property and enter the BFE (or base flood depth) of the building site. If the building is located in more than one flood zone in Item B8., list all appropriate BFEs in Item B9. BFEs are shown on a FIRM or FIS Profile for Zones A1-A30, AE, AH, V1-V30, VE, AR, **M A**, AR/AE, AR/A1-A30, AR/AH, and AR/AO; flood depth numbers are shown for Zone AO. Use the **AR** BFE if the building is located in any of Zones AIUA, AR/AE, AR/A1-A30, AR/AH, or AR/AO. In A or V zones where BFEs are not provided on the **FIRM**, the community may have established BFEs or obtained BFE data from other sources. For subdivisions and other developments of more than **50** lots or **5** acres, establishment of BFEs is required by the community's floodplain management ordinance. If the BFE is obtained from another source, enter the BFE in Item B9.
- Item **B10**. Indicate the source of the BFE that you entered in Item B9.
- Item **B11**. Indicate the elevation **datum** to which the elevations on the applicable FIRM **are** referenced.
- Item **B12.** Indicate whether the building is located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA). Federal flood insurance is prohibited in designated CBRS areas for buildings  $\alpha$  manufactured (mobile) homes built or substantially improved after the date of the CBRS designation. An information sheet explaining CBRS areas may be obtained on FEMA's website at http://www.fema.gov or by calling 1-800427-4661.

### SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Complete Section C if the building is located in any of Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, MAE, AR/A1-A30, AR/AH, or AR/AO, or if this certificate is being used to support a LOMA or LOMR-F. If the building is located in Zone AO or Zone A (without BFE), complete Section E instead. To ensure that all required elevations are obtained, it may be necessary to enter the building (for instance, if the building has a basement or sunken living room, split-level construction, or machinery and equipment).

Surveyors may not be able to gain access to some crawl spaces to shoot the elevation of the crawl space floor. If access to the crawl space cannot be gained, use the following guidance:

- Use a yardstick or tape measure to measure the floor height to the "next higher floor," and then subtract the crawl space height from the elevation of the "next higher floor."
- Contact the local floodplain administrator of the community that the building is located in. The community may have documentation of the elevation of the crawl space floor as part of the permit issued for the building.
- If the property owner has documentation or knows the height of the crawl space floor to the next higher floor, try to verify this by looking inside the crawl space through any openings or vents.

In all three cases, provide the elevation in the Comments area and a brief description of how the elevation was obtained.

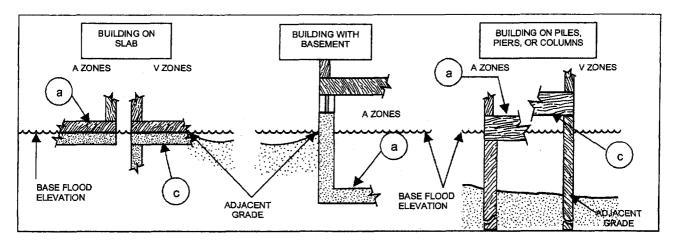
Item C1. Indicate whether the elevations to be entered in this section are based on construction drawings, a building under construction, or finished construction. For either of the first two choices, a post-construction Elevation Certificate will be

required when construction is complete. If the building is under construction, include **only** those elevations that **can** be **surveyed in Items C3.a-g. Use** the Comments area to provide elevations obtained from the construction plans or **drawings.** Select "finished construction" only when all machinery and/or equipment—furilaces, hot water heaters, heat pumps, air conditioners, and elevators and their associated equipment—have been installed and the **grading** around the building **is** completed.

Item **C2.** Select the diagram on pages 6 and 7 that best represents the building. Then enter the diagram number and use the diagram to identify and determine the appropriate elevations requested in Items C3.a-g. If you are unsure of the correct diagram, select the diagram that most closely resembles the building being certified, or provide a sketch or photograph of the building and enter all elevations in Items C3.a-g.

Item C3. Indicate whether the elevation reference mark (benchmark) used during the field survey is an elevation mark on the FIRM. If it is not, indicate the source and datum for the elevation. Vertical control benchmarks other than those shown on the FIRM are acceptable for elevation determinations. Show the conversion from the field survey datum used to the datum used for the BFE(s) entered in Item B9. All elevations for the certificate must be referenced to the datum on which the BFE is based. Show the datum conversion, if applicable, in this section or in the Comments area of Section D. For property experiencing ground subsidence, the most recently adjusted reference mark elevations must be used for determining building elevations. However, when subsidence is involved, the BFE should not be adjusted. Enter elevations in Items C3.a-g to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico).

Items C3.a-d. Enter the building elevations (excluding the attached garage) indicated by the selected building diagram (Them C2.) in Items C3.a-c. If there is an attached garage, enter the elevation for top of attached garage slab in Item C3.d. (Because elevation for top of attached garage slab is self-explanatory, attached garages are not illustrated in the diagrams.) If the building is located in a V zone on the FIRM, complete Item C3.c. If the flood zone cannot be determined, enter elevations for all of Items C3.a-g. For buildings in A zones, elevations a, b, d, and e should be measured at the top of the floor. For buildings in V zones, elevation c must be measured at the bottom of the lowest horizontal structural member of the floor (see drawing below). For buildings elevated on a crawl space, Diagram 8, enter the elevation of the top of the crawl space floor in Item C3.a, whether or not the crawl space has openings (flood vents). If any item does not apply to the building, enter "N/A" for not applicable.



Item C3.e. Enter the lowest elevation of machinery and/or equipment—furnaces, hot water heaters, heat pumps, air conditioners, and elevators and their associated equipment—in an attached garage or enclosure or on an open utility platform that provides utility services for the building. If the machinery andor equipment is mounted to a wall, pile, etc., enter the platform elevation of the machinery and/or equipment. Indicate machinery/equipment type in the Comments area of Section D or Section G, as appropriate. If this item does not apply to the building, enter "N/A" for not applicable.

Items C3.f-g. Adjacent grade is defined as the elevation of the ground, sidewalk, patio slab, or **deck** support immediately next to the building. If the certificate is to be used for a LOMA or LOMR-F, provide in the Comments area the lowest adjacent grade elevation measured at the deck support or stairs if that elevation is lower than the building's lowest adjacent grade. For

Zone **AO**, use the natural grade elevation, if available. This measurement must be to the nearest **tenth** of a foot (nearest tenth of a meter, in-Puerto-Rico) if this certificate is **being used** to support a request for a LOMA or LOMR-F.

Items C3.h-i. Enter the number of permanent openings (flood vents) in the walls supporting the building, including the attached garage, that are no higher than 1.0 foot above the adjacent grade. Determine the total area of all such openings in square inches (square cm, in Puerto Rico), and enter the total in Item C3.i. If the building has no permanent openings (flood vents) within 1.0 foot above adjacent grade, enter "0" (zero) for each of Items C3.h and C3.i. Enter in the Comments area whether the openings are on the foundation walls of the building and/or on the walls of the garage.

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

Complete **as** indicated. This section of the Elevation Certificate may be signed by **only** a land surveyor, engineer, or architect who is authorized by law to certify elevation information. Place embossed seal and signature in the box next to elevations in Section C. A flat stamp is acceptable only in states that do not authorize use of an embossed seal over the signature of a professional. You are certifying that the information in **Sections A**, B, and C on this certificate represents your best efforts to interpret the data available and that you understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Use the Comments **area** of Section D, **on** the back of the certificate, to provide **datum**, elevation, or other relevant information not specified on **the** front.

# SECTIONE - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO & ZONE A (WITHOUT BFE)

Complete Section E if the building is located in Zone AO or Zone A (without BFE). Otherwise, complete Section C instead.

- **Item E1.** Select the diagram on pages 6 and 7 that best represents the building; then enter the diagram number. If you are unsure of the correct diagram, select the diagram that most closely resembles the **building**, or provide a sketch or photograph. Explain in the Comments area if the measurement provided under Item E.2, E.3, or E.4 is based on the "natural grade."
- Item E2. Enter the height in feet and inches (meters and centimeters, in Puerto Rico) of the top of the bottom floor (as indicated in the applicable diagram) above or below the highest adjacent grade (HAG). For post-FIRM buildings in Zone AO, the community's floodplain management ordinance requires that this value equal or exceed the base flood depth on the FIRM. Buildings in Zone A (without BFE) may qualify for a lower insurance rate if an engineered BFE is developed at the site.
- Item E3. For Building Diagrams 6-8 with proper openings (see page 7), enter the height in feet and inches (meters and centimeters, in Puerto Rico) of the next higher floor or elevated floor (as indicated in the applicable diagram) above the highest adjacent grade (HAG). Be sure that you have completed Items C3.h and C3.i on the front of the form to show the number of permanent openings (flood vents) within 1 foot above adjacent grade and the total area of the openings.
- Item E4. Enter the height in feet and inches, in relation to the highest adjacent grade next to the building, of the platform that supports the machinery and/or equipment servicing the building. Indicate machinery/equipment type in the Comments area of Section E. If this item does not apply to the building, enter "N/A" for not applicable.
- **Item E5.** For those communities where this base flood depth is not available, the community will need to determine whether the top of the bottom floor is elevated in accordance with the community's floodplain management ordinance.

#### SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

Complete as indicated. This section **is** provided for certification of measurements taken by a property owner or property owner's representative when responding to Sections **A**, B, C (Items C3.h and C3.i only), and E. The address entered in this section must be the actual mailing address of the property owner or property owner's representative who provided the information on the certificate.

#### SECTION G - COMMUNITY INFORMATION (OPTIONAL,)

Complete as indicated. The community 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. If the authorized community official completes Sections C, E, or G, complete the appropriate item(s) and sign **this** section.

Check **Item G1.** if Section C is completed with elevation data from other documentation, including elevations obtained from the Community Rating System Elevation Software, that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. Indicate the source **of** the elevation data and the date obtained in the Comments area of Section G. If you are both a community official and a licensed land surveyor, engineer, or architect authorized by law to certify elevation information, and you performed the actual survey for a building in Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), **AR**, AR/A1-A30, AR/AE, AR/AH, or AR/AO, you must also complete Section D.

Check **Item G2.** if information is entered in Section E by the community for a building in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

Check **Item G3.** if the information in Items G4-G9 has been completed for community floodplain management purposes to document the as-built lowest floor elevation of the building. Section C **of** the Elevation Certificate records the elevation of various building components but does not determine the lowest floor of the building or whether the building, **as** constructed, complies with the community's floodplain management ordinance. This must be done by the community. Items G4-G9 provide a way to document these determinations.

**Item G4.** Permit Number. Enter the permit number or other identifier to key the Elevation Certificate to the permit issued for the building.

**Item G5.** Date Permit Issued. Enter the date the permit was issued for the building.

**Item G6.** Date Certificate **of** Compliance Issued. Enter the date that **the** Certificate **of** Compliance or Occupancy or similar written official documentation of as-built lowest floor elevation was issued by the community as evidence that all work authorized by the floodplain development permit has been completed in accordance with the **community**'s floodplain management laws or ordinances.

**Item G7.** New Construction or Substantial Improvement. Check the applicable box. "Substantial Improvement" means any reconstruction, rehabilitation, addition, or other improvement of a building, the cost of which equals or exceeds **50** percent of the market value of the building before the **start** of construction of the improvement. The term includes buildings that have incurred substantial damage, regardless of the actual repair work performed.

**Item G8.** As-built lowest floor elevation. Enter the elevation of the lowest floor (including basement) when the construction of the building is completed and a final inspection has been made to confirm that the building is built in accordance with the permit, the approved plans, and the community's floodplain management laws or ordinances. Indicate the elevation datum used.

**Item G9.** BFE. Using the appropriate FIRM panel, **FIS**, or other data source, locate the **property** and enter the BFE (or base flood depth) of the building site. Indicate the elevation **datum** used.

Enter your name, title, and telephone number, and the name of the community. Sign and enter the date in the appropriate blanks.

#### **BUILDING DIAGRAMS**

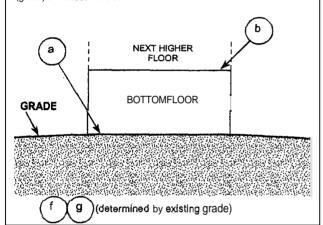
The following eight diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item C2. and the elevations in Items C3.a-C3.g.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).

#### **DIAGRAM 1**

All slab-on-grade single- and multiple-floor buildings (other than split-level) and high-rise buildings, either detached or row type (e.g., townhouses); with or without attached garage.

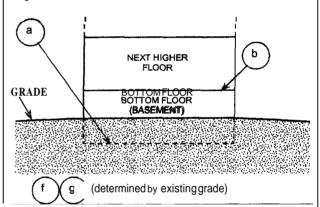
<code>DistinguishingFeature</code>  $\overline{\phantom{a}}$  The bottomfloor is at or above ground level (grade) on at least one side.  $^{\bullet}$ 



#### **DIAGRAM 2**

All single- and multiple-floor bulldings with basement (other than split-level) and high-rise bulldings with basement, either detached or row type (e.g., townhouses); with or without attached garage.

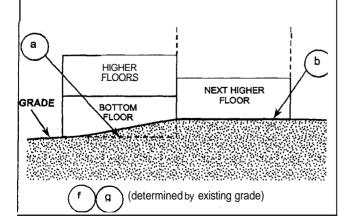
**Distinguishing** Feature – The bottomfloor (basement or underground garage) is below ground level (grade) on all sides. BuildIngsconstructed above crawl spaces that are below grade on all sides should also use this diagram.'



#### **DIAGRAM 3**

All split-level buildings that are slabongrade, either detached **cr** row type (**e.g.**, townhouses); with or without **attached garage**.

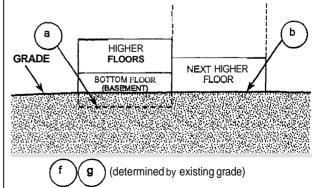
**Distinguishing** Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least one side.\*



#### **DIAGRAM 4**

All split—level bulldlngs (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottomfloor (basement or underground garage) is below ground level (grade) on all sides. Buildings constructed above crawl spaces that are below grade on all sides should also use this diagram.



<sup>\*</sup> A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

| City of Portland, Main                                        | e - Ruilding or Use          | Permit Annlicatio                  | Permit No:                              | Issue Date:   | CBL:                     |
|---------------------------------------------------------------|------------------------------|------------------------------------|-----------------------------------------|---------------|--------------------------|
| 389 Congress Street, 0410                                     | U                            |                                    |                                         |               | 444 A005001              |
| Location of Construction:                                     | Dwner Name:                  | ,,1411 (201) 011 01                | Owner Address:                          |               | Phone:                   |
| 46 Commercial St                                              | City Of Portla               | nd                                 | 389 Congress St                         |               | I none.                  |
| Business Name:                                                | Contractor Name              |                                    | Contractor Address                      |               | Phone                    |
|                                                               | Reed & Reed                  |                                    | Portland                                | •             | 1 10110                  |
| Lessee/Buyer's Name                                           | Phone:                       |                                    | Permit Type:                            |               | Zone                     |
|                                                               |                              |                                    |                                         |               | z dgui                   |
| Past Use:                                                     | Proposed Use:                |                                    | Permit Fee:                             | Cost of Work: | CEO District:            |
| Commercial Parking Lot                                        | Commercial C                 | Ocean Gateway Cruise               |                                         | \$15,249,276  | .00 1                    |
| <u></u>                                                       |                              | , incl pier expansion,             | FIRE DEPT:                              | Approved II   | NSPECTION:               |
|                                                               | bldg construct               | ion and site                       |                                         |               | Jse Group: Type:         |
|                                                               | development                  |                                    |                                         | Beined        |                          |
|                                                               |                              |                                    |                                         | <u>Į</u>      |                          |
| Proposed Project Description:                                 |                              |                                    | 1                                       |               |                          |
| Ocean Gateway Cruise Ship                                     |                              | sion, bldg                         | Signature:                              | CHICS S       | Signature:               |
| construction and site develop                                 | pment                        |                                    | PEDESTRIANACT                           | TVITIES DISTR | ICT (P.A.D.)             |
|                                                               |                              |                                    | Action: Appro                           | oved Appro    | ved w/Conditions Denied  |
|                                                               | (19.5)                       | ar 1671                            | \ \ \                                   |               |                          |
| D475-1 D                                                      | See Dimor                    | 1 05- (016)                        | Signature:                              |               | Date:                    |
| Permit Taken By: dmartin                                      | Date Applied For: 08/05/2005 |                                    | Zoning                                  | g Approval    |                          |
| umartin                                                       | 06/03/2003                   | Special Zone or Revi               | ews Zon                                 | ing Appeal    | Historic Preservation    |
|                                                               |                              | وير ا                              | oth Varian                              |               |                          |
|                                                               |                              | Shoreland Course                   | .0/1 -                                  | ce            | Not in District or Landm |
|                                                               |                              | Wetland  Panel  Ri Flood Zone A2 - | Miscell                                 | lanaous       | Does Not Require Review  |
|                                                               |                              | Dane                               | 2 <sub>1</sub> 4  = wiscen              | ianeous       | Does Not Require Review  |
|                                                               |                              | NO Flood Zone 1.7 =                | el ( Conditi                            | ional Use     | Requires Review          |
|                                                               |                              | 17 -                               | 20 C                                    |               | requires review          |
|                                                               |                              | Subdivision                        | Interpre                                | etation       | Approved                 |
|                                                               |                              |                                    |                                         |               |                          |
|                                                               |                              | Site Plan                          | Approv                                  | red           | Approved w/Conditions    |
|                                                               |                              | 1203-023                           |                                         |               | , _                      |
|                                                               |                              | Maj Minor MM                       | Denied                                  |               | Denied /                 |
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|                                                               |                              |                                    |                                         |               |                          |
|                                                               |                              | CERTIFICATI                        |                                         |               |                          |
| I hereby certify that I am the                                |                              |                                    |                                         |               |                          |
| I have been authorized by the jurisdiction. In addition, if a |                              |                                    |                                         |               |                          |
| shall have the authority <b>to</b> ent                        |                              |                                    |                                         |               |                          |
| such permit.                                                  |                              | r                                  | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | r-0.1510      |                          |
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| SIGNATURE OF APPLICANT                                        |                              | ADDRES                             | 3                                       | DATE          | PHONE                    |
|                                                               |                              |                                    |                                         |               |                          |
| RESPONSIBLE PERSON IN CHA                                     | RGE <b>OF</b> WORK, TITLE    |                                    |                                         | DATE          | PHONE                    |