

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077  
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>ARBORCARE &amp; LANDSCAPING / Kevin Bosworth</u>	For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>789 R. Warren Avenue</u>	Company NAIC Number
CITY: <u>Portland</u>	STATE: <u>MAINE</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>318 - A - 007</u>	ZIP CODE <u>04103</u>

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)  
None Residential

LATITUDE/LONGITUDE (OPTIONAL)  
(##° - ##' - ##"## or ##.####°)

HORIZONTAL DATUM:  NAD 1927  NAD 1983

SOURCE:  GPS (Type):  USGS Quad Map  Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Portland Maine - 230051</u>	B2. COUNTY NAME <u>Cumberland</u>	B3. STATE <u>MAINE</u>	(ME)
B4. MAP AND PANEL NUMBER <u>0006</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>Dec. 8, 1998</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>Dec. 8, 1998</u>
B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>35</u>		

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9:  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  No  
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number \_\_\_\_\_ (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, AR/A, AR/AE, 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.

Conversion/Comments	Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input type="checkbox"/> No
Elevation reference mark used _____	
□ a) Top of bottom floor (including basement or enclosure)	_____ 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 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 (floor vents) within 1 ft. above adjacent grade	_____ sq. in. (sq. cm)
□ i) Total area of all permanent openings (floor vents) in C3.h	

Signature, and Date  
License Number, Embossed Seal

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, B, 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.

CERTIFIER'S NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

TITLE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_