DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

O.M.B. No. 1660-0015 Expires August 31, 2007 **ELEVATION FORM**

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.25 hours per resposne. 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 vaild 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, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0015). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. Please do not send your completed survey to the above address.

This form must be completed for request and must be completed and signed by a registered professional engineer or licensed land surveyor. A DHS-FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in lieu of this form for single structure

For request to remove a structure on natural grade OR on engineered fill from Special Flood Hazard Area (SFHA), submit the lowest adjecent grade (the lowest ground touching the structure), including an attached deck or garage. For request to remove an entire parcel of land from the SFHA, provide the lowest lot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description. In order to process your request, all information on this form must be completed in its entirety. Incomplete submissions may result in processing delays.

1. NFIP Comr	munity Number:			Property N	lame or Addres	s:		
2. Are the ele	vations listed be	elow based on (ch	eck one)	existing	ı or	proposed conditions?		
3. What is the	e elevation datu	m? NGVD 2	29 NAVD 8	38 Other (e	xplain)	If any of the elevation	ons listed below were co	mputed using
a datum diffe	rent than the da	tum used for the e	effective Flood	Insurance Rate	Map (FIRM) (e.	g., NGVD 29 or NAVD 88), w	hat was the conversion	factor?
			L	ocal Elevation	+/- ft. = FIRM	Datum		
4. Please pro	vide the Latitude	e and Longitude o	<u>·</u>	ream edge of th NAD83	e structure (in o	• ,	Lat	Long.
Please provid	le the Latitude a	and Longitude of th Indica	ne most upstreate Datum:		oroperty (in dec NAD27	• ,	Lat	Long.
5. For existing	g or proposed st	tructures listed bel	ow, what are th	ne types of cons	truction? (chec	k all that apply)		
crav	vl space s	slab on grade	basemen	t/enclosure	Other (expla	ain)		
		· ·		_		, <u> </u>		
5. Has DHS -	FEMA identified	d this area as subj	ect to land sub	sidence or uplift	:? (See instructi	ons)		
If yes, what is	the date of the	current releveling	? /	(mont	th/year)			
I of Nilmher		Base Flood Elevation	B FE Source	For F	EMA Use Only			
information. A	All documents s	submitted in supp	ort of this req	uest are correc	ct to the best			
Certifier's Name:				License Nu	mber:	Expiration Date:		
punishable by fine or imprisonment under Ttile 18 of the United States Code, Certifier's Name: Company Name:				Telephone	Number:	Fax Number:		
Signature:					Date			
							_	
							Seal (option	onal)

Lot Number	Block Number	Lowest Lot	Lowest				
		Elevation	Adjacent Grade To Structure	Base Flood Elevation	BFE Source	Fo	or FEMA Use Only
This cetification information. All of fine or imprisonr Certifier's Name		ed and sealed b bmitted in suppor Title 18 of the Unit	y a licensed la t of this reques ed States Code	nd surveyor, rec t are correct to the e, Section 1001.	listered professional in the best of knowledge. License Number:	engineer, or architect and that any t	authorized by law to certify elevation false statement may be punishable by Expiration Date:
Company Name	e:				Telephone Number:		Fax Number:
Signature:					Date		
							Seal (optional)

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