



City of Arkadelphia
Building Department
700 Clay Street, Suite 121
Arkadelphia, Arkansas 71923
Phone 870-246-1818 ♦ Fax 870-245-3553

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with this community's participation in the National Flood Insurance Program's Community Rating System, all FEMA Elevation Certificates must be correct and complete. The attached Certificate has some incorrect items which are noted here.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1520 Pine Street		Company NAIC Number
City Arkadelphia State AR ZIP Code 71923		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		
A5. Latitude/Longitude: Lat. _____ Long. _____	Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 1A		
A8. For a building with a crawl space or enclosure(s), provide	A9. For a building with an attached garage, provide:	
a) Square footage of crawl space or enclosure(s) _____ sq ft	a) Square footage of attached garage _____ sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____	
c) Total net area of flood openings in A8.b _____ sq in	c) Total net area of flood openings in A9.b _____ sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date 2/2/2012	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____
- B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.
- C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7.
 Benchmark Utilized _____ Vertical Datum _____
 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____

COMMENTS:

Date of Review: 3-3-17 Community Official: *Anita Widy*

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1650-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1 Building Owner's Name: Associate of Mainstream Development	Policy Number:	
A2 Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1520 Pine Street (Aarona)	Company NAIC Number:	
City: Arkadelphia State: AR ZIP Code: 71923		
A3 Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Part of the Lot 8, Hans Addition to the City of Arkadelphia, Clark County Arkansas		
A4 Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Commercial		
A5 Latitude/Longitude: Lat. <u>N34deg07'</u> Long. <u>W93deg04'</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6 Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7 Building Diagram Number: _____		
A8 For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq ft	A9 For a building with an attached garage:	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: <u>N/A</u>	a) Square footage of attached garage: <u>N/A</u> sq ft	
c) Total net area of flood openings in A8.b: <u>N/A</u> sq ft	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: <u>N/A</u>	
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c) Total net area of flood openings in A9.b: <u>N/A</u> sq ft	
	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Arkadelphia/050029	B2. County Name Clark	B3. State Arkansas			
B4. Map/Panel Number 05019C0327	B5. Suffix E	B6. FIRM Index Date February 2, 2012	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 248.95
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction. *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C1 a-f below according to the building diagram specified in item A7. In Puerto Rico only, enter meters. Benchmark Utilized, Local/Opus Point Vertical Datum: <u>281.81</u> Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement), crawlspace, or enclosure floor: <u>250.23</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor: <u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only): <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab): <u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments): <u>250.1</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG): <u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG): <u>250.09</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support: <u>249.98</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	
<input type="checkbox"/> Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check here if attachments.	
Certifier's Name: Bruce E. Ham	License Number: 1725
Title: Land Surveyor	Company Name: Ham Engineering & Surveying
Address: 99 Brister Store Road	City: Jayess State: MS ZIP Code: 39641
Signature: <u>Bruce E. Ham</u> Date: 10-13-14	Telephone: (801) 249-3978



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1520 Pine Street (Aarons)	Policy Number:
City Arkadelphia State AR ZIP Code 71923	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments A temporary benchmark was established using GPS to set on a local point for two hours and processed by opus website. TBM - 251.02. This Elevation Certificate was prepared to aid in the design of new development. The equipment that is listed in C2 e is an air conditioner unit at the rear of the building.

Bruce E. Hamm
Signature

7-27-15
Date

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local 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. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

Check here if attachments.

Building Photographs

See Instructions for Item A6.

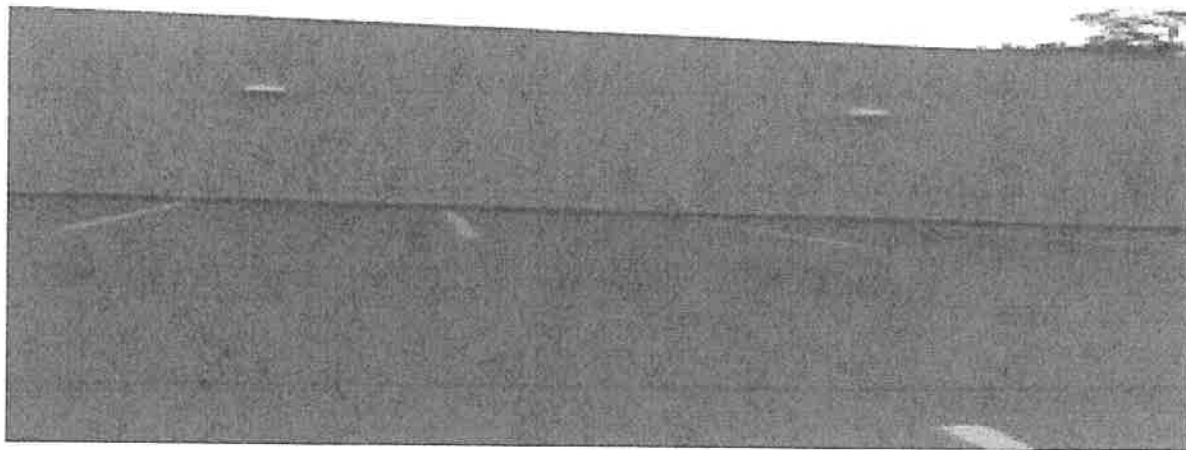
IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1520 Pine Street (Aarons)	FOR INSURANCE COMPANY USE
City Arkadelphia State AR ZIP Code 71923	Policy Number:
	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Front View



Right View

Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1520 Pine Street (Aarons)

Policy Number:

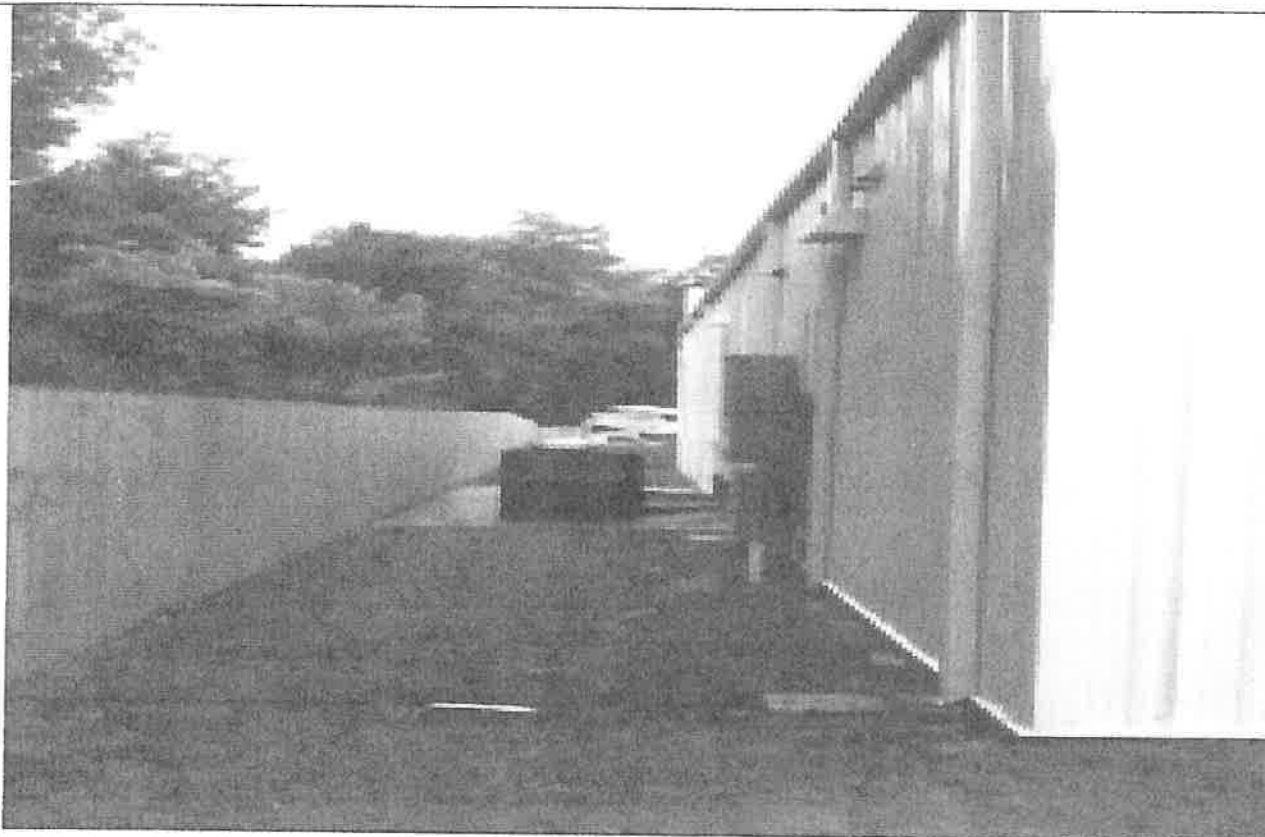
City Arkadelphia

State AR

ZIP Code 71923

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Rear View