



Bryant Development and Review Committee Meeting

Boswell Municipal Complex - City Hall Conference Room

210 SW 3rd Street

Date: November 02, 2023 - **Time:** 9:00 AM

Call to Order

Old Business

New Business

1. Gracepoint Church - 5094 Hwy 5 - New Parking Lot

Gracepoint Church - Requesting Approval for New Parking Lot

- [0805-PLN-01.pdf](#)

2. Marketplace II Subdivision - Lot 20 - Site Plan

GarNat Engineering - Requesting Recommendation for Approval of Site Plan

- [0799-PLN-02.pdf](#)
- [0799-ELV-01.pdf](#)
- [0799-LND-01.pdf](#)

3. Marketplace II Subdivision - Lot 21 - Site Plan

GarNat Engineering - Requesting Recommendation for Approval of Site Plan

- [0800-PLN-02.pdf](#)
- [0800-LND-01.pdf](#)

4. Creekside Addition Ph. 2 - Final Plat

GarNat Engineering - Requesting Recommendation for Final Plat Approval

- [0796-PLT-02.pdf](#)

5. Jacob's Corner Subdivision - Final Plat

Hope Consulting - Requesting Recommendation for Approval of Final Plat

- [0688-ELVCERT-01.pdf](#)
- [0688-ASB-04.pdf](#)
- [0688-PLT-04.pdf](#)
- [0688-BND-02.pdf](#)

6. Arkansas Storage Center - 25300 I-30 - Site Plan

Hope Consulting - Requesting Recommendation for Site Plan Approval

- [0768-DRN-02.pdf](#)
- [0768-PLN-02.pdf](#)

7. Roman Heights Subdivision - PH 2 - Multi-Use Trail

Bull Development - Requesting Discussion on Multi-Use Trail

Staff Approved

8. Arkansas Pediatric Clinic - 23157 I-30 - Sign Permit

Siez Sign Company - Requesting Sign Permit Approval - STAFF APPROVED

- [0795-PLN-01.jpg](#)

9. Tobacco & Vape - 5311 Hwy 5, Ste 340 - Sign Permit

Provence Signs - Requesting Sign Permit Approval - STAFF APPROVED

- [0803-PLN-02.pdf](#)
- [0803-PLN-01.pdf](#)

10. Ample Storage - 5210 Hwy 5 - Sign Permit

Arkansas Sign and Neon - Requesting Sign Permit Approval - STAFF APPROVED

- [0802-PLN-01.jpg](#)

11. Shelter Insurance - Matt Steele - 21941 I-30, Ste 8 - Sign Permit

Action Signs - Requesting Sign Permit Approval - STAFF APPROVED

- [0804-PLN-01.jpg](#)

Adjournments

12:40



3D

FINN CIR

New Pavement
~11,000 SF

5094

77°
AQI 50

5094 AR-5

Address · [Bryant, Arkansas](#)



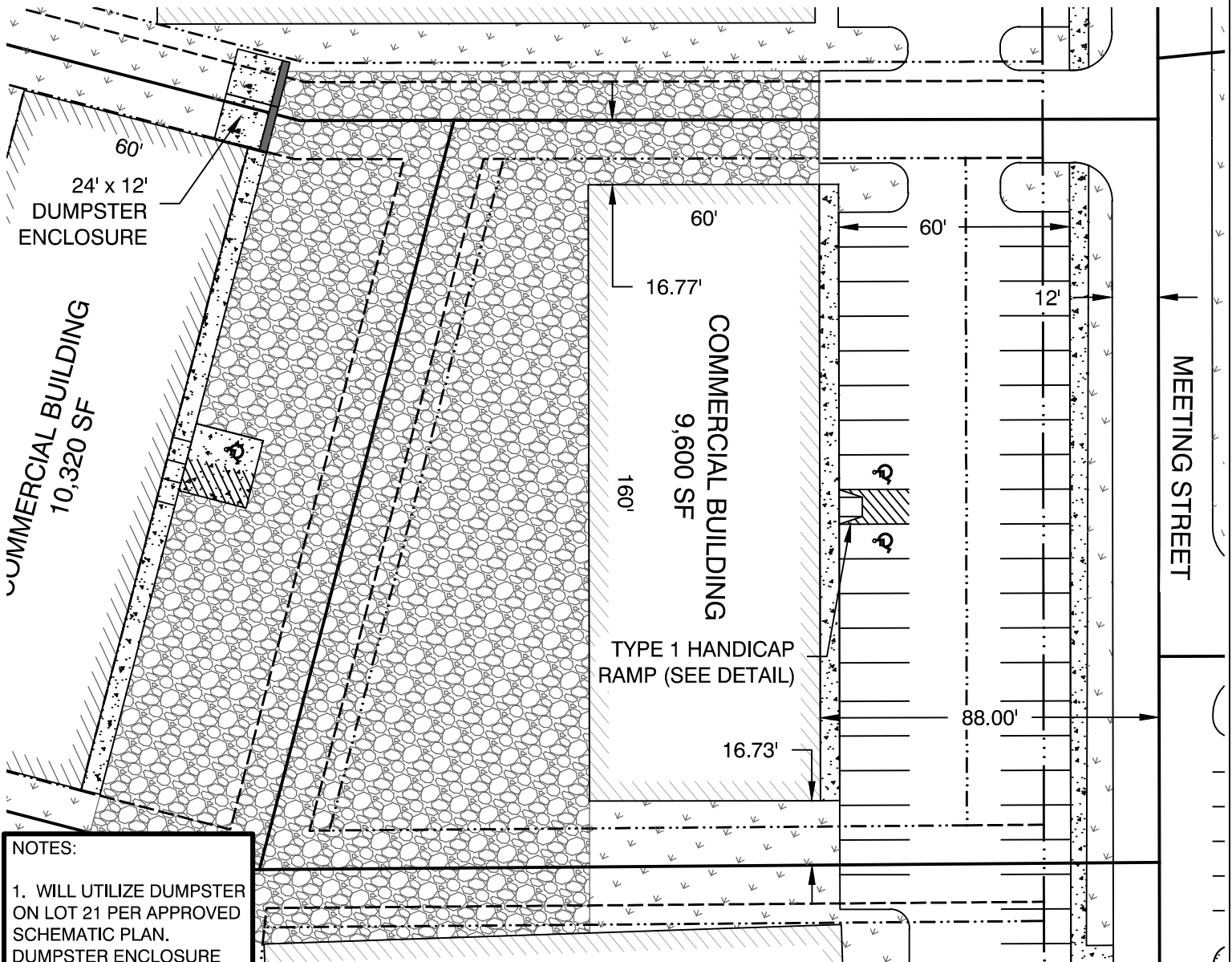
P.O. Box 116 3825 Mt Carmel Rd
 Benton, AR 72018 Bryant, AR 72022
 Ph (501) 408-4650 garnatengineering@gmail.com

FOR EXCLUSIVE USE & BENEFIT OF:

Name: BART FERGUSON

LEGEND

- △ - Computed point
- - Found monument
- - Set #4 RB/Plas. Cap
- (M)-Measured
- (R)-Record
- (P)-Platted



NOTES:
 1. WILL UTILIZE DUMPSTER ON LOT 21 PER APPROVED SCHEMATIC PLAN. DUMPSTER ENCLOSURE WILL COMPLY W/ CITY OF BRYANT STANDARDS.

PROPERTY DESCRIPTION:

LOT 20



JOB NUMBER:

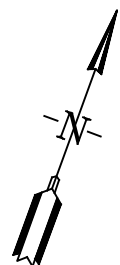
**18087
 MARKET PLACE II
 PHASE 3**

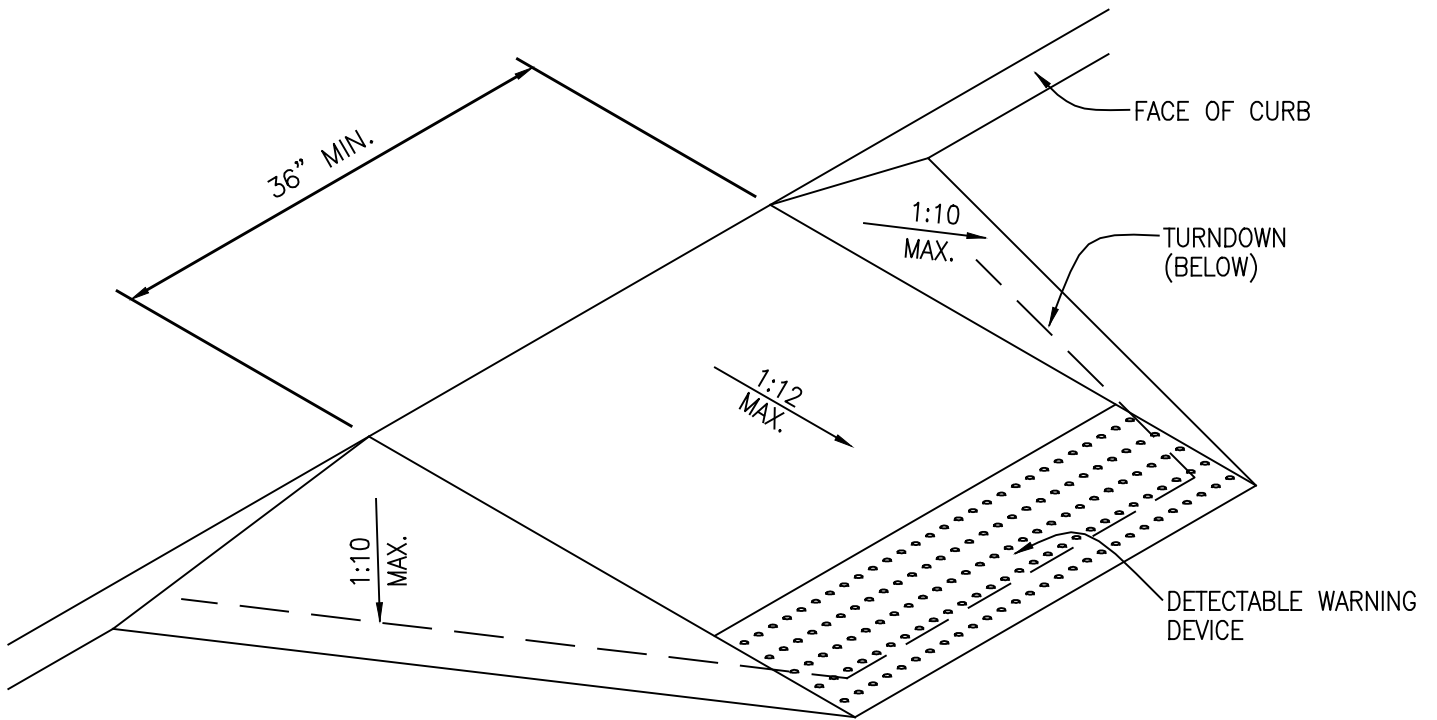
10/04/23

PLOT PLAN

This Plot Plan depicts the lot as it appears on the subdivision final plat. This drawing does not represent an actual survey.

According to the the Federal Emergency Management Agency (FEMA) Flood Insurance Rate Map (FIRM) for Saline County unincorporated areas, panel # 05125C0240E dated JUNE 05, 2020, no portion, dated of the property described hereon does lie within the 100 year flood hazard boundary.



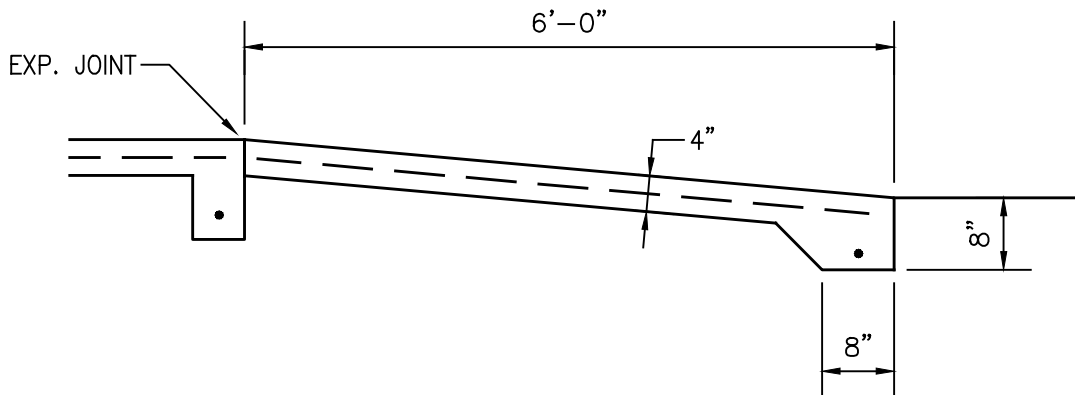


NOTE: THE LEAST POSSIBLE SLOPE SHALL BE USED FOR ANY RAMP. THE MAXIMUM SLOPE SHALL BE 1:12. THE MAXIMUM RISE FOR ANY RUN SHALL BE 30"

TYPE 1 HANDICAP RAMP DETAIL

5

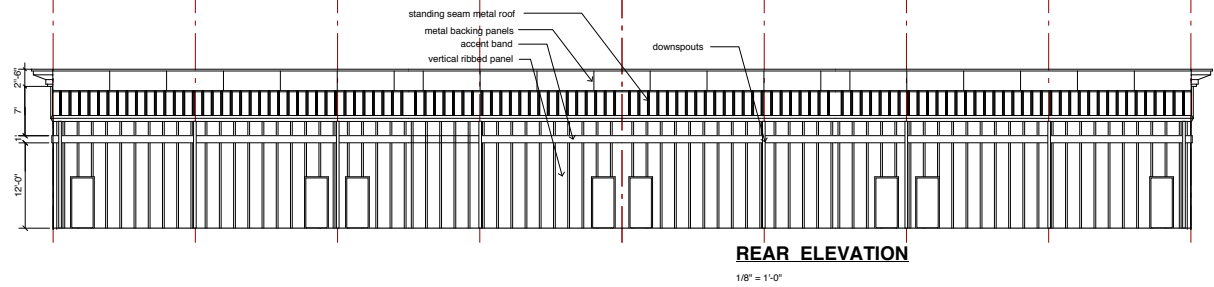
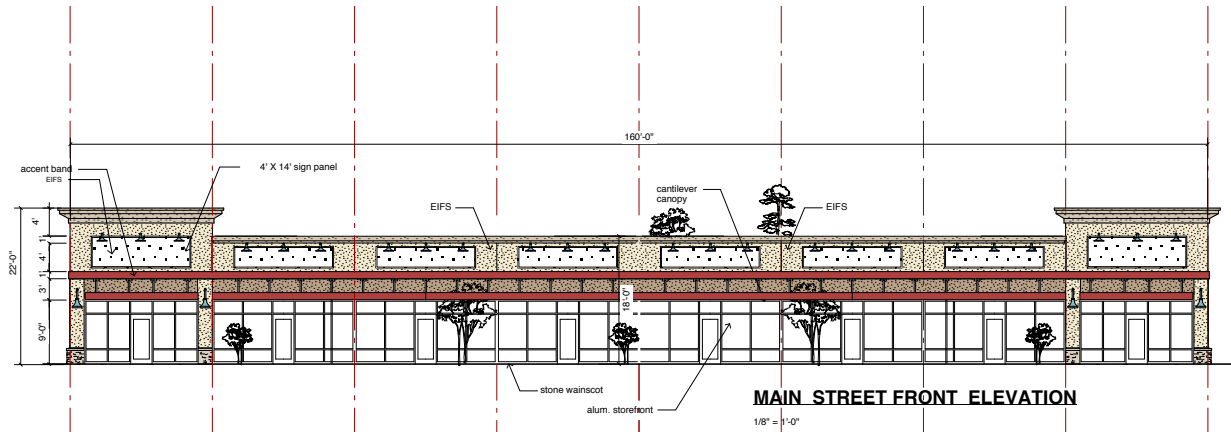
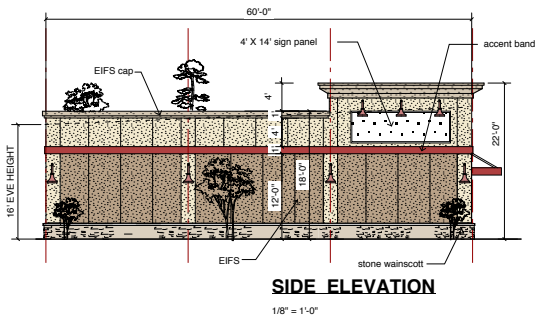
NOT TO SCALE



TYPE 1 HANDICAP RAMP SECTION

7

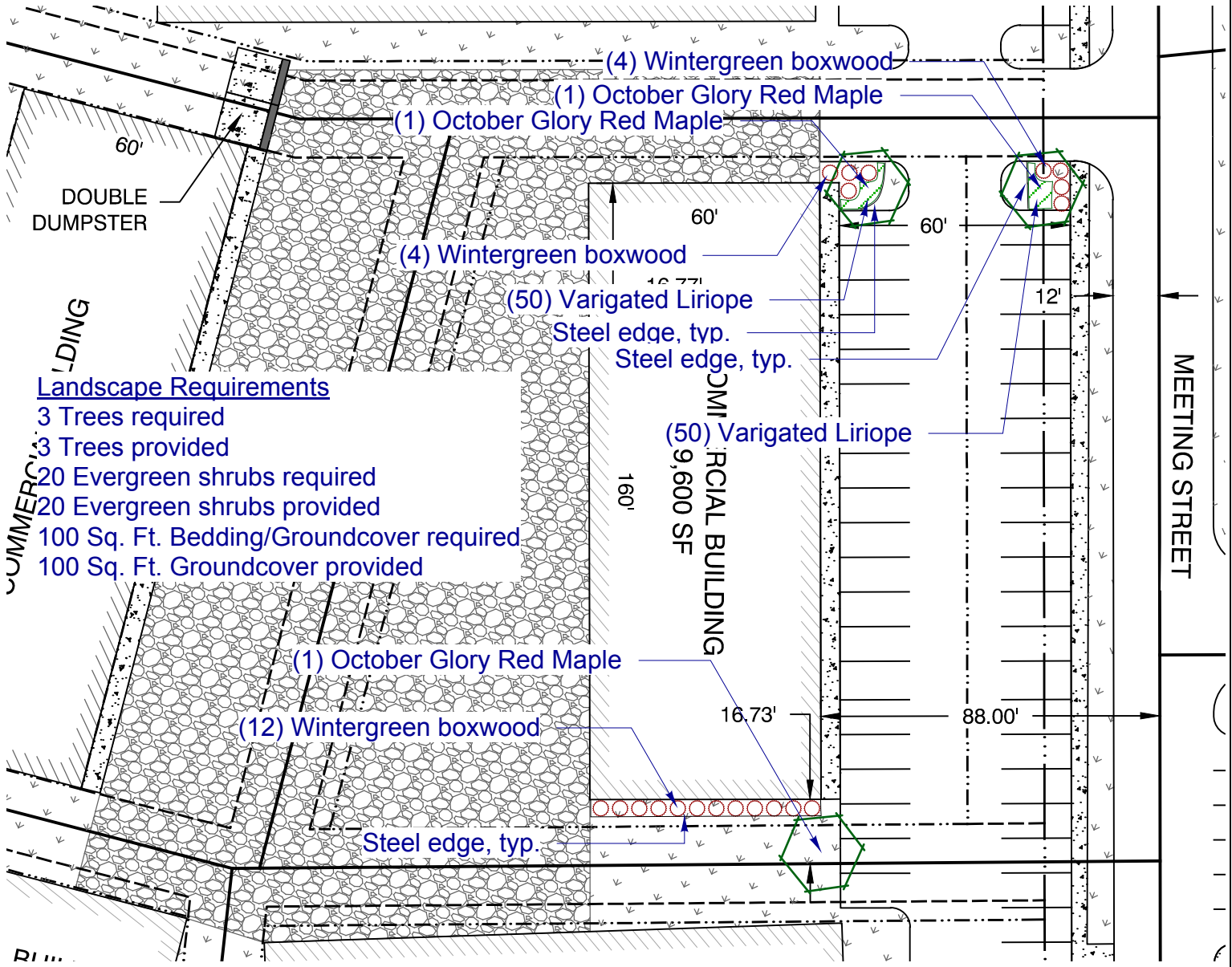
NOT TO SCALE



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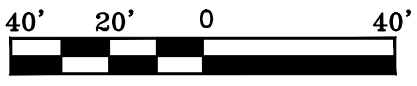
LEGEND	
△	- Computed point
●	- Found monument
⊙	- Set #4 RB/Plas. Cap
(M)	-Measured
(R)	-Record
(P)	-Platted

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PROPERTY DESCRIPTION:

LOT 20



JOB NUMBER:

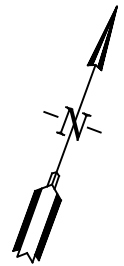
**18087
 MARKET PLACE II
 PHASE 3**

10/04/23

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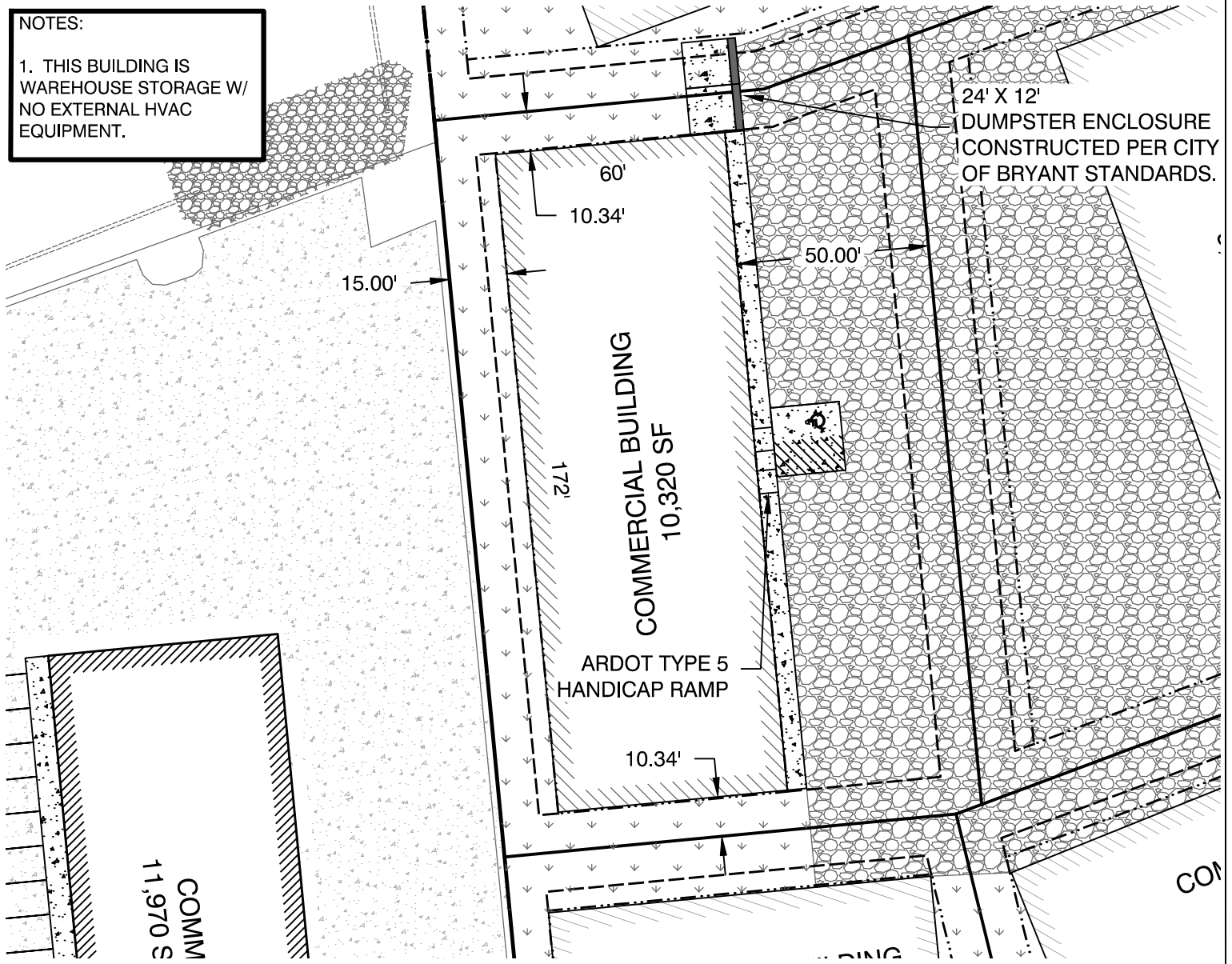
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LEGEND

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- (P)-Platted

NOTES:
 1. THIS BUILDING IS WAREHOUSE STORAGE W/ NO EXTERNAL HVAC EQUIPMENT.



PROPERTY DESCRIPTION:

LOT 21



JOB NUMBER:

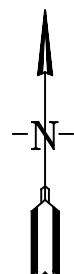
**18087
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 PHASE 3**

10/03/23

PLOT PLAN

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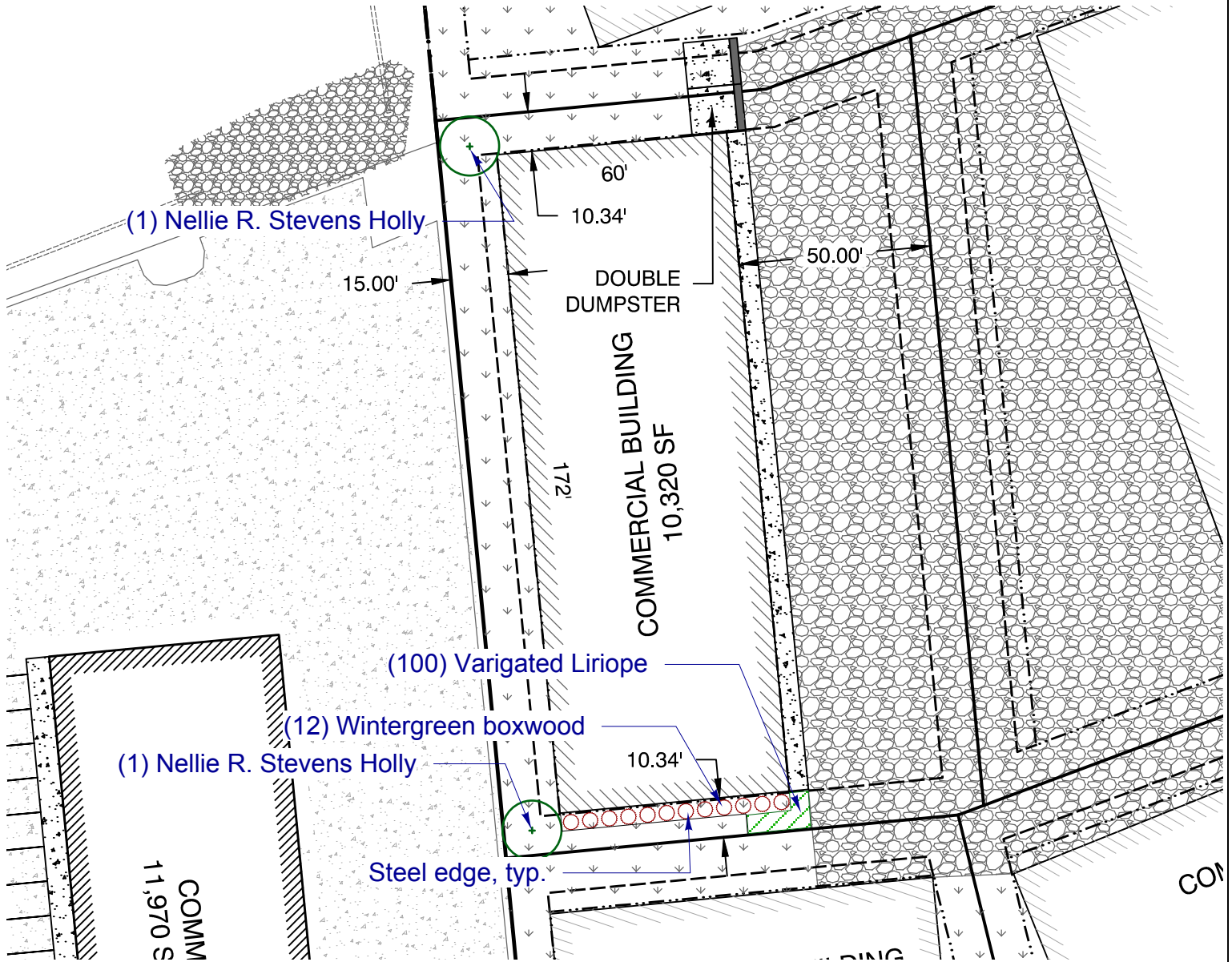
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PROPERTY DESCRIPTION:

LOT 21



Landscape Requirements

- 2 Trees required
- 2 Trees provided
- 12 Evergreen shrubs required
- 12 Evergreen shrubs provided
- 100 Sq. Ft. Bedding/Groundcover required
- 100 Sq. Ft. Groundcover provided

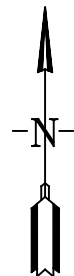
**MARKET PLACE II
 PHASE 3**

10/03/23

PLOT PLAN

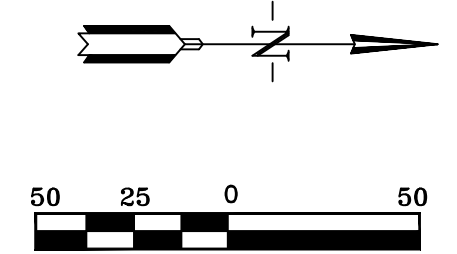
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SUBDIVISION DESCRIPTION:
PART OF THE EAST HALF OF THE NORTHWEST QUARTER (E1/2 NW1/4), ALL IN SECTION 12, TOWNSHIP 1 SOUTH, RANGE 14 WEST, SALINE COUNTY, ARKANSAS, DESCRIBED AS FOLLOWS:

COMMENCING AT A FOUND 1/2" REBAR WITH CAP #1573 AT THE NORTHWEST CORNER OF LOT 77 OF THE CREEKSIDE ADDITION, PHASE 1 TO THE CITY OF BRYANT, SALINE COUNTY, ARKANSAS AND RUN THENCE NORTH 1°46'27" EAST ALONG THE EAST RIGHT OF WAY OF CREEKWATER DRIVE A DISTANCE OF 115.23 FEET TO A FOUND 1/2" REBAR WITH CAP #1573 FOR THE POINT OF BEGINNING; THENCE NORTH 89°50'54" WEST ALONG THE NORTH LINE OF SAID CREEKSIDE ADDITION, PHASE 1, A DISTANCE OF 342.85 FEET TO A FOUND 1" PIPE ON THE WEST LINE OF SAID E1/2 NW1/4; THENCE NORTH 1°54'35" EAST ALONG THE WEST LINE OF SAID E1/2 NW1/4 A DISTANCE OF 825.87 FEET TO A 1" HEX ROD; THENCE NORTH 1°39'05" EAST CONTINUING ALONG SAID WEST LINE A DISTANCE OF 487.60 FEET TO A SET 1/2" REBAR WITH CAP #1573; THENCE SOUTH 87°55'11" EAST A DISTANCE OF 195.73 FEET TO A SET 1/2" REBAR WITH CAP #1573 ON THE EAST RIGHT OF WAY OF CREEKWATER DRIVE; THENCE SOUTH 2°04'49" WEST, ALONG SAID EAST RIGHT OF WAY, 75.00 FEET TO A SET 1/2" REBAR WITH CAP #1573; THENCE SOUTH 87°55'11" EAST, LEAVING SAID EAST RIGHT OF WAY, A DISTANCE OF 164.75 FEET TO A SET 1/2" REBAR WITH CAP #1573; THENCE SOUTH 2°04'49" WEST A DISTANCE OF 75.00 FEET TO A SET 1/2" REBAR WITH CAP #1573; THENCE SOUTH 87°55'11" EAST A DISTANCE OF 75.00 FEET TO A SET 1/2" REBAR WITH CAP #1573; THENCE SOUTH 2°04'49" WEST A DISTANCE OF 37.63 FEET TO A POINT; THENCE SOUTH 38°51'03" WEST 22.04 FEET TO A POINT; THENCE SOUTH 22°07'30" WEST 100.82 FEET TO A POINT; THENCE SOUTH 67°12'28" WEST 37.28 FEET TO A POINT; THENCE SOUTH 21°27'38" EAST 84.29 FEET TO A POINT; THENCE SOUTH 0°01'17" WEST 28.95 FEET TO A POINT; THENCE SOUTH 34°41'56" WEST 114.30 FEET TO A POINT; THENCE SOUTH 2°01'49" WEST FOR 761.91 FEET TO A POINT; THENCE NORTH 89°52'05" WEST 10.01 FEET TO THE POINT OF BEGINNING, CONTAINING 10.78 ACRES MORE OR LESS.



SURVEY PLAT CODE:
500-01S-14W-0-12-400-62-1573

- SURVEY LEGEND**
- ▲ - Computed point
 - - Found monument
 - - Set #4 RB/Plas. Cap
 - (M) - Measured
 - (R) - Record
 - (P) - Platted

PROPERTY SPECIFICATIONS:

ZONING CLASSIFICATION: R-1
MIN. LOT SIZE: 9883 S.F.
MAX. LOT SIZE: 24976 S.F.
NUMBER OF LOTS: 30
SOURCE OF WATER: SALEM WATER USERS ASSOCIATION PWA
SOURCE OF SEWER: CITY OF BRYANT

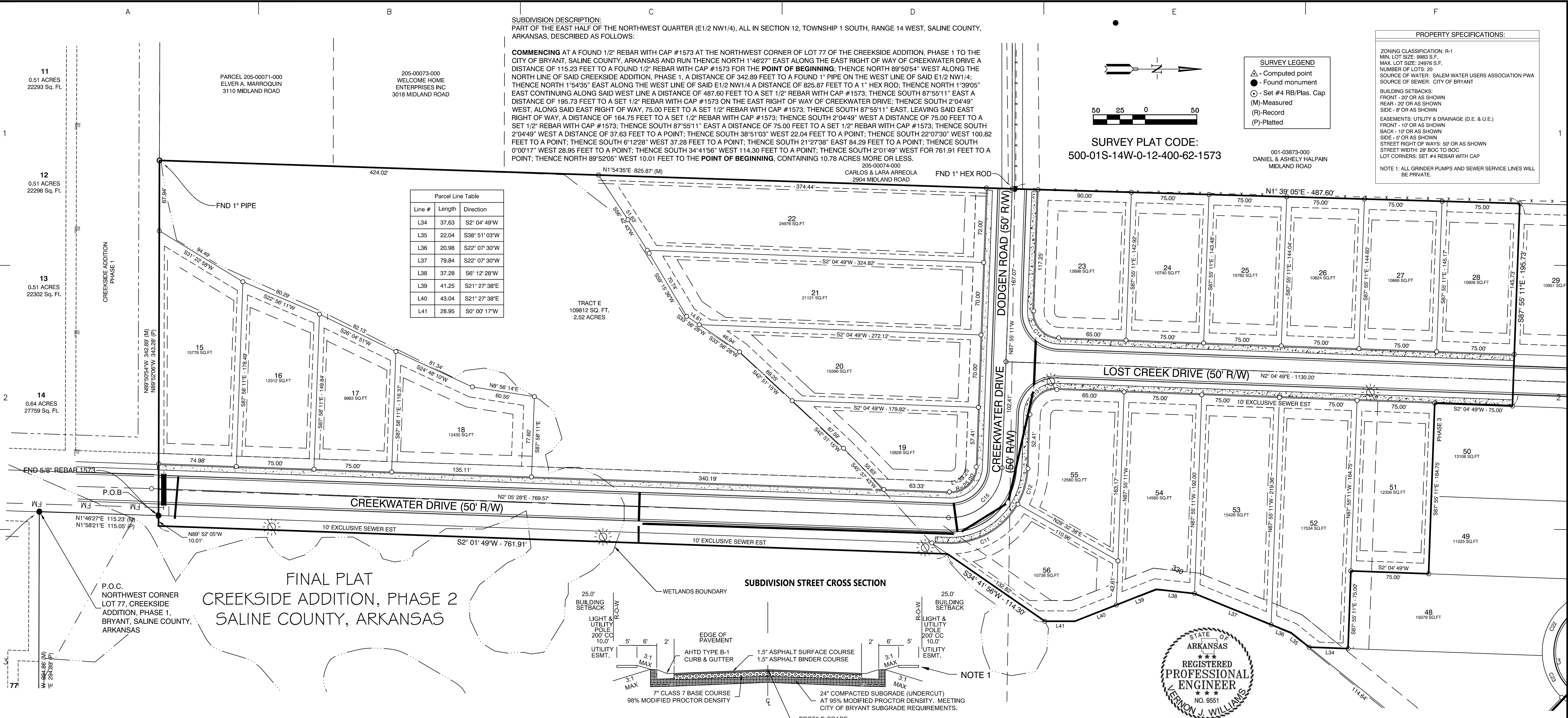
BUILDING SETBACKS:
FRONT - 20' OR AS SHOWN
REAR - 20' OR AS SHOWN
SIDE - 8' OR AS SHOWN

EASEMENTS: UTILITY & DRAINAGE (D.E. & U.E.)
FRONT - 10' OR AS SHOWN
BACK - 10' OR AS SHOWN
SIDE - 5' OR AS SHOWN
STREET RIGHT OF WAYS: 50' OR AS SHOWN
STREET WIDTH: 20' TO 50' TO BOC
LOT CORNERS: SET #4 REBAR WITH CAP

NOTE 1: ALL GRINDER PUMPS AND SEWER SERVICE LINES WILL BE PRIVATE.

Parcel Line Table

Line #	Length	Direction
L34	37.63	S2° 04' 49" W
L35	22.04	S38° 51' 03" W
L36	20.98	S22° 07' 30" W
L37	79.84	S22° 07' 30" W
L38	37.28	S6° 12' 28" W
L39	41.25	S21° 27' 38" E
L40	43.04	S21° 27' 38" E
L41	28.95	S0° 00' 17" W



**FINAL PLAT
CREEKSIDE ADDITION, PHASE 2
SALINE COUNTY, ARKANSAS**

OWNER:
Name: Diamond Development II
Address: 1599 Lawson Oaks Drive, Little Rock, AR 72210

DEVELOPER:
Name: Diamond Development II
Address: 1599 Lawson Oaks Drive, Little Rock, AR 72210

CERTIFICATE OF OWNER:
We, the undersigned, owners of the real estate shown and described herein do hereby certify that we have laid off, platted and subdivided, and do hereby lay off, plat and subdivide said real estate in accordance with the within plat.

Date: _____ Signed: _____
Jim Hastings
1599 Lawson Oaks Drive, Little Rock, AR 72210

Date: _____ Signed: _____
Michael A. Lake
1599 Lawson Oaks Drive, Little Rock, AR 72210

Source of Title: SALINE COUNTY, ARKANSAS
Saline County Document# 2014-25641 & 2004-112595

CERTIFICATE OF ENGINEERING ACCURACY:
I, Vernon J. Williams, hereby certify that this plat correctly represents a survey and a plan made by me or under my supervision; that all monuments shown hereon actually exist and their locations, size, type, and material are correctly shown; and that all requirements of the City of Bryant Subdivision Rules and Regulations have been fully complied with.

Date: _____ Signed: _____
Vernon J. Williams
Registered Professional Engineer
No. 9551, Arkansas

CERTIFICATE OF RECORDING:

CERTIFICATE OF SURVEYING ACCURACY:
I, George P. Wooden, hereby certify that this plat correctly represents a boundary survey made by me or under my supervision; that the boundary lines shown hereon correspond with the description in the deeds cited in the above Source of Title; and that all monuments which were found or placed on the property are correctly described and located.

Date: _____ Signed: _____
George P. Wooden
Registered Land Surveyor
No. 1573, Arkansas

CERTIFICATE OF FINAL PLAT APPROVAL:
Pursuant to the City of Bryant Subdivision Rules and Regulations, this document was given approval by the Bryant Planning Commission. All of the document is hereby accepted, and this certificate executed under the authority of said rules and regulations.

Date: _____ Signed: _____
Rick Johnson, Chairman
Bryant Planning Commission

Curve Table

Curve #	Length	Radius	Chord Direction	Chord Length
C11	81.79	75.00	N29° 12' 46" W	77.80
C12	35.95	75.00	N74° 11' 18" W	35.61
C13	39.27	25.00	N42° 55' 11" W	35.36
C14	39.27	25.00	S47° 04' 49" W	35.36
C16	12.25	25.00	S11° 57' 22" E	12.13
C17	48.18	60.00	S2° 59' 15" E	46.90
C18	48.61	60.00	S43° 13' 31" W	47.29
C19	61.35	60.00	N84° 16' 23" W	58.71
C20	123.28	60.00	N3° 52' 51" E	102.71
C21	23.55	25.00	S60° 56' 08" E	22.69
C22	62.02	60.00	S83° 33' 50" E	347.10
C23	45.59	60.00	N65° 03' 27" E	344.88
C24	47.08	60.00	N20° 48' 40" E	45.88
C25	46.87	60.00	N24° 02' 55" W	45.69
C26	48.89	60.00	N69° 46' 22" W	47.55
C27	51.07	60.00	S62° 29' 51" W	49.54
C28	23.55	25.00	S65° 05' 46" W	22.69
C15	78.50	50.00	N42° 56' 41" W	70.68

- NOTES:**
- NO SIDEWALK ON EAST SIDE OF ROAD PRIOR TO LOT 56 PER VARIANCE APPROVAL BY THE CITY OF BRYANT.

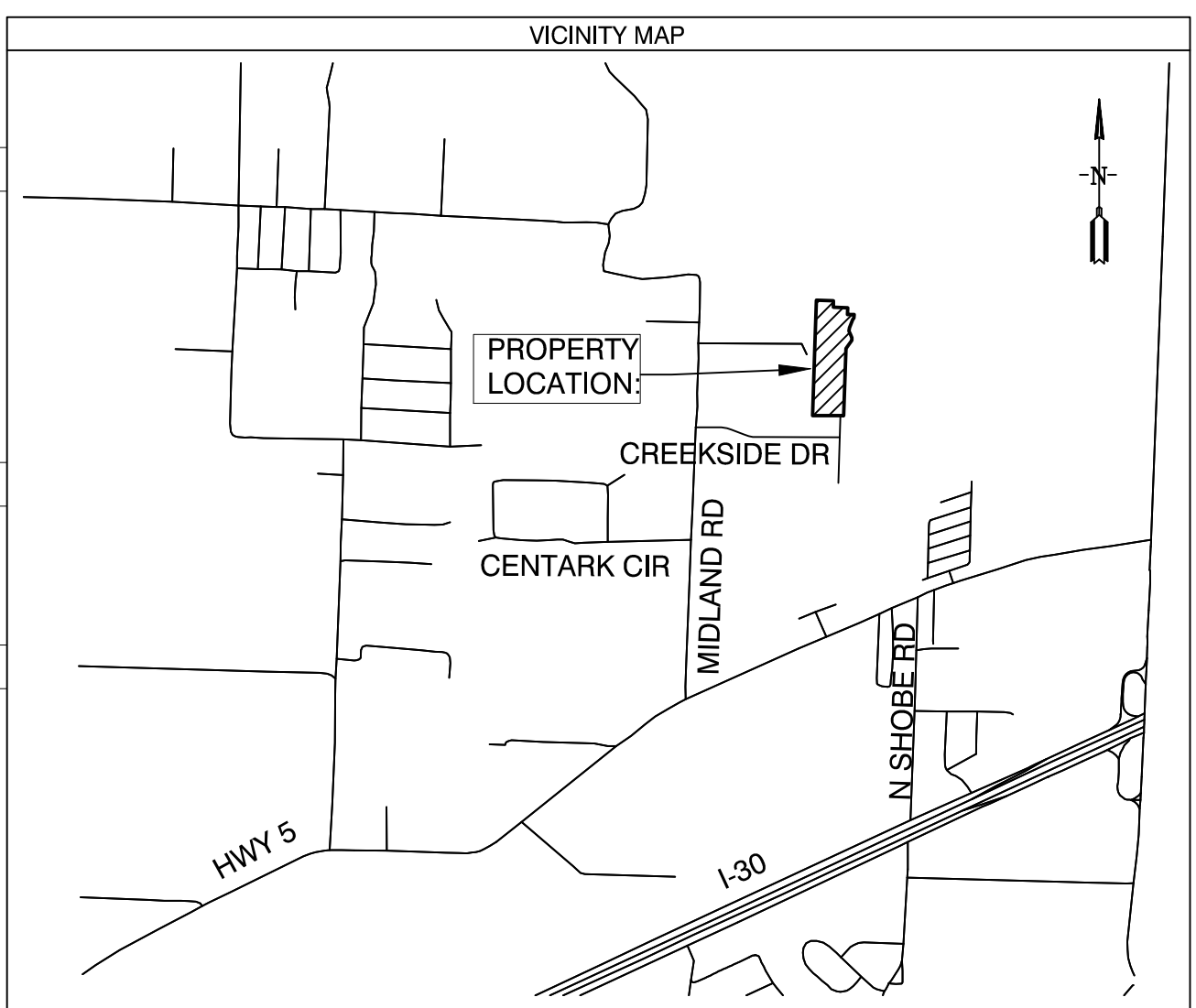
- DOCUMENTS USED:**
- SURVEY PLAT OF RECORD RASBURY SURVEYING 10/23/2014
 - DEED OF RECORD 2014 PAGE 25641 WILLIAMS TO DIAMOND DEVELOPMENT II
 - DEED OF RECORD 2004 PAGE 112595 THOMAS TO DIAMOND DEVELOPMENT II
 - SURVEY PLAT OF RECORD MIDLAND FARM SUBDIVISION BY HENRY N. CONWAY 8/13/1951

BASIS OF BEARINGS:
BENCHMARK(S) PROVIDED ARE REBAR AND COORDINATES ON BENCHMARKS ARE NORTH AMERICAN DATUM 1983, ARKANSAS SOUTH ZONE, US SURVEY FEET, GRID COORDINATES AND ELEVATIONS ARE NAVD 1988. COORDINATES AND ELEVATIONS WERE ESTABLISHED USING GPS AND WERE PROCESSED USING THE NATIONAL GEODETIC SURVEY'S "ONLINE POSITIONING USER SERVICE" (OPUS).

CERTIFICATIONS:
BY AFFIXING MY SEAL AND SIGNATURE, I GEORGE P. WOODEN, PS NO.1573, HEREBY CERTIFY THAT THIS DRAWING CORRECTLY DEPICTS A SURVEY COMPILED UNDER MY SUPERVISION ON OCTOBER 12, 2022.

THIS SURVEY WAS BASED ON LEGAL DESCRIPTIONS AND TITLE WORK FURNISHED BY OTHERS AND DOES NOT REPRESENT A TITLE SEARCH.

THIS PROPERTY IS LOCATED IN THE 100 YEAR FLOOD PLAIN. THE PROPERTY SHOWN ON THIS PLAT IS LOCATED IN ZONE "X" AND ZONE "AE" OF THE F.E.M.A. MAP PANEL 05125C0240E EFFECTIVE DATE JUNE 5, 2020.



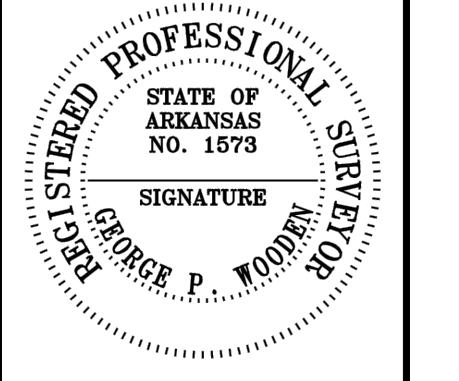
BY	REVISION	DATE

GNE Designing our client's success

GarNat Engineering, LLC
P.O. Box 116 (72018) Ph (501) 408-4650
3825 Mt. Carmel Road Fx (888) 900-3068
Bryant, AR 72022 gnatengineering@gmail.com

CREEKSIDE ADDITION, PHASE 2

PART OF THE EAST HALF OF THE NORTHWEST QUARTER SECTION 12, T-1-S, R-14-W, SALINE COUNTY, ARKANSAS



CONTENTS:

**FINAL PLAT
CREEKSIDE
ADDITION
PHASE 2**

PROJECT NO:
18054

DATE:
OCTOBER 2023

SHEET NO:
1

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 12 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>403.0</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
3420 Hilldale Road
City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____
Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | | |
|---|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>405.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>405.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>405.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>405.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>405.0</u> | <input checked="" 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 state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Enginner, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3420 Hilldale Road	FOR INSURANCE COMPANY USE
City: Alexander State: Arkansas ZIP Code: 72015	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the I AG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 11 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>402.8</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 404.8 feet meters

b) Top of the next higher floor (see Instructions): N/A feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A feet meters

d) Attached garage (top of slab): 404.8 feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 404.8 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 404.8 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished N/A feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 404.8 feet meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3420 Hilldale Road	FOR INSURANCE COMPANY USE
City: Alexander State: Arkansas ZIP Code: 72015	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the I AG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 9 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>401.5</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 403.5 feet meters

b) Top of the next higher floor (see Instructions): N/A feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A feet meters

d) Attached garage (top of slab): 403.5 feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 403.5 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 403.5 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished N/A feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 403.5 feet meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3420 Hilldale Road	FOR INSURANCE COMPANY USE
City: Alexander State: Arkansas ZIP Code: 72015	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next _____ feet meters above the I AG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 8 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): _____ <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: _____ <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: _____ <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: _____ <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>401.8</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 403.8 feet meters

b) Top of the next higher floor (see Instructions): N/A feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A feet meters

d) Attached garage (top of slab): 403.8 feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 403.8 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 403.8 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished N/A feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 403.8 feet meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander

State: Arkansas

ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3420 Hilldale Road	FOR INSURANCE COMPANY USE
City: Alexander State: Arkansas ZIP Code: 72015	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the I AG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 7 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>402.0</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 404.0 feet meters

b) Top of the next higher floor (see Instructions): N/A feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A feet meters

d) Attached garage (top of slab): 404.0 feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 404.0 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 404.0 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished N/A feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 404.0 feet meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander

State: Arkansas

ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3420 Hilldale Road	FOR INSURANCE COMPANY USE
City: Alexander State: Arkansas ZIP Code: 72015	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next _____ feet meters above the I AG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 6 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>402.5</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 404.5 feet meters

b) Top of the next higher floor (see Instructions): N/A feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A feet meters

d) Attached garage (top of slab): 404.5 feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 404.5 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 404.5 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished N/A feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 404.5 feet meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–9.** Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next _____ feet meters above the I AG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 5 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): _____ <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: _____ <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: _____ <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: _____ <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>402.6</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | | |
|---|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>404.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>404.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>404.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>404.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>404.6</u> | <input checked="" 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 state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–9.** Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next _____ feet meters above the I AG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 4 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>403.0</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 405.0 feet meters

b) Top of the next higher floor (see Instructions): N/A feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A feet meters

d) Attached garage (top of slab): 405.0 feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 405.0 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 405.0 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished N/A feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 405.0 feet meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–9.** Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next _____ feet meters above the I AG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 3 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>403.3</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
3420 Hilldale Road
City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____
Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | | |
|---|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>405.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>405.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>405.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>405.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>405.3</u> | <input checked="" 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 state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Enginner, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–9.** Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next _____ feet meters above the I AG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 2 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>403.8</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 405.8 feet meters

b) Top of the next higher floor (see Instructions): N/A feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A feet meters

d) Attached garage (top of slab): 405.8 feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 405.8 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 405.8 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished N/A feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 405.8 feet meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–9.** Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next _____ feet meters above the I AG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Giron Builders, Inc</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box <u>3420 Hilldale Road</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 1 Jacob's Corner</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>500.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: <u>No</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>404.0</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 406.0 feet meters

b) Top of the next higher floor (see Instructions): N/A feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A feet meters

d) Attached garage (top of slab): 406.0 feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 406.0 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 406.0 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished N/A feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 406.0 feet meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: Kazi Islam, PE License Number: 20876

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3420 Hilldale Road	FOR INSURANCE COMPANY USE
City: Alexander State: Arkansas ZIP Code: 72015	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom _____ feet meters above the I AG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next _____ feet meters above the I AG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

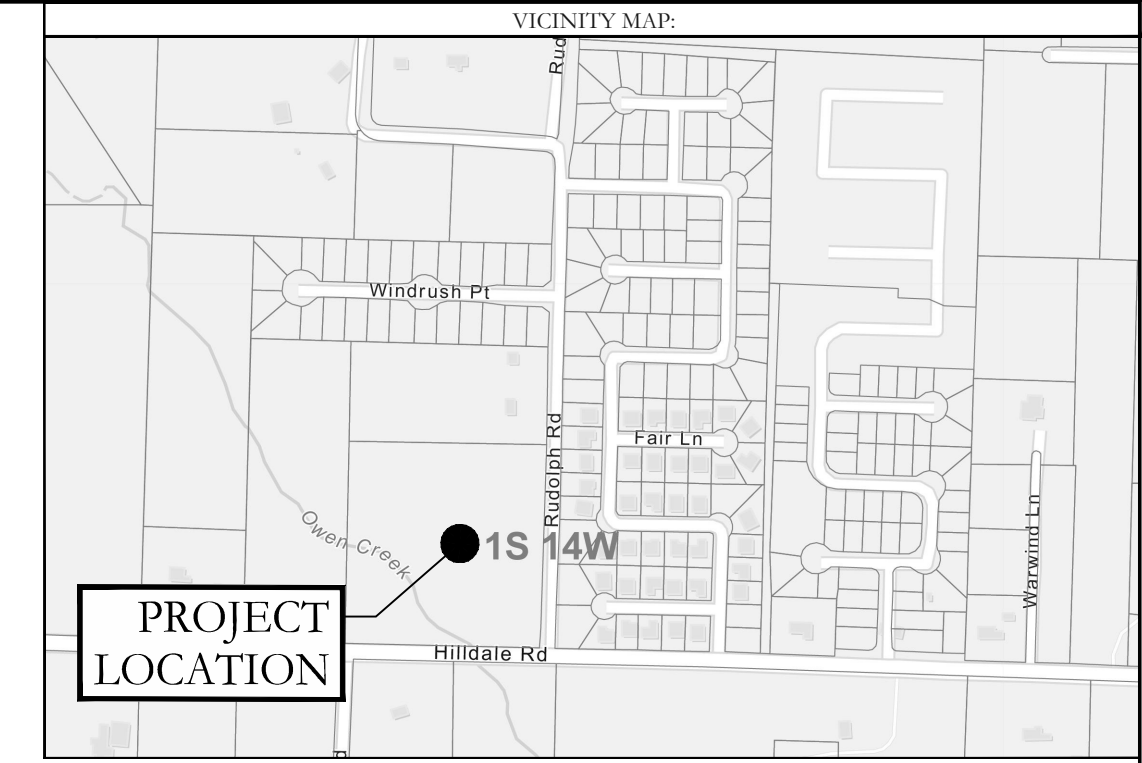
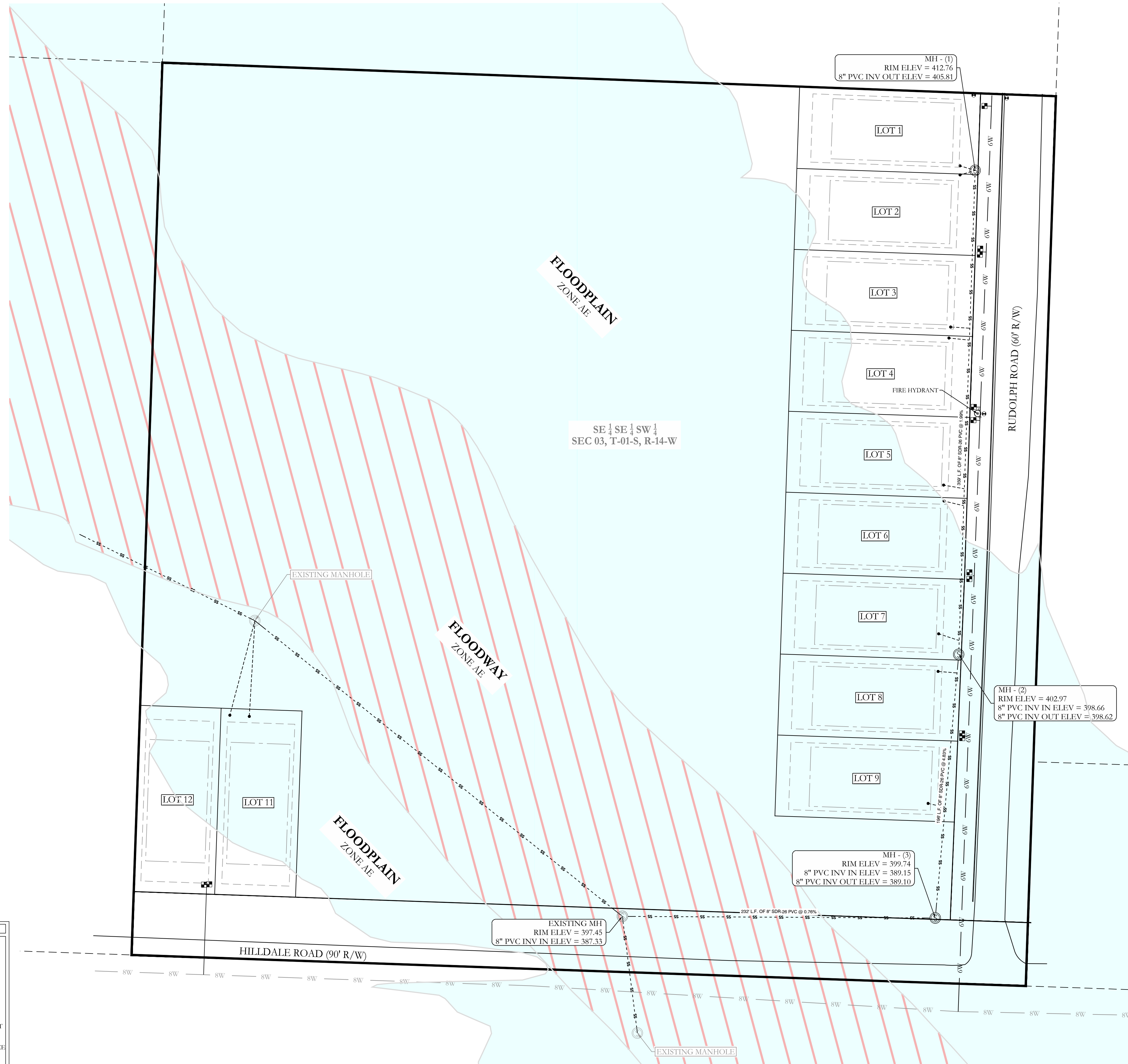
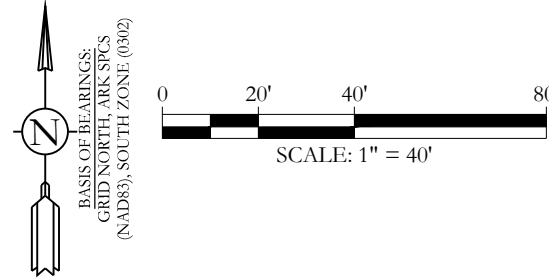
Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

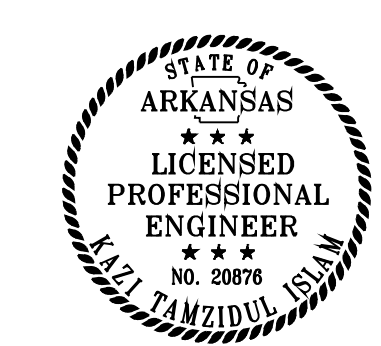


SEWER LEGEND:	WATER LEGEND:
CLEAN OUT	INSTALLED BLOW OFF
PROPOSED SEWER MANHOLE	WATER MAIN
EXISTING SEWER MANHOLE	INSTALLED GATE VALVE
ISOLATION VALVE	REDUCER
EXISTING SEWER LINE	INSTALLED FIRE HYDRANT
SEWER MAIN	INSTALLED WATER SERVICE
SEWER SERVICE	INSTALLED 6" WATER LINE
GRINDER PUMP	INSTALLED 8" WATER LINE
	INSTALLED WATER LINE

NOTE: PROPOSED SEWER MAINS IS TO HAVE TRACER WIRE. ALSO A NON-BIODEGRADABLE TAPE IDENTIFYING THE LINE AS "SEWER" MUST BE BURIED IN THE TRENCH ABOVE THE SEWER MAINS.

NOTE: ALL FIRE HYDRANT LEADERS HAVE A GATE VALVE BETWEEN MAIN AND FIRE HYDRANT.

AS-BUILTS



By affixing my seal and signature, I Jonathan L. Hope, PLS No. 1762, hereby certify that this drawing correctly depicts a survey compiled under my supervision.

NOTE: This survey was based on legal descriptions and title work furnished by others and does not represent a title search.

According to the Federal Emergency Management Agency (FEMA) Flood Insurance Rate Map (FIRM) for Saline County, City of Benton, panel # 03125C02401, dated 06/05/2020, most of the property described hereon does not lie within the 100 year flood hazard boundary.

HOPE CONSULTING
 ENGINEERS - SURVEYORS

129 North Main Street
 Benton, Arkansas 72015
 Office: (501) 315-2626
 Fax: (501) 315-0024
 www.hopeconsulting.com

FOR USE AND BENEFIT OF:
GIRON BUILDERS INC.

JACOB'S CORNER
 SANITARY SEWER AND WATER AS-BUILTS
 SALINE COUNTY, ARKANSAS

DATE: 10/24/2023	C.A.D. BY: JPP	DRAWING NUMBER:
REVISED:	CHECKED BY:	20-0722
SHEET:	SCALE: 1" = 40'	
500	01S	14W 0 03 320 62 1762

Bond # 1001201972

MAINTENANCE BOND

KNOW ALL MEN BY THESE PRESENTS:

That, Marshall Excavating, LLC, as Principal, and as U.S. Specialty Insurance Company Surety, are held and firmly bound unto the City of Bryant, as Obligee, in the amount of Thirty-five Thousand And No/100 (\$35,000.00) for the payment whereof Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

NOW, THEREFORE, the condition of this obligation is such that if the Principal, upon receiving notice within a period of one year from 8/15/2023 to 8/15/2024 from the date of this bond of and defects in the following improvements: Site Utilities & Road Improvements In connection with Jacob's Corner - Sewer Infrastructure authorized by Plans and Specifications approved by the City of Bryant shall promptly correct said defects in keeping with requirements of the City Code, then shall obligation be null and void; otherwise, it shall remain in full force and effect.

Any suit under this bond must be instituted before the expiration of three (3) months from the end of the period of notification referred to in the preceding paragraph thereof.

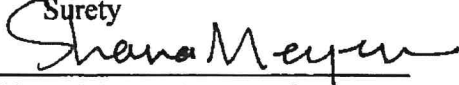
No right of action shall accrue on this bond to or for the use of any person or corporation other than the Owner named herein or their heirs, executors, administrators or successors of Owner.

Signed and Sealed this 15th day of August, 2023.

Marshall Excavating, LLC

By: 
Principal

U.S. Specialty Insurance Company

Surety
By: 
Shana Meyer, Attorney-in-Fact





**TOKIOMARINE
HCC**

**POWER OF ATTORNEY
AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY**

KNOW ALL MEN BY THESE PRESENTS: That American Contractors Indemnity Company, a California corporation, Texas Bonding Company, an assumed name of American Contractors Indemnity Company, United States Surety Company, a Maryland corporation and U.S. Specialty Insurance Company, a Texas corporation (collectively, the "Companies"), do by these presents make, constitute and appoint:

Sylvia A. Young, Michael Halter, J. Alan Rogers, Miki J. Rogers,
Brian A. Boyd, Shana Meyer

its true and lawful Attorney(s)-in-fact, each in their separate capacity if more than one is named above, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include riders, amendments, and consents of surety, providing the bond penalty does not exceed *****Unlimited***** Dollars (***unlimited***). This Power of Attorney shall expire without further action on January 31st, 2024. This Power of Attorney is granted under and by authority of the following resolutions adopted by the Boards of Directors of the Companies:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.


Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, The Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 23rd day of September, 2021.

**AMERICAN CONTRACTORS INDEMNITY COMPANY TEXAS BONDING COMPANY
UNITED STATES SURETY COMPANY U.S. SPECIALTY INSURANCE COMPANY**

State of California
County of Los Angeles



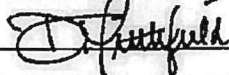
By: 
Daniel P. Aguilar, Vice President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

On this 23rd day of September, 2021, before me, D. Littlefield, a notary public, personally appeared Daniel P. Aguilar, Vice President of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (seal)



I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, Texas Bonding Company, United States Surety Company and U.S. Specialty Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Los Angeles, California this 19 day of August, 2023

Corporate Seal
Bond No. 1001201972
Agency No. 17061




Kio Lo, Assistant Secretary

ARKANSAS STORAGE CENTER
BRYANT, AR
DRAINAGE REPORT

FOR
City of Bryant, Saline County, AR

October 2023

Owner & Developer: STUART FINLEY
Address: P.O Box 10, Bryant, AR. 72089

By:

HOPE
CONSULTING
ENGINEERS - SURVEYORS

PROJECT TITLE

I-30 SELF STORAGE

PROJECT PROPERTY OWNER

STUART FINLEY

PROJECT LOCATION

25300 I-30 North, Bryant, AR

PROJECT DESCRIPTION

The proposed self-storage facility development is located on High-way I-30 in the city of Bryant, Arkansas. The total development area is 24.31 acres.

DRAINAGE ANALYSIS

On Site Drainage- Rational method was used to determine the existing and proposed flows from proposed site. Detailed drainage calculations considering the future expected development have been conducted. Summary of the calculations are below:

- Pre-development area: 28.91 acres.
- Post-development area: 28.91 acres.
- Pre-development runoff coefficient: 0.47.
- Post-development runoff coefficient: 0.88.
- Time of Concentration for Pre-development Area: 16.05 min
- Time of Concentration for Post-development Area: 8.03 min
- Pond has a bottom area of 1.67 acres with bottom elevation of 349.00'
- One 18" RCP with 0.5% slope is proposed for outflow culvert.

Peak flows for Pre and post development phase of onsite area have been tabulated below-

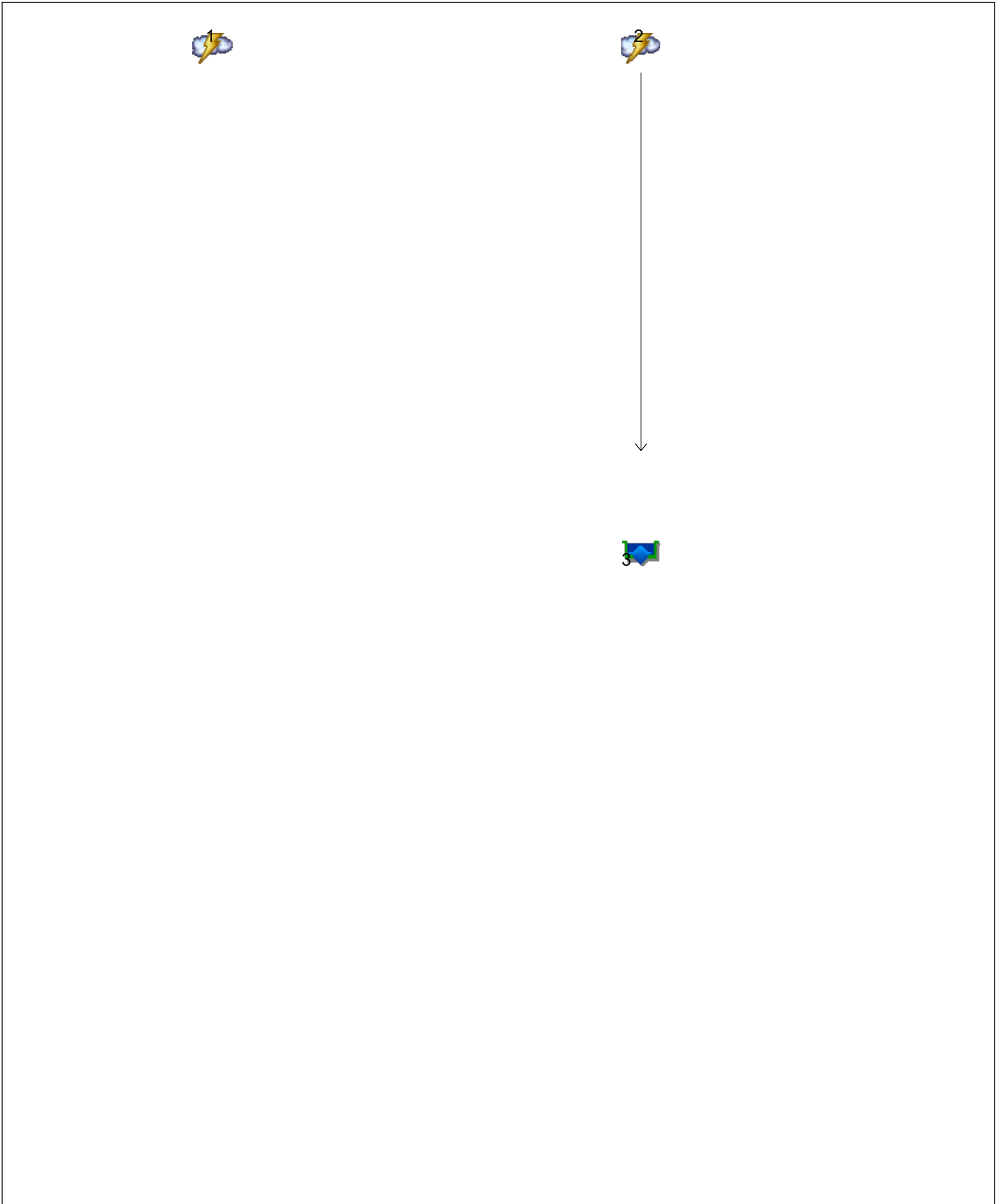
	Pre-Development	Post-Development without Detention	Post-Development with Detention
	Peak Flow (cfs)	Peak Flow (cfs)	Peak Flow (cfs)
2-Year	53.08	131.14	2.99
5-Year	58.66	147.91	3.498
10-Year	69.15	166.14	4.020
25-Year	79.33	189.21	4.600
50-Year	90.45	213.91	5.051
100-Year	96.16	226.82	5.157
TOC	16.05 min	8.03 min	

CONCLUSION

The onsite drainage calculation for pre and post condition has been provided.

Watershed Model Schematic

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023



Hydrograph Summary Report

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No.	Hydrograph type (origin)	Peak flow (cfs)	Time interval (min)	Time to Peak (min)	Hyd. volume (cuft)	Inflow hyd(s)	Maximum elevation (ft)	Total strge used (cuft)	Hydrograph Description
1	Rational	53.08	1	16	50,961	-----	-----	-----	Pre-development
2	Rational	131.14	1	8	62,945	-----	-----	-----	Post-Development
3	Reservoir	2.990	1	16	57,823	2	349.84	61,739	Pond
22-0800 I-30 Self Storage Drainage Report.gpw						Return Period: 2 Year			Wednesday, 10 / 18 / 2023

Hydrograph Report

Hyd. No. 1

Pre-development

Hydrograph type	= Rational	Peak discharge	= 53.08 cfs
Storm frequency	= 2 yrs	Time to peak	= 16 min
Time interval	= 1 min	Hyd. volume	= 50,961 cuft
Drainage area	= 28.910 ac	Runoff coeff.	= 0.47
Intensity	= 3.907 in/hr	Tc by User	= 16.00 min
IDF Curve	= Bryant 50.IDF	Asc/Rec limb fact	= 1/1



Hydrograph Summary Report

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

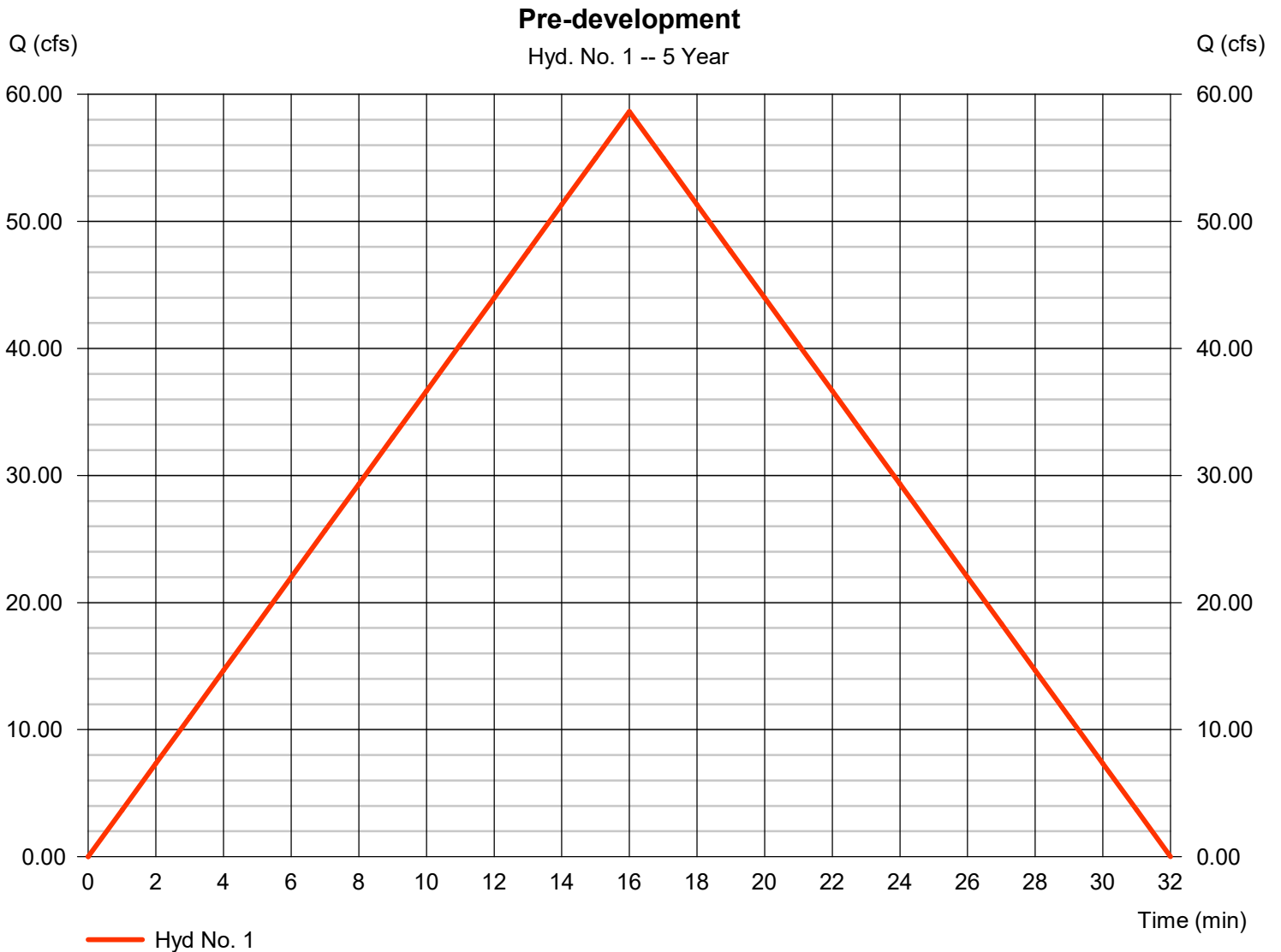
Hyd. No.	Hydrograph type (origin)	Peak flow (cfs)	Time interval (min)	Time to Peak (min)	Hyd. volume (cuft)	Inflow hyd(s)	Maximum elevation (ft)	Total strge used (cuft)	Hydrograph Description	
1	Rational	58.66	1	16	56,310	-----	-----	-----	Pre-development	
2	Rational	147.91	1	8	70,997	-----	-----	-----	Post-Development	
3	Reservoir	3.498	1	16	65,800	2	349.95	69,554	Pond	
22-0800 I-30 Self Storage Drainage Report.gpw					Return Period: 5 Year			Wednesday, 10 / 18 / 2023		

Hydrograph Report

Hyd. No. 1

Pre-development

Hydrograph type	= Rational	Peak discharge	= 58.66 cfs
Storm frequency	= 5 yrs	Time to peak	= 16 min
Time interval	= 1 min	Hyd. volume	= 56,310 cuft
Drainage area	= 28.910 ac	Runoff coeff.	= 0.47
Intensity	= 4.317 in/hr	Tc by User	= 16.00 min
IDF Curve	= Bryant 50.IDF	Asc/Rec limb fact	= 1/1



Hydrograph Summary Report

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No.	Hydrograph type (origin)	Peak flow (cfs)	Time interval (min)	Time to Peak (min)	Hyd. volume (cuft)	Inflow hyd(s)	Maximum elevation (ft)	Total strge used (cuft)	Hydrograph Description	
1	Rational	69.15	1	16	66,385	-----	-----	-----	Pre-development	
2	Rational	166.14	1	8	79,748	-----	-----	-----	Post-Development	
3	Reservoir	4.020	1	16	74,479	2	350.06	78,053	Pond	
22-0800 I-30 Self Storage Drainage Report.gpw					Return Period: 10 Year			Wednesday, 10 / 18 / 2023		

Hydrograph Report

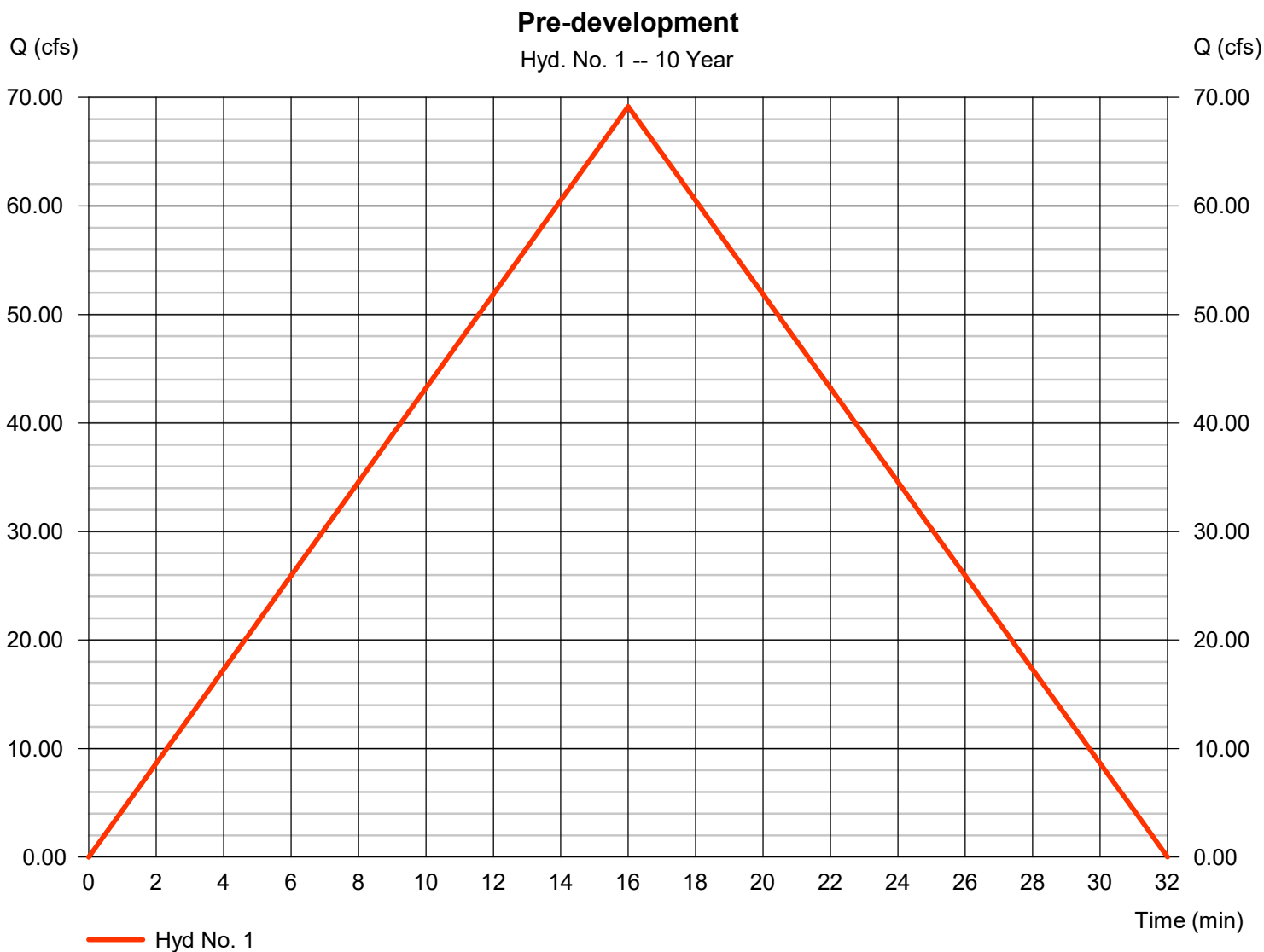
Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Wednesday, 10 / 18 / 2023

Hyd. No. 1

Pre-development

Hydrograph type	= Rational	Peak discharge	= 69.15 cfs
Storm frequency	= 10 yrs	Time to peak	= 16 min
Time interval	= 1 min	Hyd. volume	= 66,385 cuft
Drainage area	= 28.910 ac	Runoff coeff.	= 0.47
Intensity	= 5.089 in/hr	Tc by User	= 16.00 min
IDF Curve	= Bryant 50.IDF	Asc/Rec limb fact	= 1/1



Hydrograph Summary Report

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No.	Hydrograph type (origin)	Peak flow (cfs)	Time interval (min)	Time to Peak (min)	Hyd. volume (cuft)	Inflow hyd(s)	Maximum elevation (ft)	Total strge used (cuft)	Hydrograph Description	
1	Rational	79.33	1	16	76,152	-----	-----	-----	Pre-development	
2	Rational	189.21	1	8	90,822	-----	-----	-----	Post-Development	
3	Reservoir	4.600	1	16	85,472	2	350.21	88,823	Pond	
22-0800 I-30 Self Storage Drainage Report.gpw					Return Period: 25 Year			Wednesday, 10 / 18 / 2023		

Hydrograph Report

Hyd. No. 1

Pre-development

Hydrograph type	= Rational	Peak discharge	= 79.33 cfs
Storm frequency	= 25 yrs	Time to peak	= 16 min
Time interval	= 1 min	Hyd. volume	= 76,152 cuft
Drainage area	= 28.910 ac	Runoff coeff.	= 0.47
Intensity	= 5.838 in/hr	Tc by User	= 16.00 min
IDF Curve	= Bryant 50.IDF	Asc/Rec limb fact	= 1/1



Hydrograph Summary Report

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No.	Hydrograph type (origin)	Peak flow (cfs)	Time interval (min)	Time to Peak (min)	Hyd. volume (cuft)	Inflow hyd(s)	Maximum elevation (ft)	Total strge used (cuft)	Hydrograph Description	
1	Rational	90.45	1	16	86,827	-----	-----	-----	Pre-development	
2	Rational	213.91	1	8	102,677	-----	-----	-----	Post-Development	
3	Reservoir	5.051	1	16	97,246	2	350.36	100,388	Pond	
22-0800 I-30 Self Storage Drainage Report.gpw					Return Period: 50 Year			Wednesday, 10 / 18 / 2023		

Hydrograph Report

Hyd. No. 1

Pre-development

Hydrograph type	= Rational	Peak discharge	= 90.45 cfs
Storm frequency	= 50 yrs	Time to peak	= 16 min
Time interval	= 1 min	Hyd. volume	= 86,827 cuft
Drainage area	= 28.910 ac	Runoff coeff.	= 0.47
Intensity	= 6.656 in/hr	Tc by User	= 16.00 min
IDF Curve	= Bryant 50.IDF	Asc/Rec limb fact	= 1/1



Hydrograph Summary Report

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No.	Hydrograph type (origin)	Peak flow (cfs)	Time interval (min)	Time to Peak (min)	Hyd. volume (cuft)	Inflow hyd(s)	Maximum elevation (ft)	Total strge used (cuft)	Hydrograph Description
1	Rational	96.16	1	16	92,318	-----	-----	-----	Pre-development
2	Rational	226.82	1	8	108,874	-----	-----	-----	Post-Development
3	Reservoir	5.157	1	16	103,403	2	350.44	106,461	Pond
22-0800 I-30 Self Storage Drainage Report.gpw						Return Period: 100 Year		Wednesday, 10 / 18 / 2023	

Hydrograph Report

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Wednesday, 10 / 18 / 2023

Hyd. No. 1

Pre-development

Hydrograph type	= Rational	Peak discharge	= 96.16 cfs
Storm frequency	= 100 yrs	Time to peak	= 16 min
Time interval	= 1 min	Hyd. volume	= 92,318 cuft
Drainage area	= 28.910 ac	Runoff coeff.	= 0.47
Intensity	= 7.077 in/hr	Tc by User	= 16.00 min
IDF Curve	= Bryant 50.IDF	Asc/Rec limb fact	= 1/1



Multi-Hydrograph Plot

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No. 1

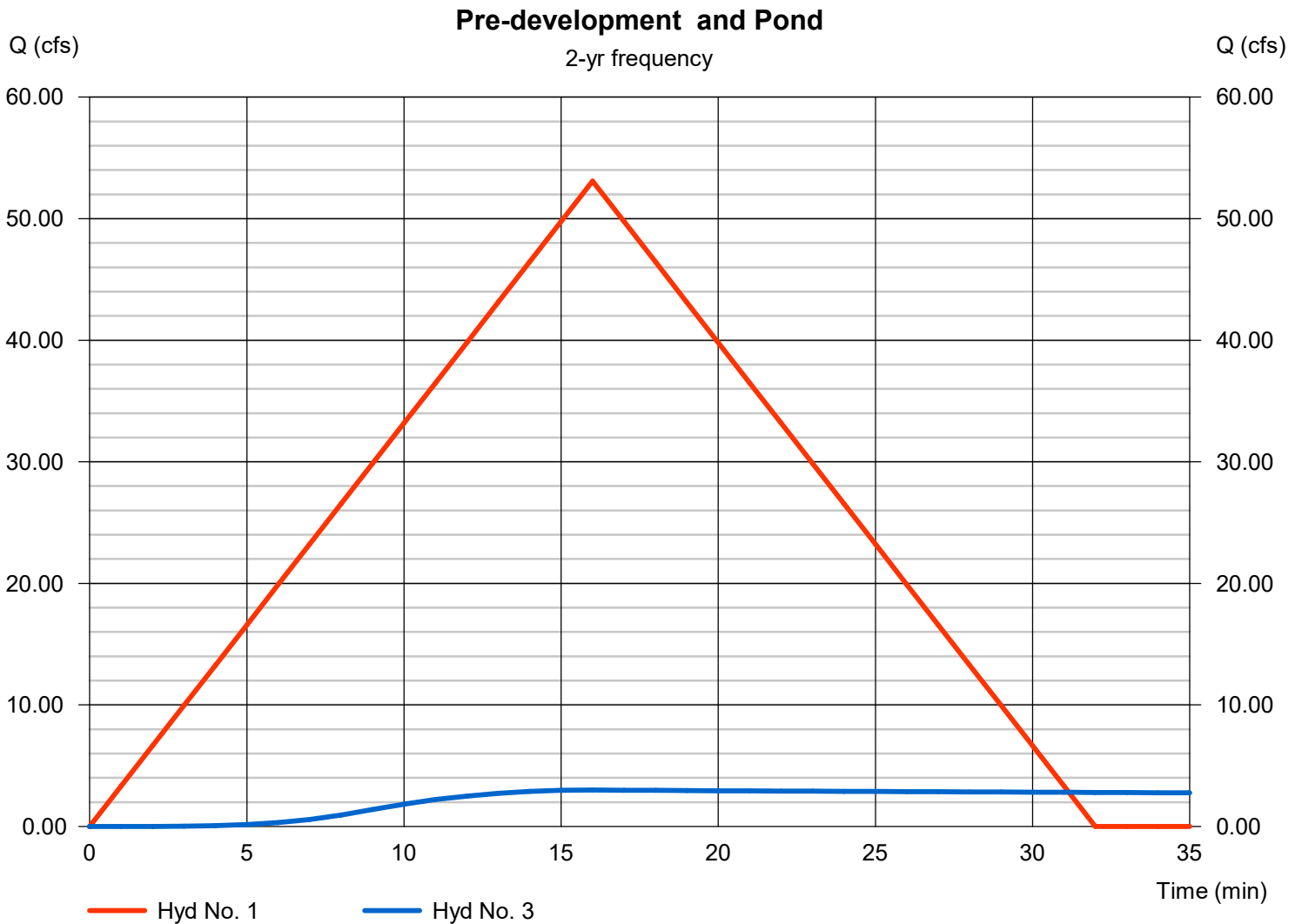
Pre-development

Hydrograph type = Rational
Peak discharge = 53.08 cfs
Time to peak = 16 min
Hyd. Volume = 50,961 cuft

Hyd. No. 3

Pond

Hydrograph type = Reservoir
Peak discharge = 2.99 cfs
Time to peak = 16 min
Hyd. Volume = 57,823 cuft



Multi-Hydrograph Plot

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No. 1

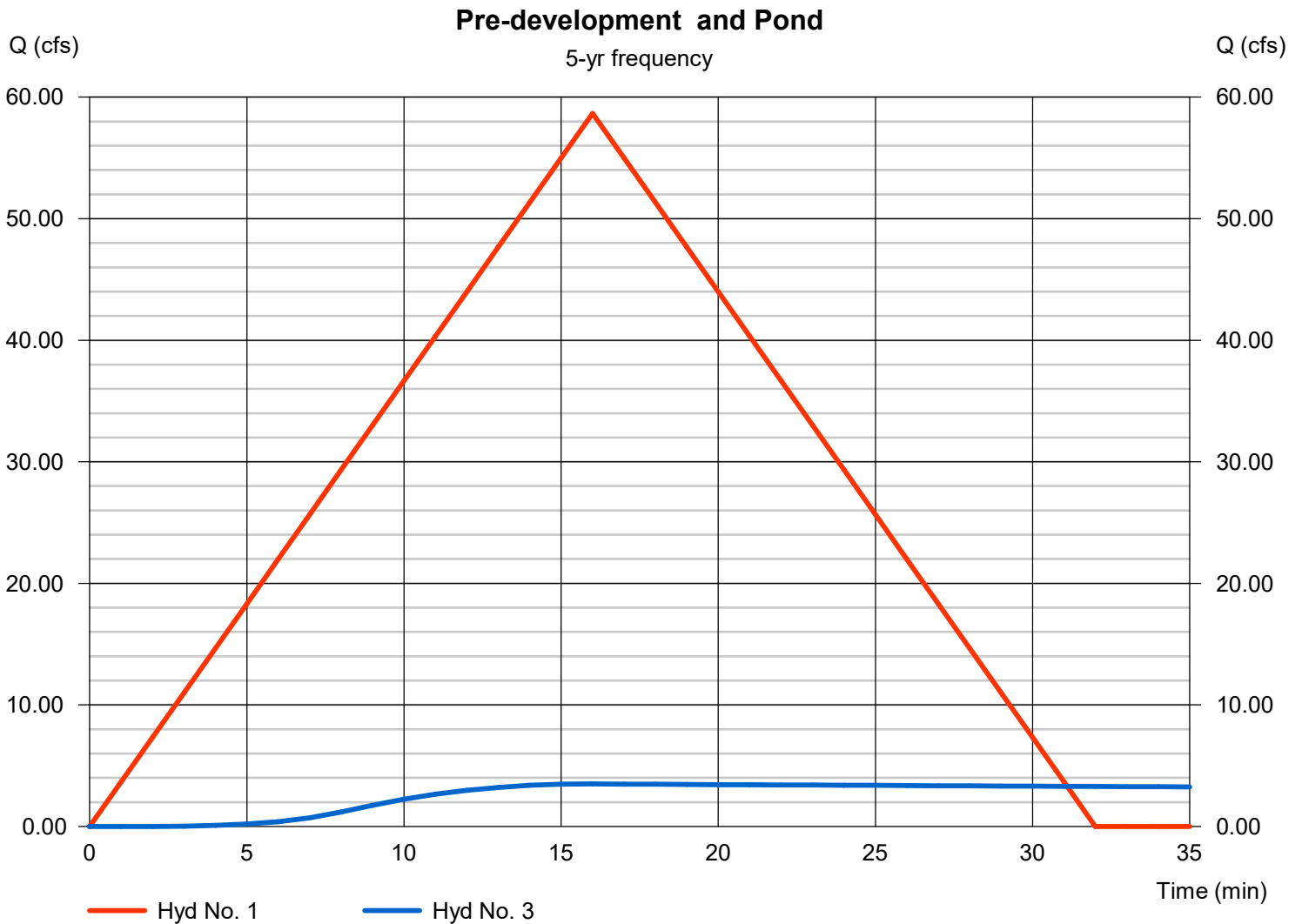
Pre-development

Hydrograph type = Rational
Peak discharge = 58.66 cfs
Time to peak = 16 min
Hyd. Volume = 56,310 cuft

Hyd. No. 3

Pond

Hydrograph type = Reservoir
Peak discharge = 3.50 cfs
Time to peak = 16 min
Hyd. Volume = 65,800 cuft



Multi-Hydrograph Plot

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No. 1

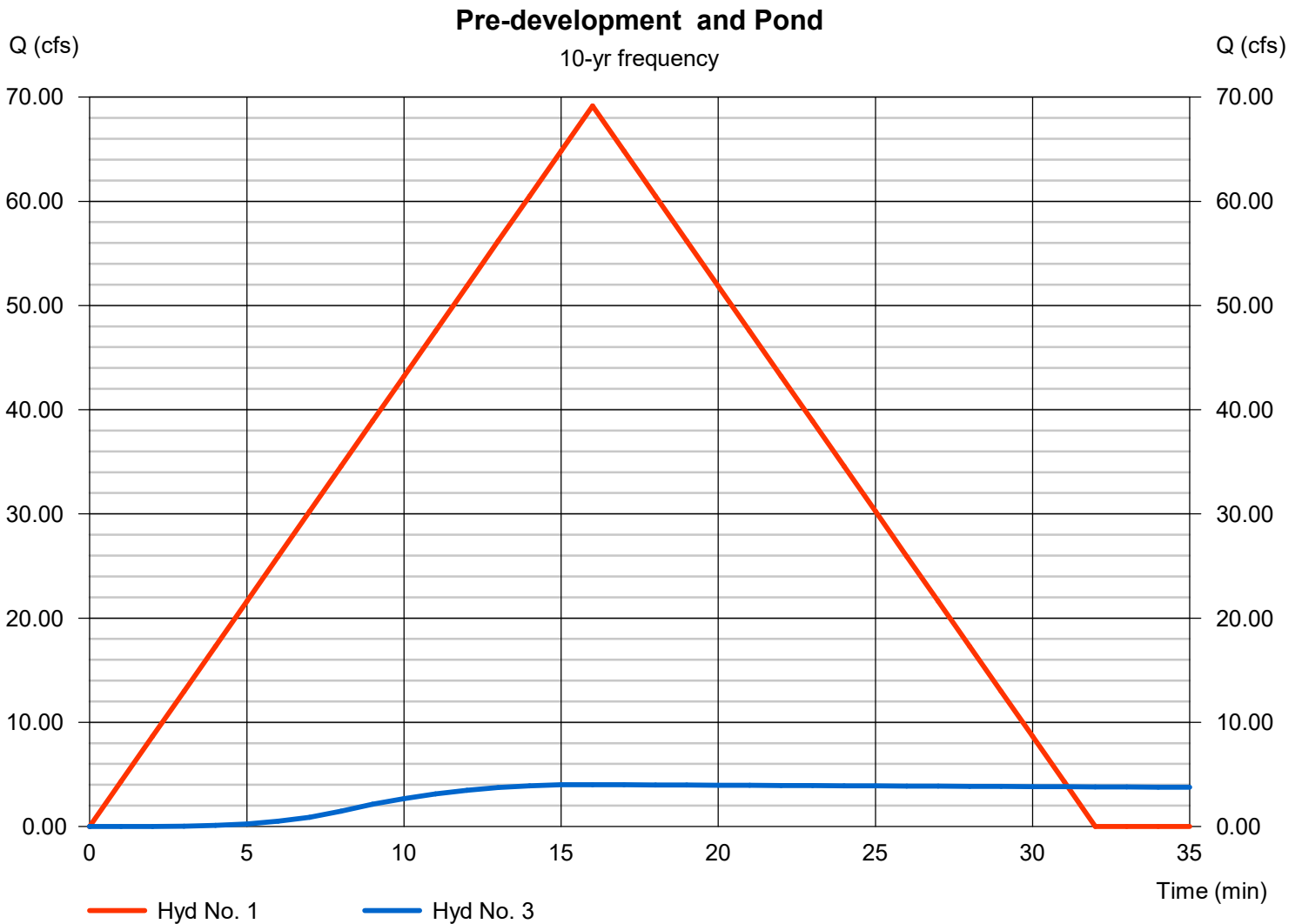
Pre-development

Hydrograph type = Rational
Peak discharge = 69.15 cfs
Time to peak = 16 min
Hyd. Volume = 66,385 cuft

Hyd. No. 3

Pond

Hydrograph type = Reservoir
Peak discharge = 4.02 cfs
Time to peak = 16 min
Hyd. Volume = 74,479 cuft



Multi-Hydrograph Plot

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No. 1

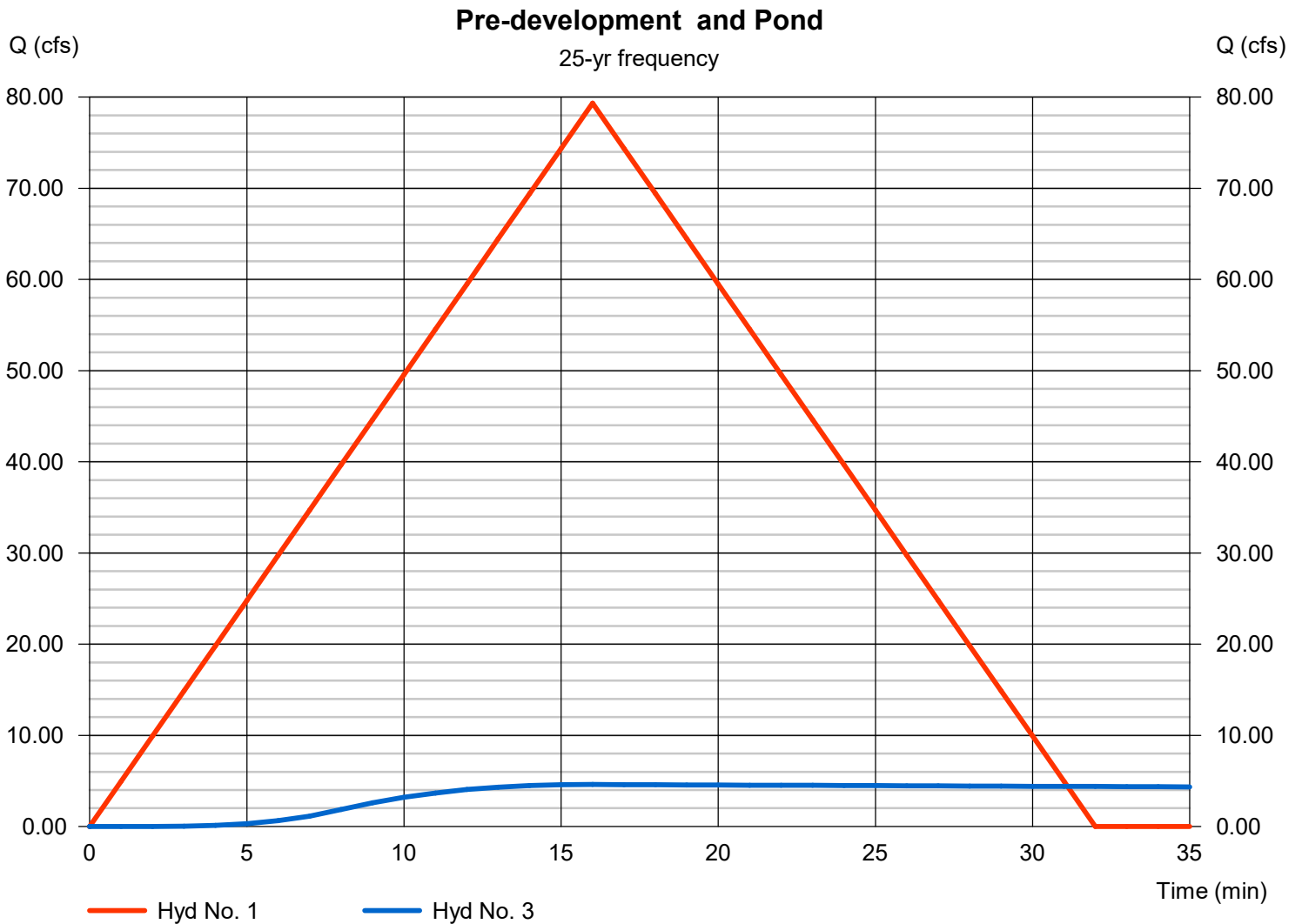
Pre-development

Hydrograph type = Rational
Peak discharge = 79.33 cfs
Time to peak = 16 min
Hyd. Volume = 76,152 cuft

Hyd. No. 3

Pond

Hydrograph type = Reservoir
Peak discharge = 4.60 cfs
Time to peak = 16 min
Hyd. Volume = 85,472 cuft



Multi-Hydrograph Plot

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No. 1

Pre-development

Hydrograph type = Rational
Peak discharge = 90.45 cfs
Time to peak = 16 min
Hyd. Volume = 86,827 cuft

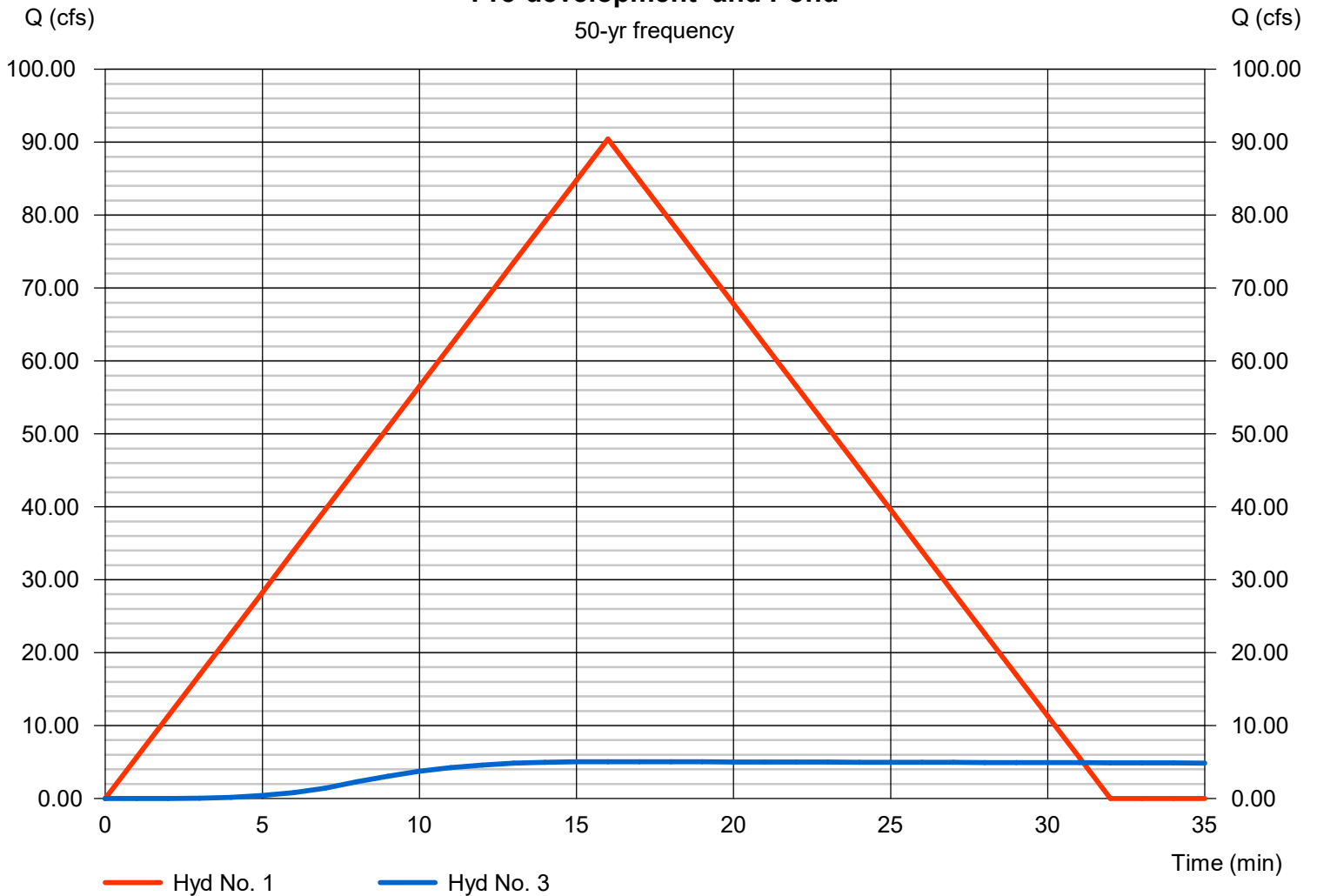
Hyd. No. 3

Pond

Hydrograph type = Reservoir
Peak discharge = 5.05 cfs
Time to peak = 16 min
Hyd. Volume = 97,246 cuft

Pre-development and Pond

50-yr frequency



Multi-Hydrograph Plot

Hydraflow Hydrographs Extension for Autodesk® Civil 3D® by Autodesk, Inc. v2023

Hyd. No. 1

Pre-development

Hydrograph type = Rational
Peak discharge = 96.16 cfs
Time to peak = 16 min
Hyd. Volume = 92,318 cuft

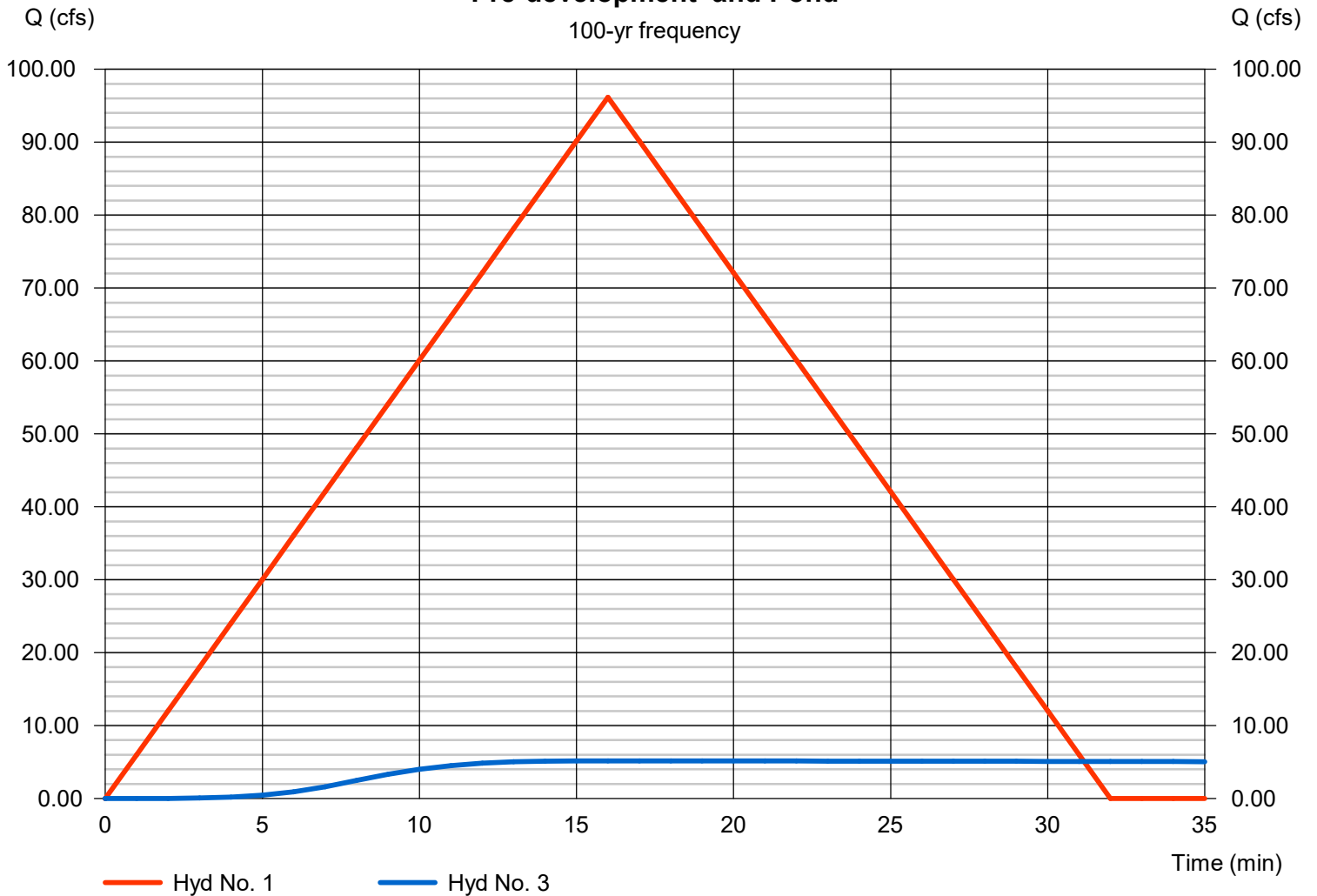
Hyd. No. 3

Pond

Hydrograph type = Reservoir
Peak discharge = 5.16 cfs
Time to peak = 16 min
Hyd. Volume = 103,403 cuft

Pre-development and Pond

100-yr frequency



Pond No. 1 - <New Pond>

Pond Data

Trapezoid -Bottom L x W = 412.0 x 175.0 ft, Side slope = 2.00:1, Bottom elev. = 349.00 ft, Depth = 5.00 ft

Stage / Storage Table

Stage (ft)	Elevation (ft)	Contour area (sqft)	Incr. Storage (cuft)	Total storage (cuft)
0.00	349.00	72,100	0	0
0.50	349.50	73,278	36,344	36,344
1.00	350.00	74,464	36,935	73,279
1.50	350.50	75,658	37,530	110,810
2.00	351.00	76,860	38,129	148,939
2.50	351.50	78,070	38,732	187,671
3.00	352.00	79,288	39,339	227,010
3.50	352.50	80,514	39,950	266,960
4.00	353.00	81,748	40,565	307,525
4.50	353.50	82,990	41,184	348,710
5.00	354.00	84,240	41,807	390,517

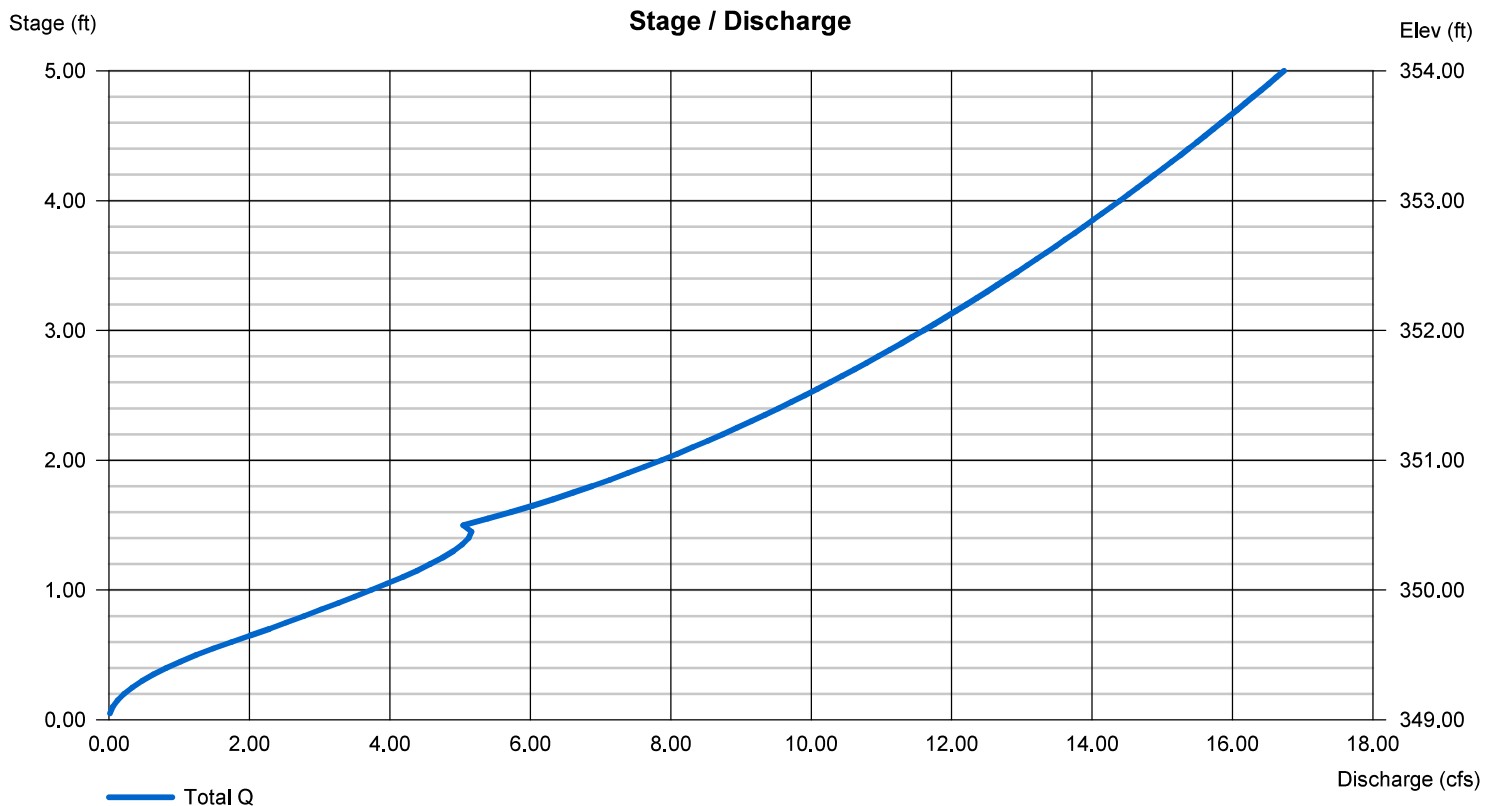
Culvert / Orifice Structures

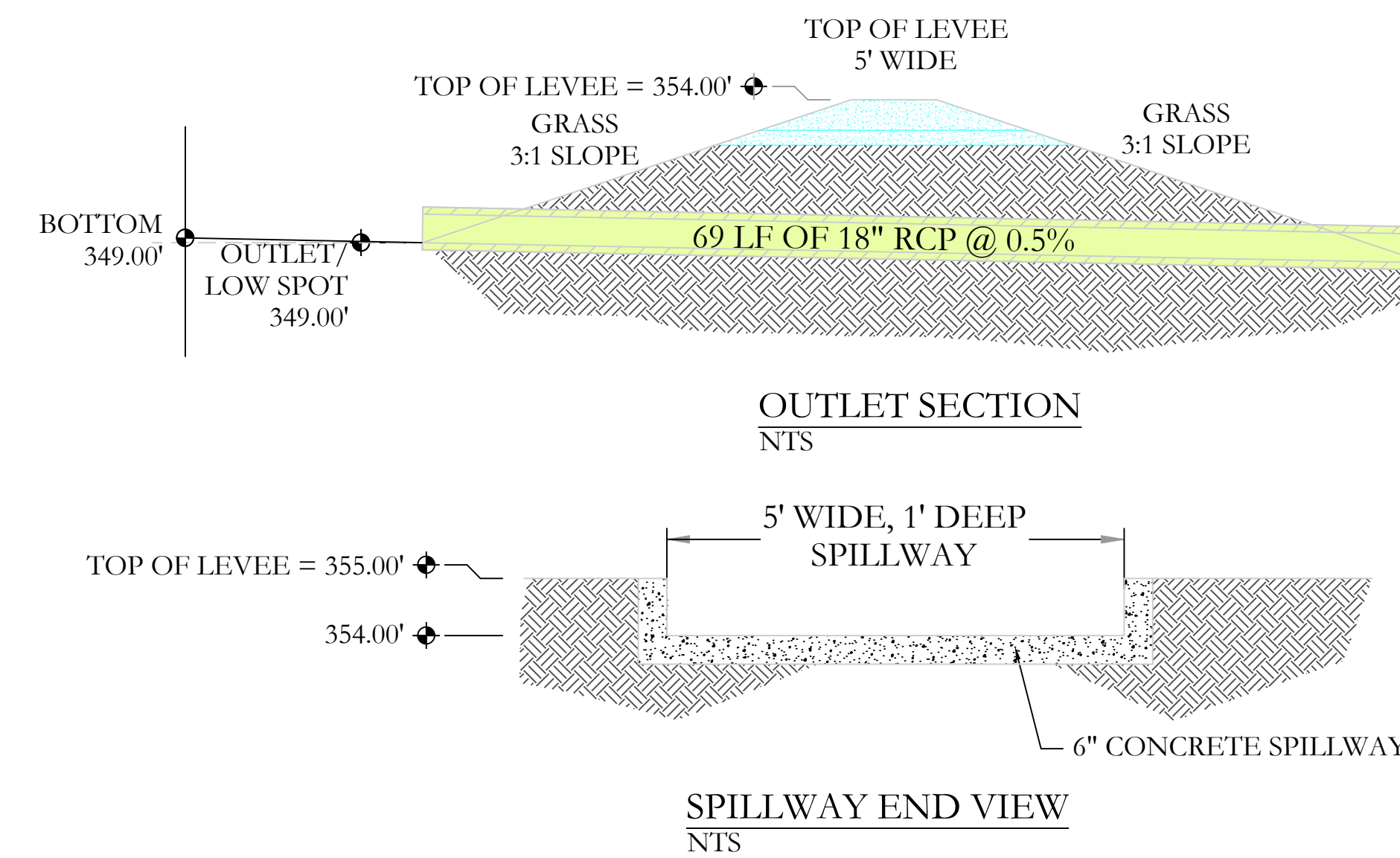
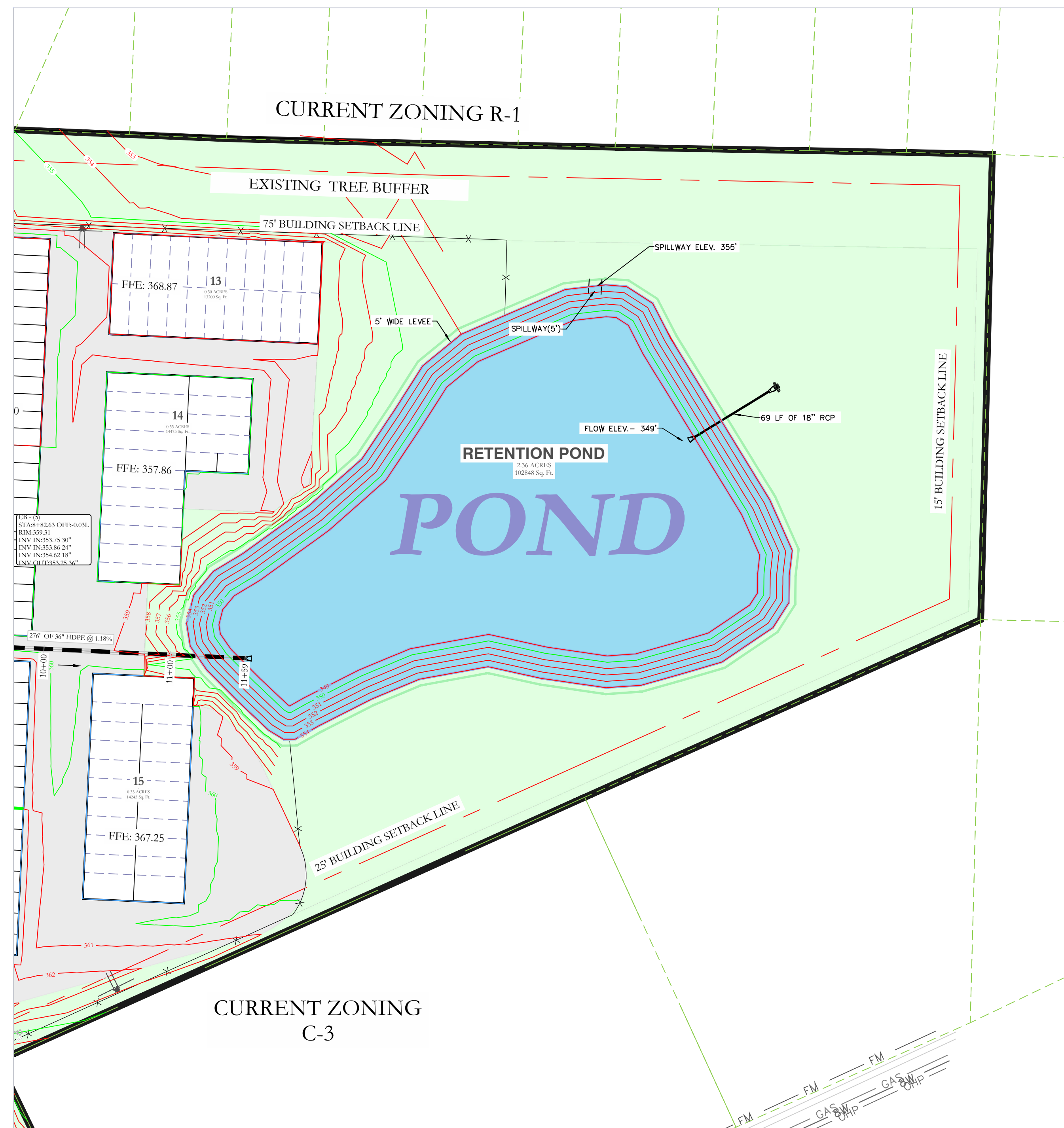
	[A]	[B]	[C]	[PrfRsr]
Rise (in)	= 18.00	Inactive	Inactive	0.00
Span (in)	= 18.00	18.00	0.00	0.00
No. Barrels	= 1	1	0	0
Invert El. (ft)	= 349.00	347.00	0.00	0.00
Length (ft)	= 70.00	30.00	0.00	0.00
Slope (%)	= 0.50	0.50	0.00	n/a
N-Value	= .013	.013	.013	n/a
Orifice Coeff.	= 0.60	0.60	0.60	0.60
Multi-Stage	= n/a	No	No	No

Weir Structures

	[A]	[B]	[C]	[D]
Crest Len (ft)	= 5.00	0.00	0.00	0.00
Crest El. (ft)	= 355.00	0.00	0.00	0.00
Weir Coeff.	= 3.33	3.33	3.33	3.33
Weir Type	= Rect	---	---	---
Multi-Stage	= No	No	No	No
Exfil.(in/hr)	= 0.000 (by Wet area)			
TW Elev. (ft)	= 0.00			

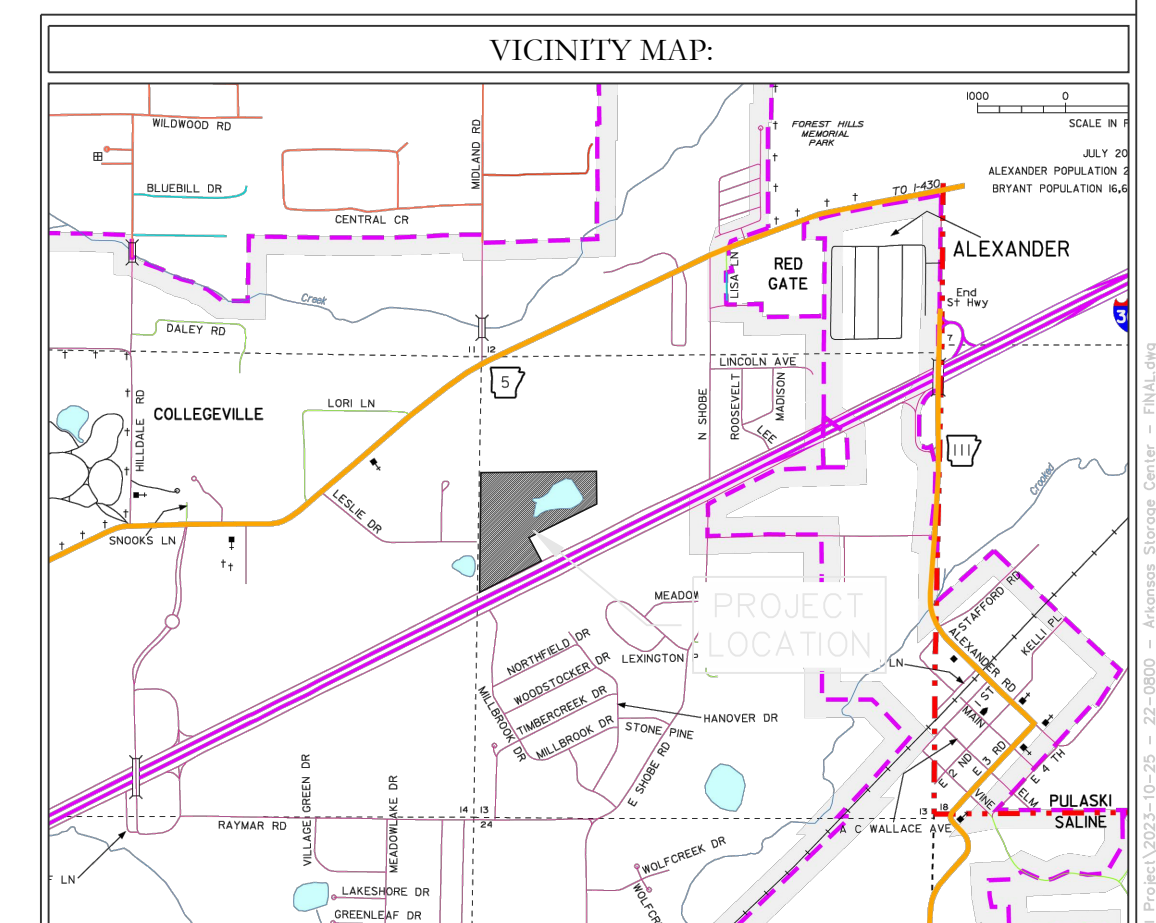
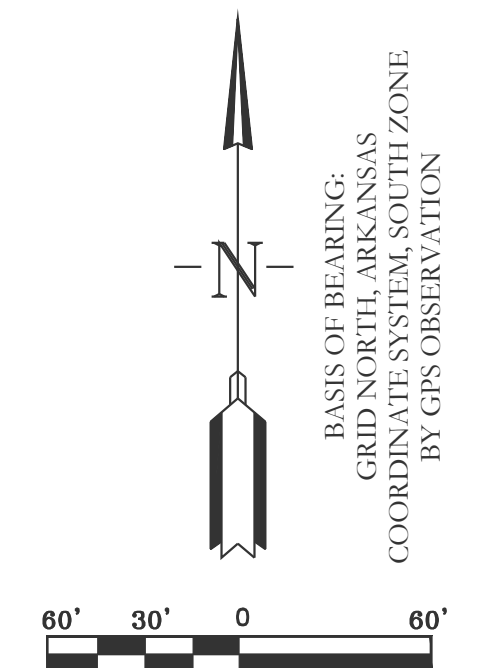
Note: Culvert/Orifice outflows are analyzed under inlet (ic) and outlet (oc) control. Weir risers checked for orifice conditions (ic) and submergence (s).





LEGEND

EXISTING CONTOUR LINE	---	363	---
PROPOSED CONTOUR LINE	---	363	---
PROPOSED HDPE STORM PIPE	---		---
PROPOSED RCP STORM PIPE	---		---



DETENTION POND MAINTENANCE PLAN

Background

There will be one retention pond in this project. The retention pond is located at the North-East of the subject property. It is designed to temporarily detain stormwater to meet water quantity criteria before discharging off the property.

Routine Maintenance

The property owners association will maintain the drainage easements. Routine maintenance will include but not be limited to:
 -Mowing of the bank slopes and area around the pond on a monthly basis during the growing season and as needed during the cooler months.

-The outlet pipe from the pond and other areas will be inspected monthly for debris which could inhibit the proper flow of discharge. Any debris will be removed immediately and disposed of or placed in a location to prevent future maintenance and to not cause impact up or downstream of the structure.

-Trash will be removed from around the pond to prevent entering the pond. Generally, the site should be kept free of loose trash which could be carried off site by wind or rain.

-Inspect the pond and outlet pipe for non-routine maintenance need.

Periodic or Non-Routine Maintenance

The routine inspection of the pond area and discharge pipe will identify needed repairs and non-routine maintenance. These items may include but not be limited to:

-Re-growth of trees on or around the pond bank. These should be cut and removed from the pond area.

-Sediment from the site may accumulate in the pond bottom and reduce the pond to below design volume requirements. The pond should be excavated if the pond bottom elevation reached a level that allows excessive aquatic growth or reduces the pond efficiency such, that the sediments are passing the discharge structure and release off site.

-Stabilization or re-grading of side slopes may be required periodically or after excessive rain events. Any disturbance of slopes should be reseeded or may require installation of erosion control materials until seeding can reestablish adequate grasses to prevent future erosion.

-Any other maintenance or repairs which would minimize other maintenance to the pond or outfall structures.

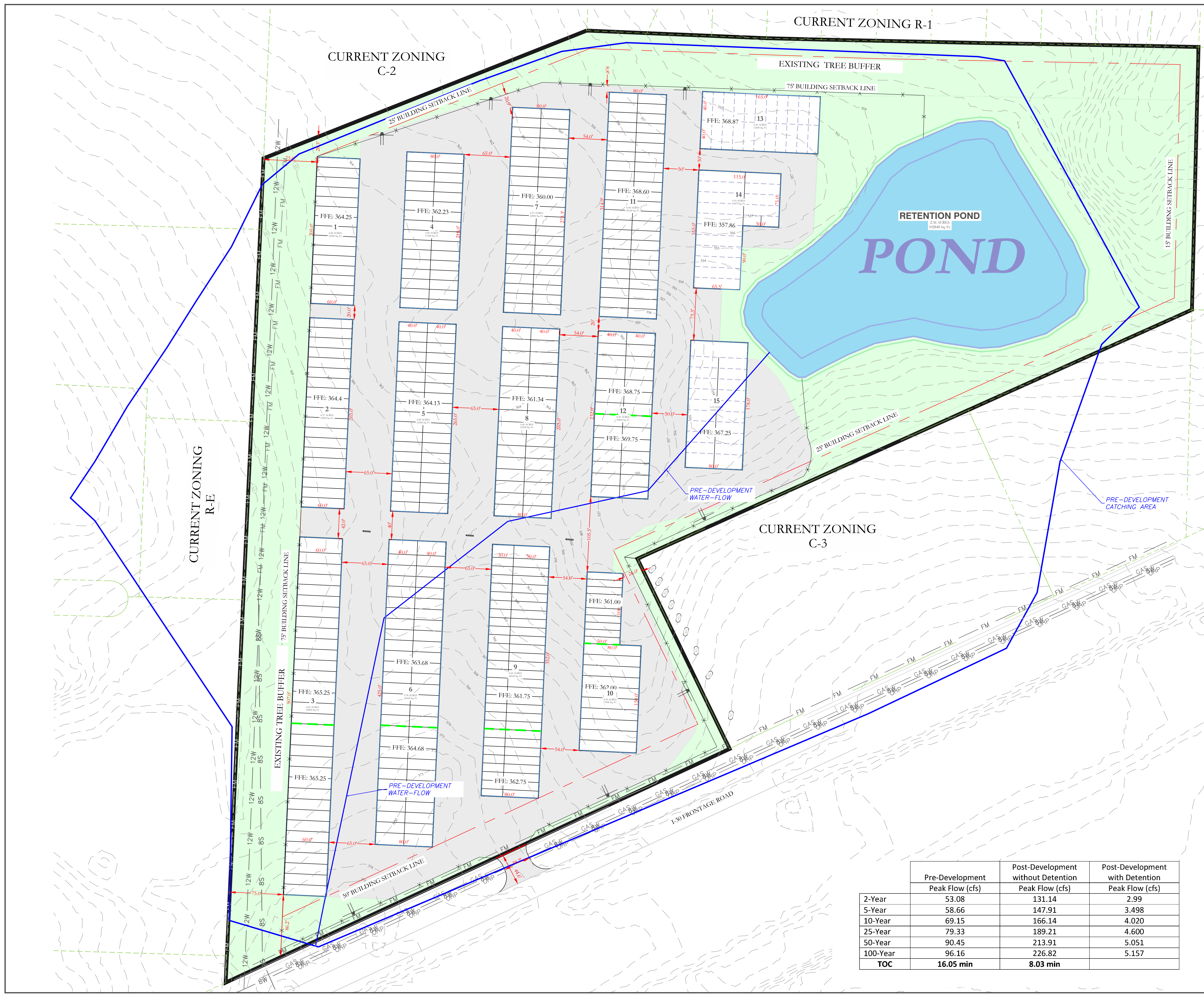
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ENGINEERS - SURVEYORS

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Benton, Arkansas 72015
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FAX (501) 315-0024
www.hopeconsulting.com

FOR USE AND BENEFIT OF:
STUART FINLEY

ARKANSAS STORAGE CENTER
RETENTION POND PLAN
BRYANT, SALINE COUNTY, ARKANSAS

DATE:	10-25-2023	C.A.D. BY:		DRAWING NUMBER:	
REVISED:		CHECKED BY:		22-0800	
SHEET:	C-4.4	SCALE:			
500	01S	14W	0	21	300 62 1762



LEGEND

EXISTING CONTOUR LINE	- - - 363 - - -
PROPOSED CONTOUR LINE	— 363 —
PROPOSED HDPE STORM PIPE	— — — — —
PROPOSED RCP STORM PIPE	— — — — —

CERTIFICATE OF AUTHORIZATION
 HOPE CONSULTING, INC.
 No. 1931
 ARKANSAS

60' 30' 0 60'

VICINITY MAP:

	Pre-Development Peak Flow (cfs)	Post-Development without Detention Peak Flow (cfs)	Post-Development with Detention Peak Flow (cfs)
2-Year	53.08	131.14	2.99
5-Year	58.66	147.91	3.498
10-Year	69.15	166.14	4.020
25-Year	79.33	189.21	4.600
50-Year	90.45	213.91	5.051
100-Year	96.16	226.82	5.157
TOC	16.05 min	8.03 min	

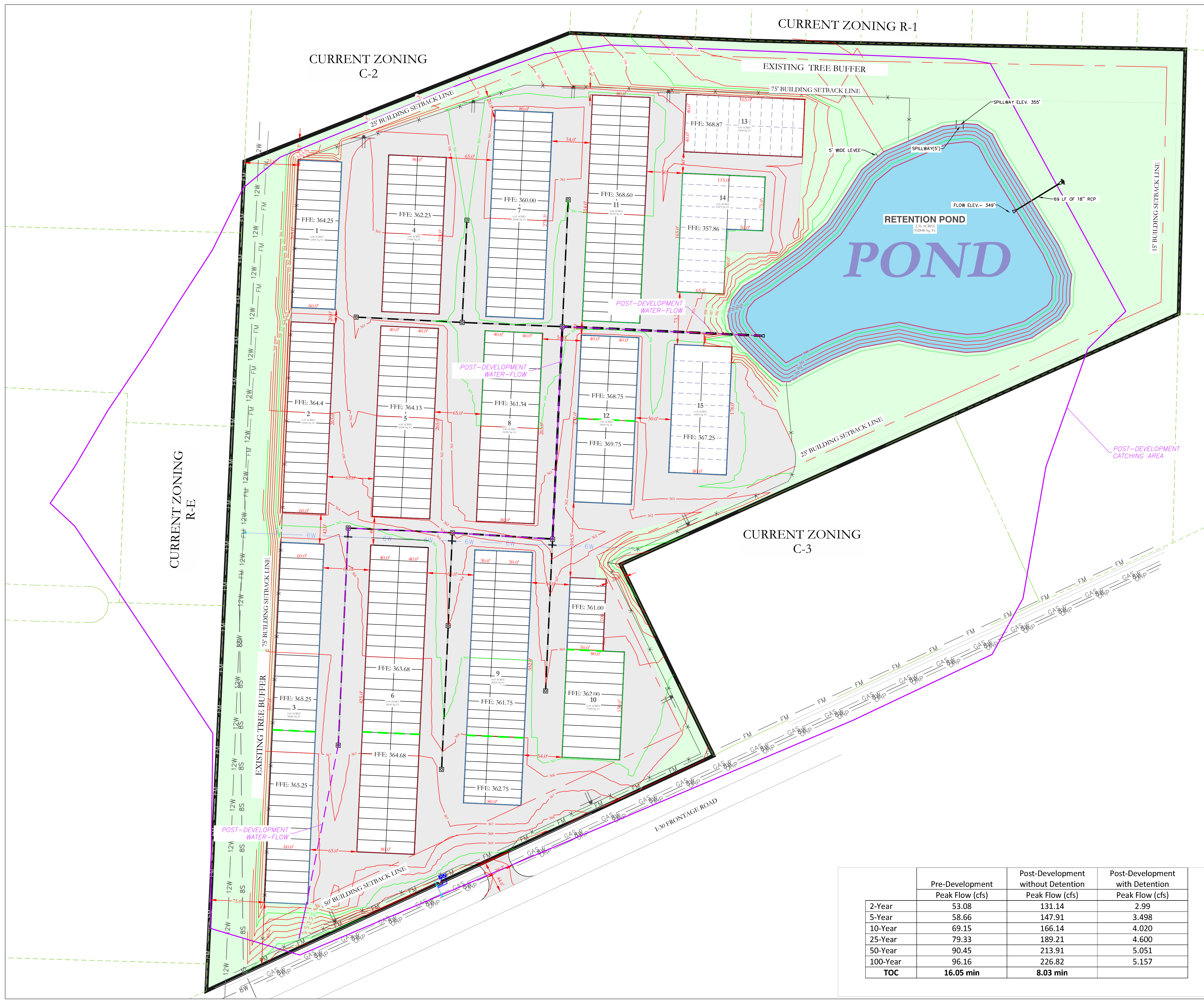
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ARKANSAS STORAGE CENTER
 PRE-DEVELOPMENT FLOW
 BRYANT, SALINE COUNTY, ARKANSAS

DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:
REVISED:	CHECKED BY:	22-0800
SHEET: C-4.5	SCALE: 1"=40'	
500	01S	14W 0 21 300 62 1762



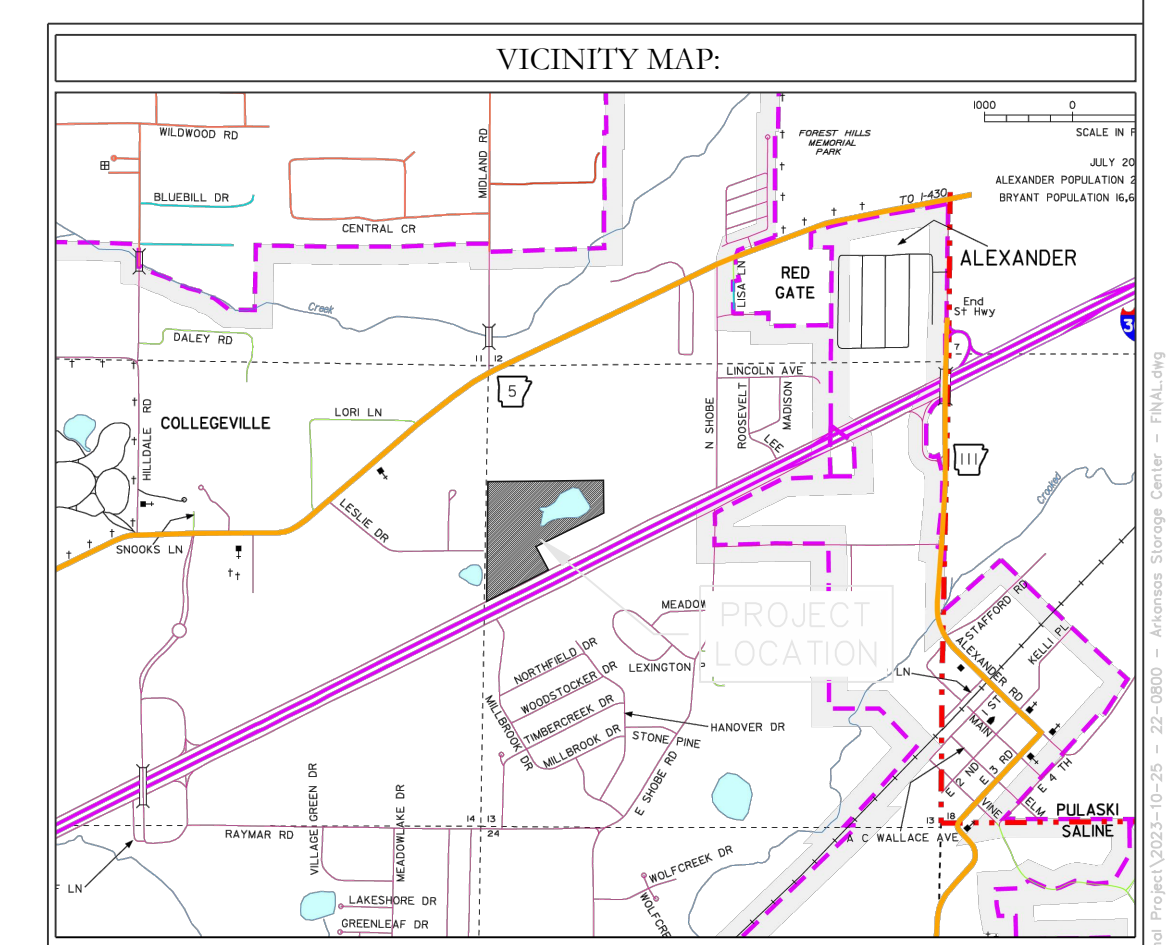
LEGEND

EXISTING CONTOUR LINE	---	363
PROPOSED CONTOUR LINE	---	363
PROPOSED HDPE STORM PIPE	---	
PROPOSED RCP STORM PIPE	---	

CERTIFICATE OF AUTHORIZATION
 HOPE CONSULTING, INC.
 No. 1931
 ARKANSAS

60' 30' 0 60'

BASES OF BEARING:
 GRID NORTH, ARKANSAS
 COORDINATE SYSTEM, SOUTH ZONE
 BY GPS OBSERVATION



	Pre-Development Peak Flow (cfs)	Post-Development without Detention Peak Flow (cfs)	Post-Development with Detention Peak Flow (cfs)
2-Year	53.08	131.14	2.99
5-Year	58.66	147.91	3.498
10-Year	69.15	166.14	4.020
25-Year	79.33	189.21	4.600
50-Year	90.45	213.91	5.051
100-Year	96.16	226.82	5.157
TOC	16.05 min	8.03 min	

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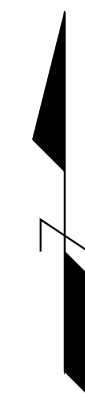
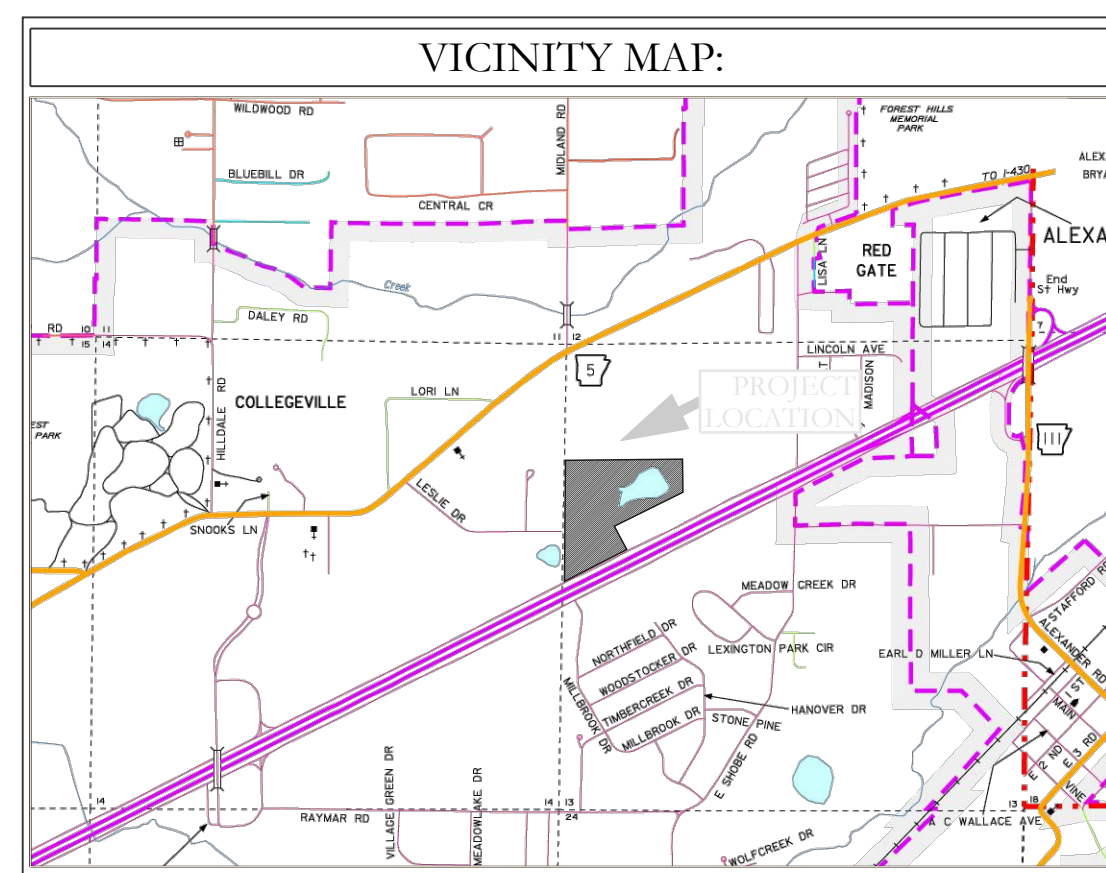
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FOR USE AND BENEFIT OF:
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ARKANSAS STORAGE CENTER
 POST-DEVELOPMENT FLOW
 BRYANT, SALINE COUNTY, ARKANSAS

DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:
REVISED:	CHECKED BY:	22-0800
SHEET: C-4.6	SCALE: 1"=60'	
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CONSTRUCTION PLANS ARKANSAS STORAGE CENTER BRYANT, AR



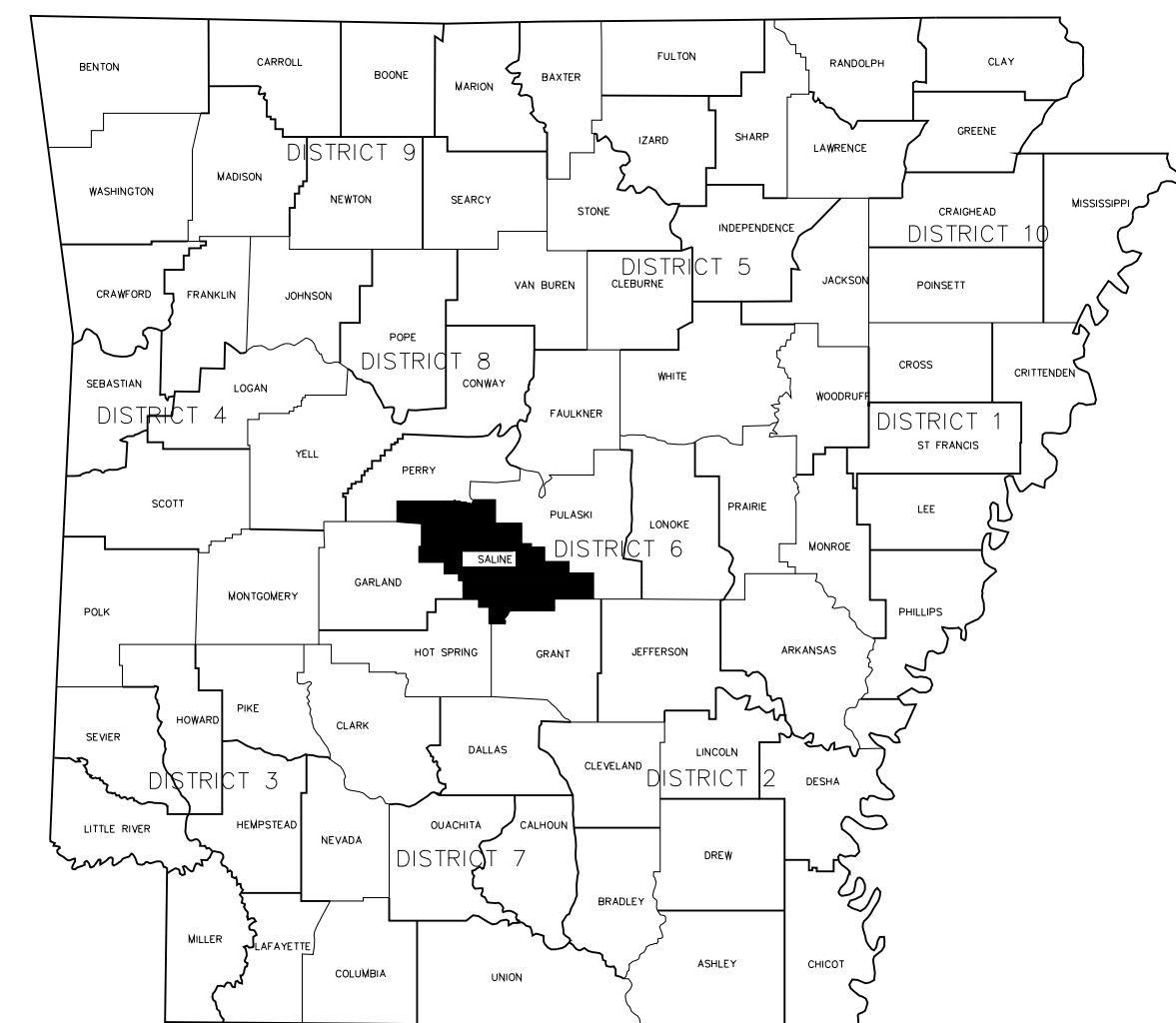
PREPARED BY:



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DRAWING INDEX

SHEET NO.	TITLE
	COVER
C-1.0	SITE PLAN
C-2.0	UTILITY PLAN
C-3.0	GRADING PLAN
C-4.0	DRAINAGE PLAN
C-4.1	DRAINAGE PLAN & PROFILE
C-4.2	DRAINAGE PLAN & PROFILE
C-4.3	DRAINAGE PLAN & PROFILE
C-4.4	RETENTION PLAN
C-4.5	PRE-DEVELOPMENT FLOW
C-4.6	POST-DEVELOPMENT FLOW
C-5.0	LANDSCAPE PLAN
C-6.0	EROSION CONTROL PLAN



CIVIL ENGINEER
HOPE CONSULTING INC
129 NORTH MAIN STREET
BENTON, AR 72015

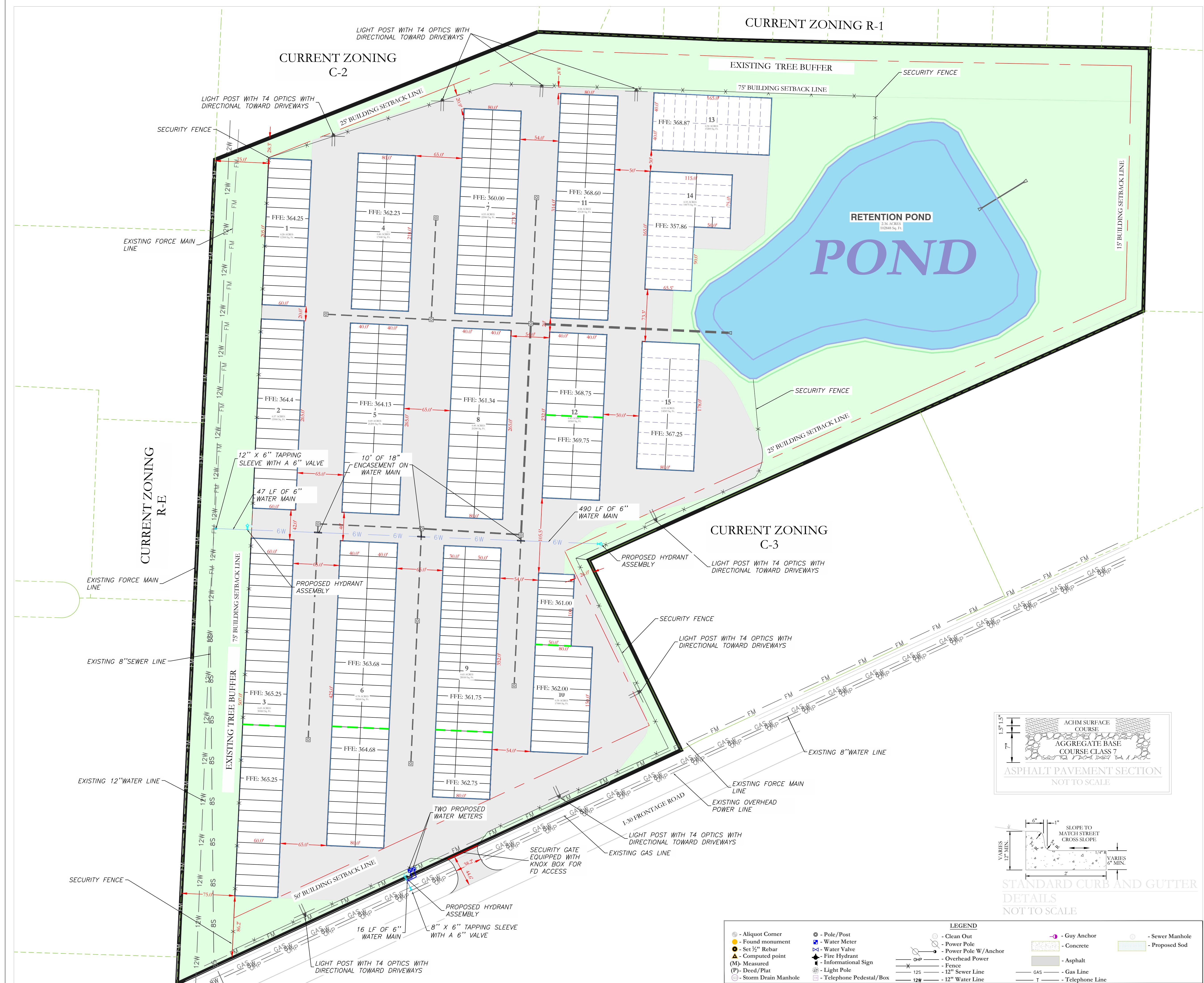
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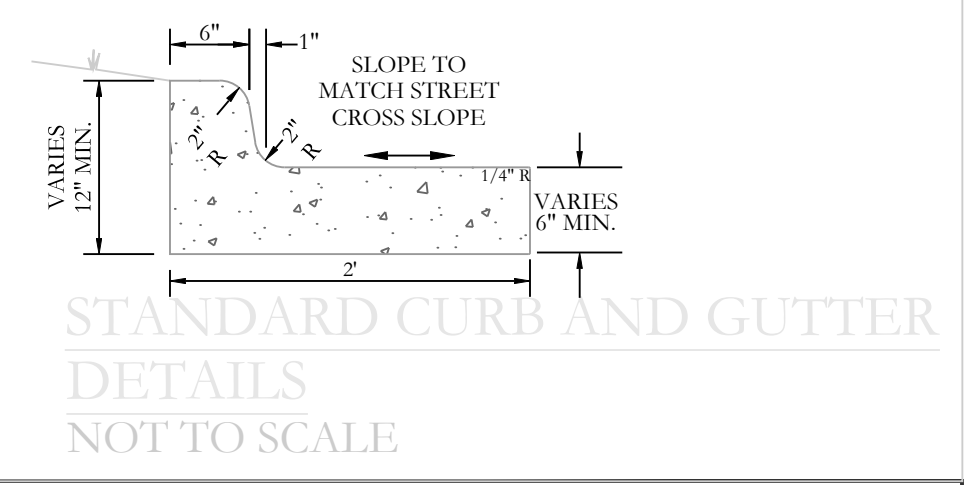
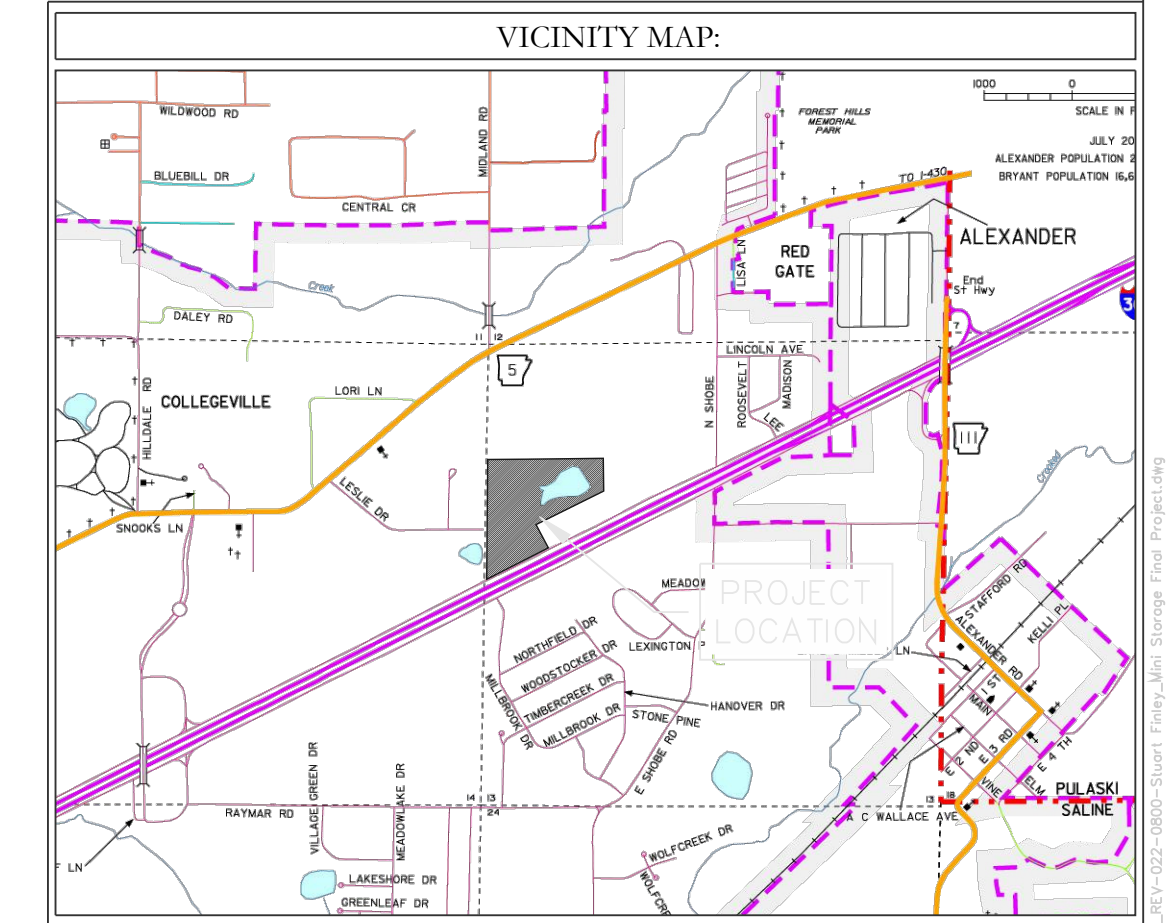
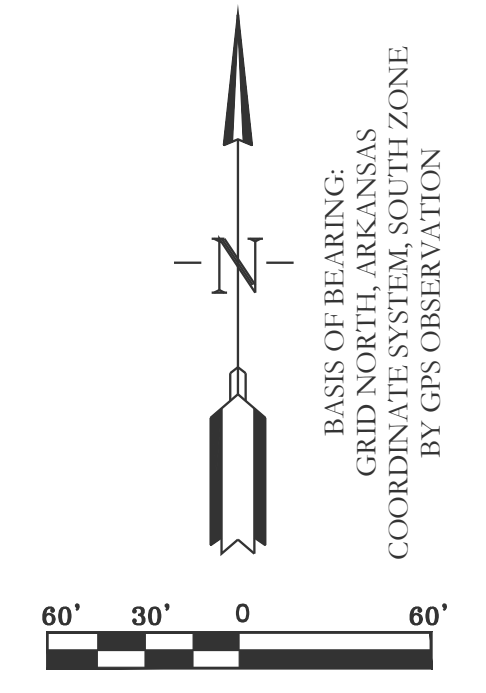
ARKANSAS STORAGE CENTER
BRYANT, SALINE COUNTY, ARKANSAS

DATE:	10/25/2023	C.A.D. BY:	DRAWING NUMBER:
REVISED:		CHECKED BY:	
SHEET:		SCALE:	23-0024



SITE DATA	
TOTAL SITE AREA	24.32 ACRES
TOTAL DEVELOPMENT AREA	14.79 ACRES
GROSS BUILDING AREA	TOTAL BUILDING AREA 305,978 SF
BUILDING HEIGHTS	20'
BUILDING COVERAGE PERCENTAGE	305,978/1,059,263.30=0.29=29.0%
BUSINESS TYPE	MINI STORAGE

CIVIL ENGINEER
 HOPE CONSULTING INC
 129 N. MAIN STREET
 BENTON, AR 72015
 CONTACT: KAZI TAMZIDUL ISLAM
 PHONE: 504-315-2626
 EMAIL: kazi@hopeconsulting.com



LEGEND	
● - Aliquot Corner	○ - Pole/Post
● - Found monument	○ - Water Meter
● - Set 1/2" Rebar	○ - Water Valve
● - Computed point	○ - Fire Hydrant
(M) - Measured	○ - Informational Sign
(P) - Deed/Plat	○ - Light Pole
○ - Storm Drain Manhole	○ - Telephone Pedestal/Box
○ - Clean Out	○ - Guy Anchor
○ - Power Pole	○ - Concrete
○ - Power Pole W/Anchor	○ - Asphalt
○ - Overhead Power	○ - Gas Line
○ - Fence	○ - 12" Sewer Line
○ - 12S	○ - Telephone Line
○ - 12W	○ - 12" Water Line

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FOR USE AND BENEFIT OF:
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ARKANSAS STORAGE CENTER
 BRYANT, SALINE COUNTY, ARKANSAS

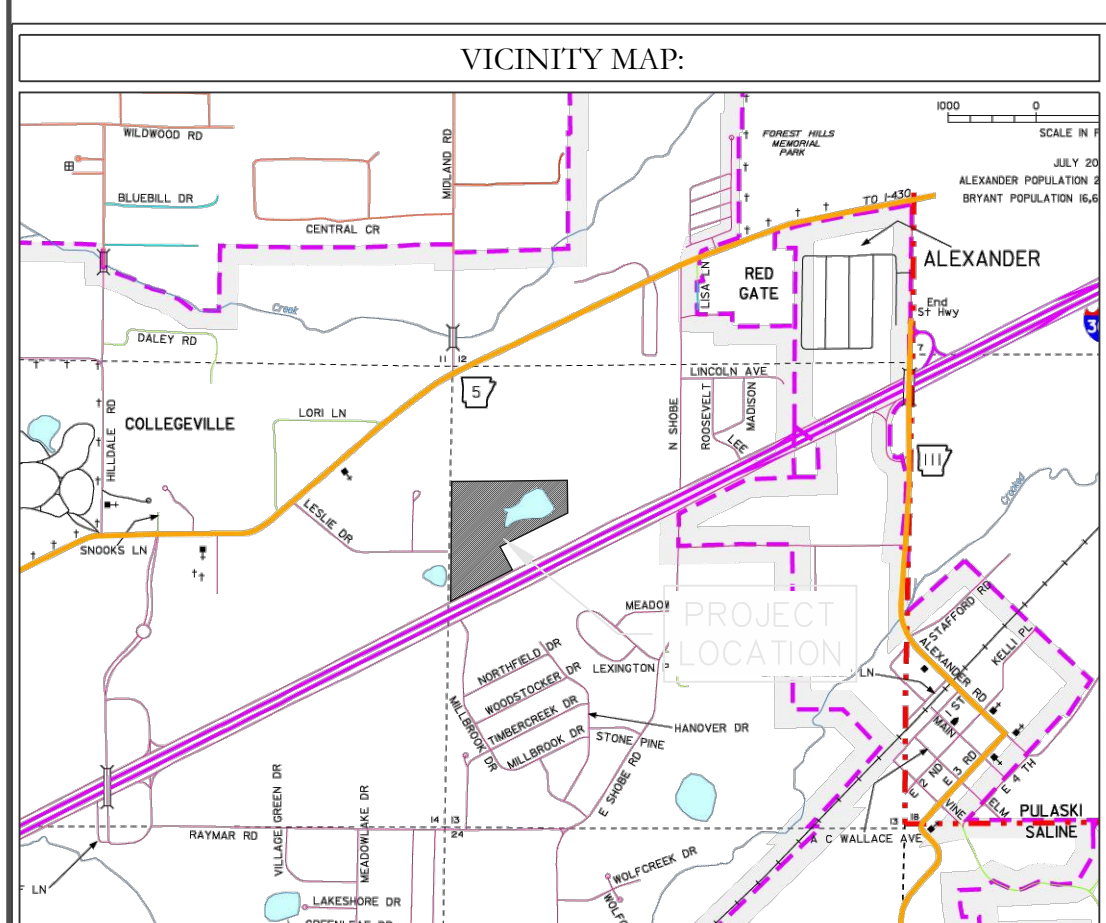
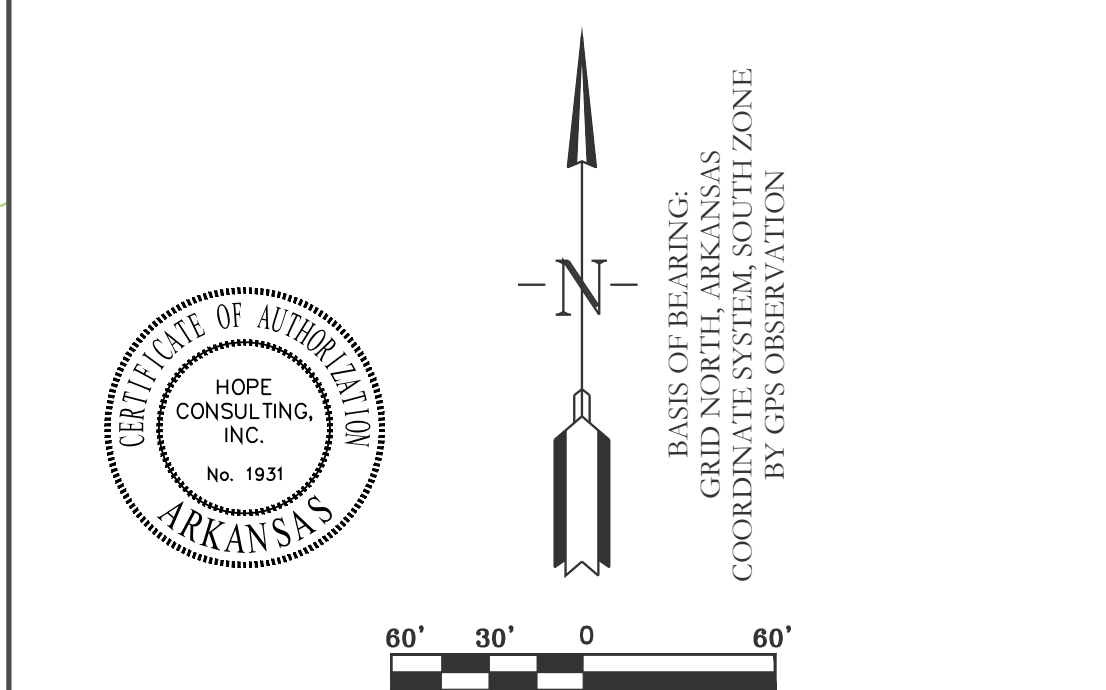
SITE PLAN

DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:
REVISED:	CHECKED BY:	22-0800
SHEET: C-1.0	SCALE: 1"=60'	

500 01S 14W 0 21 300 62 1762



- WATER UTILITY NOTES:
1. ALL NEW 6-INCH WATER MAINS TO BE CLASS 900.
 2. ALL WATER INSTALLATION TO BE IN ACCORDANCE WITH THE CITY OF BRYANT "STANDARD SPECIFICATIONS FOR DESIGN AND CONSTRUCTION OF WATER LINES AND SEWER LINES, 2015 EDITION".
 3. WATER LINES UNDER CULVERTS, CREEKS, CONCRETE CHANNELS, RETAINING WALLS, OR OTHER DIFFICULT AND /OR DANGEROUS TO MAINTAIN AREAS SHALL BE ENCASED IN A SMOOTH STEEL ENCASUREMENT PIPE. THE STEEL ENCASUREMENT SHALL EXTEND FIVE FEET EITHER SIDE OF THE AREA.
 4. EACH WATER SERVICE METER MUST HAVE ITS OWN SERVICE LINE CONNECTION TO THE MAIN (INCLUDES DOUBLE METERS DISPLAYED AS ONE SERVICE LINE ON THE PLAN).
 5. CASING SPACERS SHALL BE STAINLESS STEEL, CASCADE MODEL CCS AS MANUFACTURED BY CASCADE WATER MFG. CO, OR APPROVED EQUAL.



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FOR USE AND BENEFIT OF:
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ARKANSAS STORAGE CENTER
UTILITY PLAN
BRYANT, SALINE COUNTY, ARKANSAS

DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:
REVISED:	CHECKED BY:	22-0800
SHEET: C-2.0	SCALE: 1"=60'	
500	01S	14W 0 21 300 62 1762



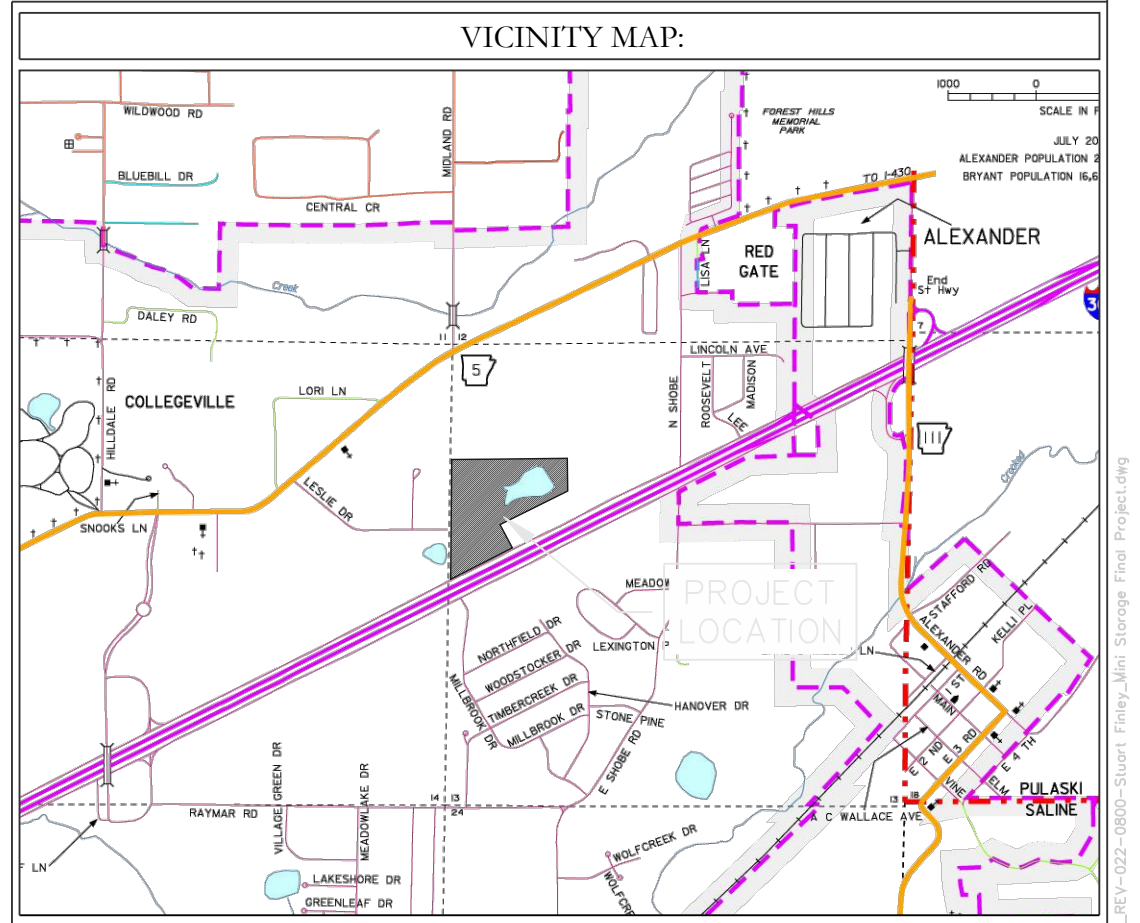
LEGEND

EXISTING CONTOUR LINE	---	363
PROPOSED CONTOUR LINE	---	363
PROPOSED HDPE STORM PIPE	---	
PROPOSED RCP STORM PIPE	---	

CERTIFICATE OF AUTHORIZATION
HOPE CONSULTING, INC.
 No. 1931
ARKANSAS

BASIS OF BEARING:
 GRID NORTH, ARKANSAS
 COORDINATE SYSTEM, SOUTH ZONE
 BY GPS OBSERVATION

60' 30' 0 30' 60'



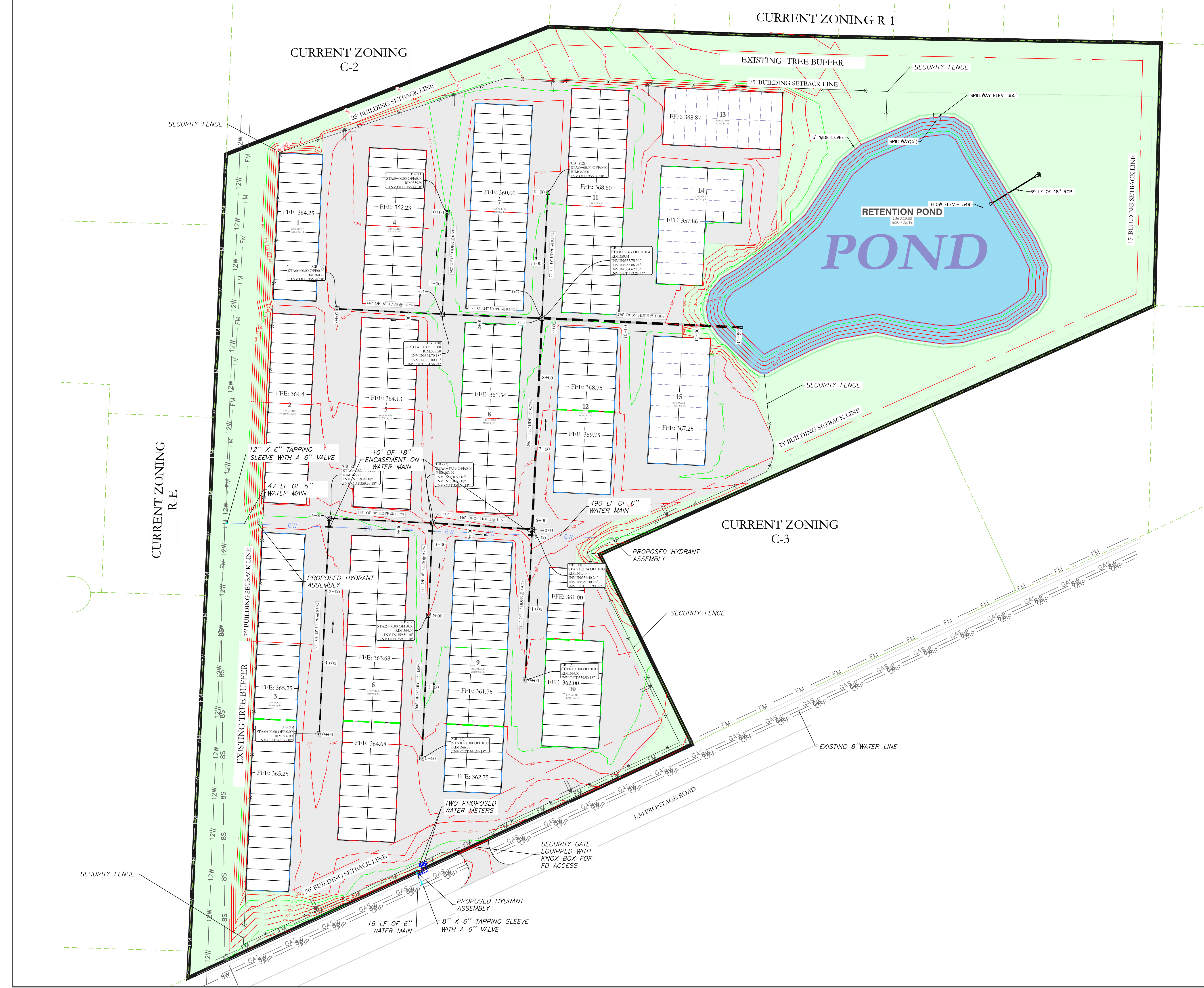
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ARKANSAS STORAGE CENTER
 GRADING PLAN
 BRYANT, SALINE COUNTY, ARKANSAS

DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:
REVISED:	CHECKED BY:	22-0800
SHEET: C-3.0	SCALE: 1"=60'	
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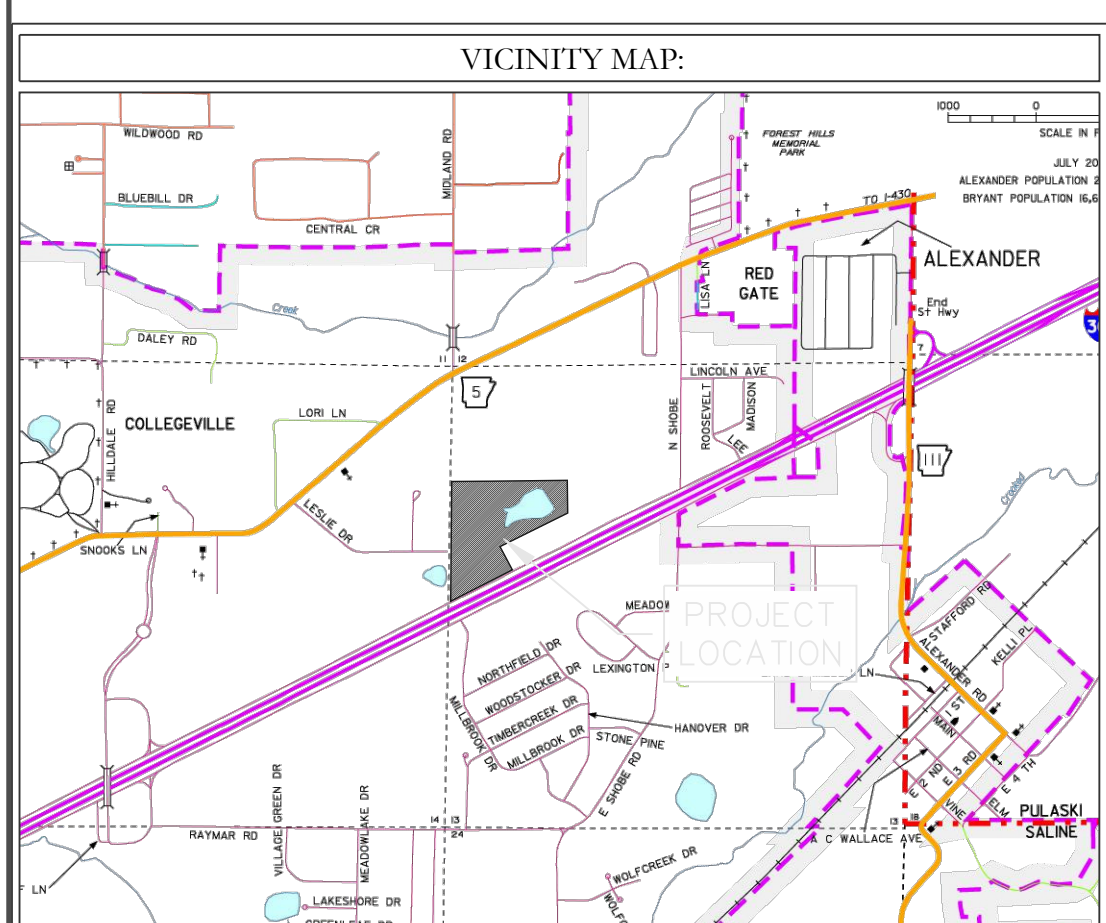
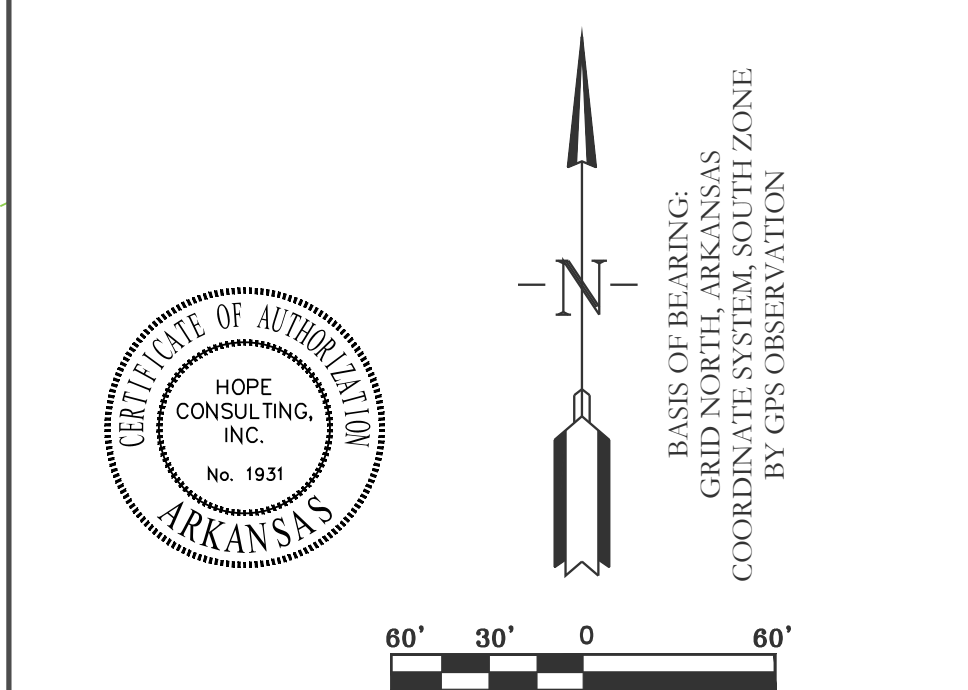


LEGEND

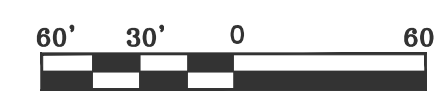
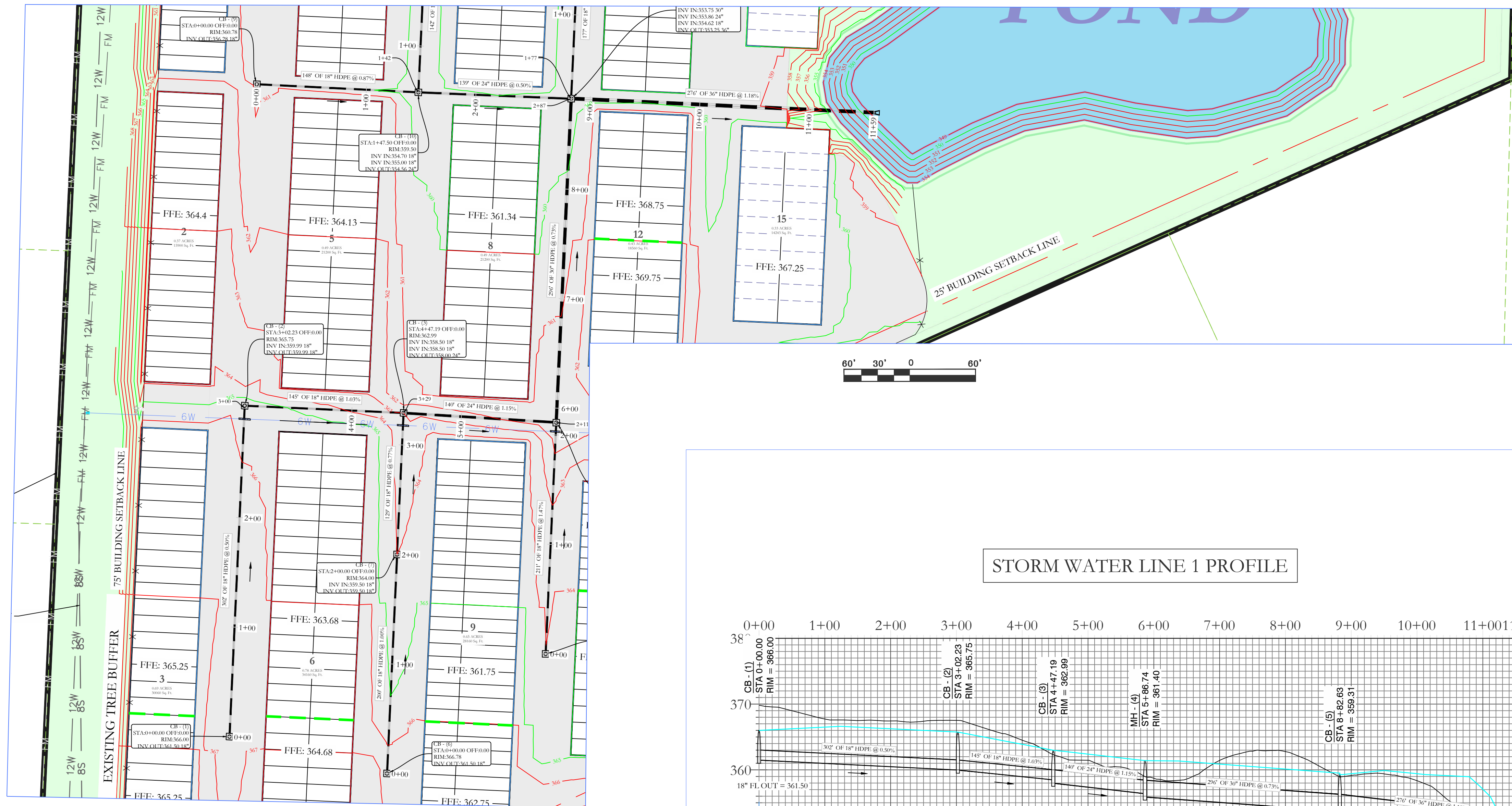
PROPOSED CONTOUR LINE ——— 363 ———

PROPOSED HDPE STORM PIPE ———

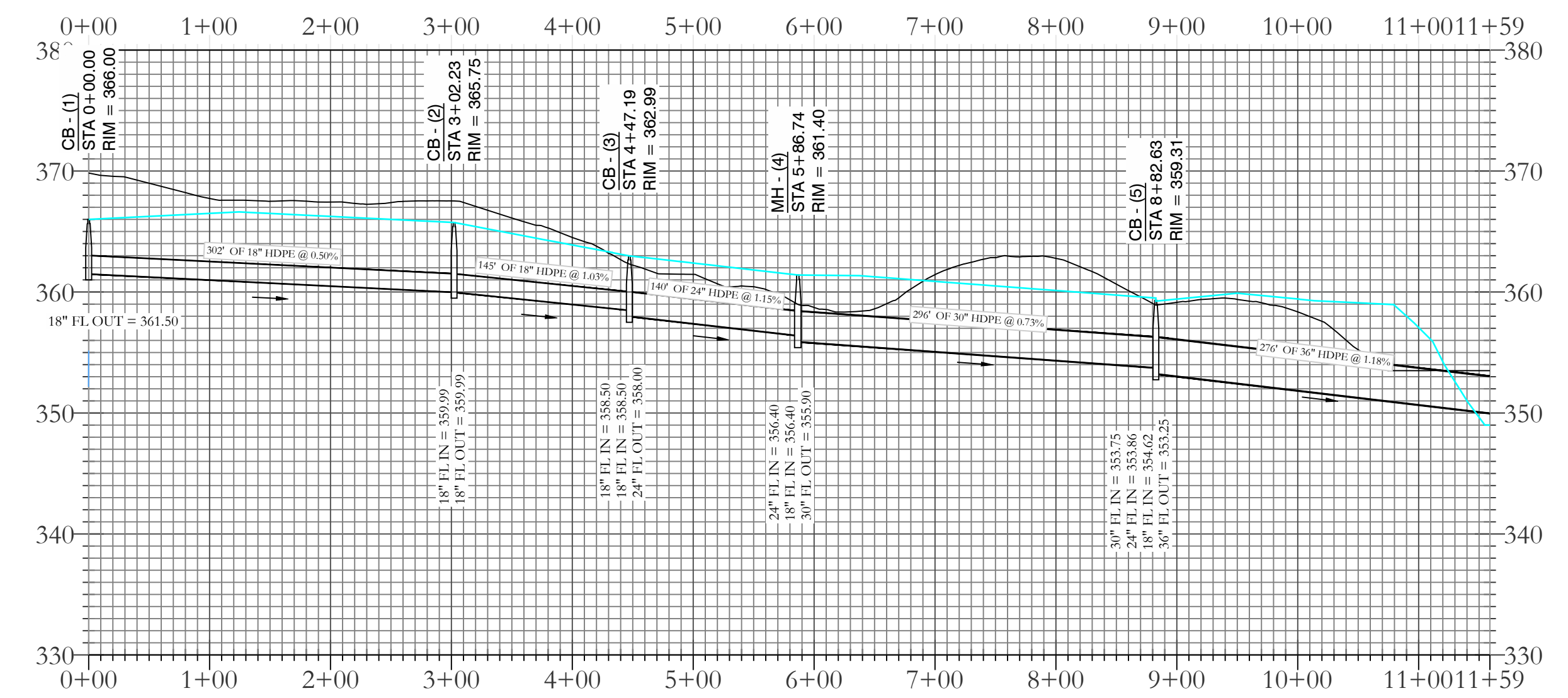
PROPOSED RCP STORM PIPE ———



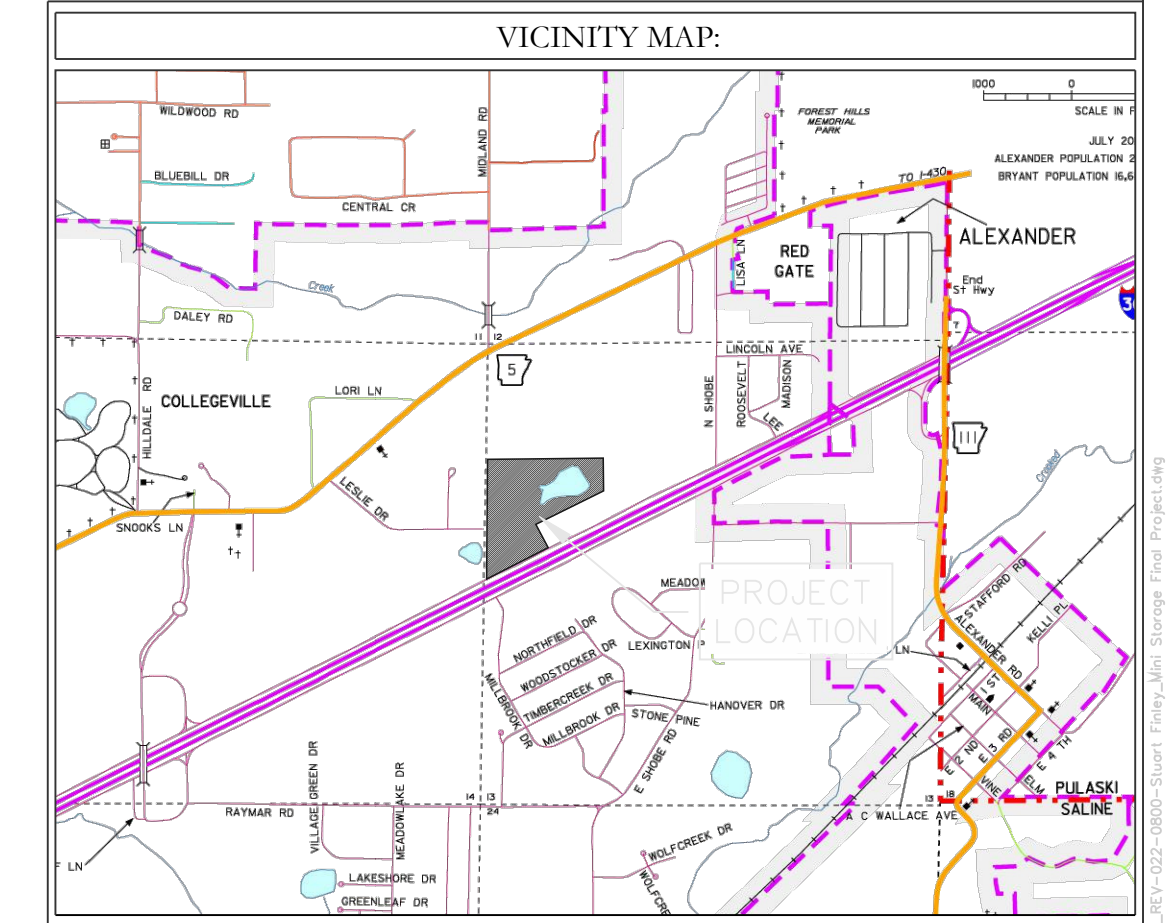
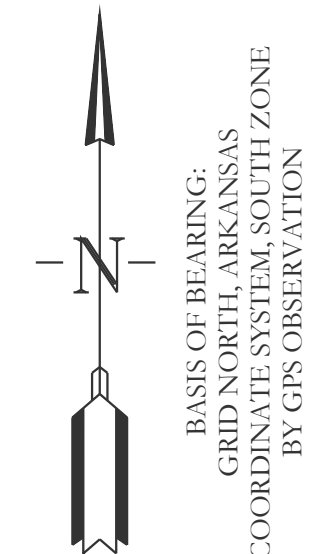
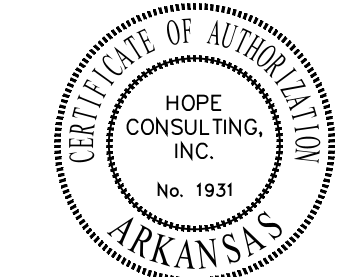
		129 N. Main Street, Benton, Arkansas 72015 PH. (501) 315-2626 FAX (501) 315-0024 www.hopeconsulting.com
FOR USE AND BENEFIT OF: STUART FINLEY		
ARKANSAS STORAGE CENTER DRAINAGE PLAN BRYANT, SALINE COUNTY, ARKANSAS		
DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:
REVISIONS:	CHECKED BY:	22-0800
SHEET: C-4.0	SCALE: 1"=60'	
500	01S	14W 0 21 300 62 1762



STORM WATER LINE 1 PROFILE



- LEGEND**
- EXISTING CONTOUR LINE 363
 - PROPOSED CONTOUR LINE 363
 - PROPOSED HDPE STORM PIPE ———
 - PROPOSED RCP STORM PIPE ———



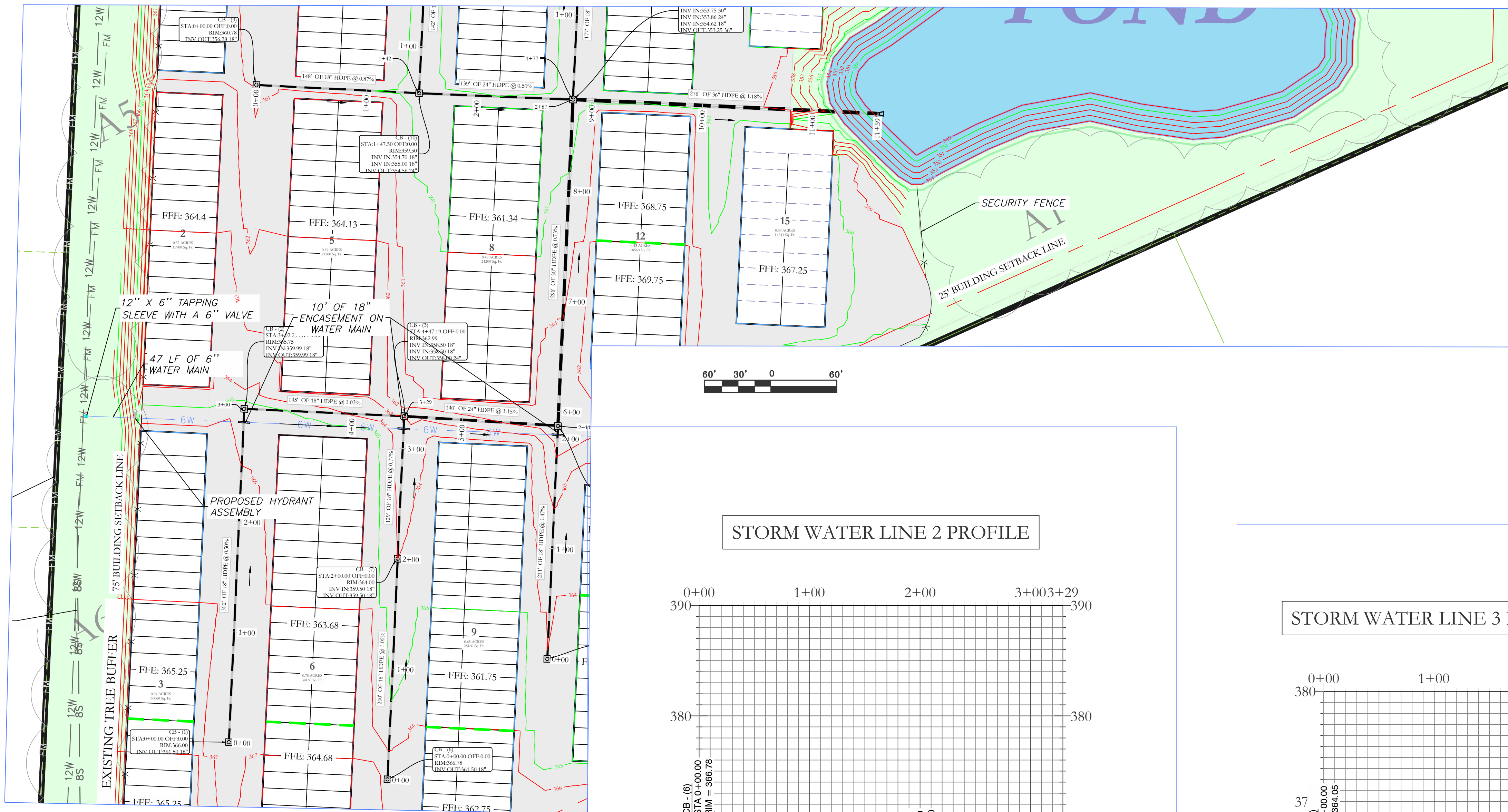
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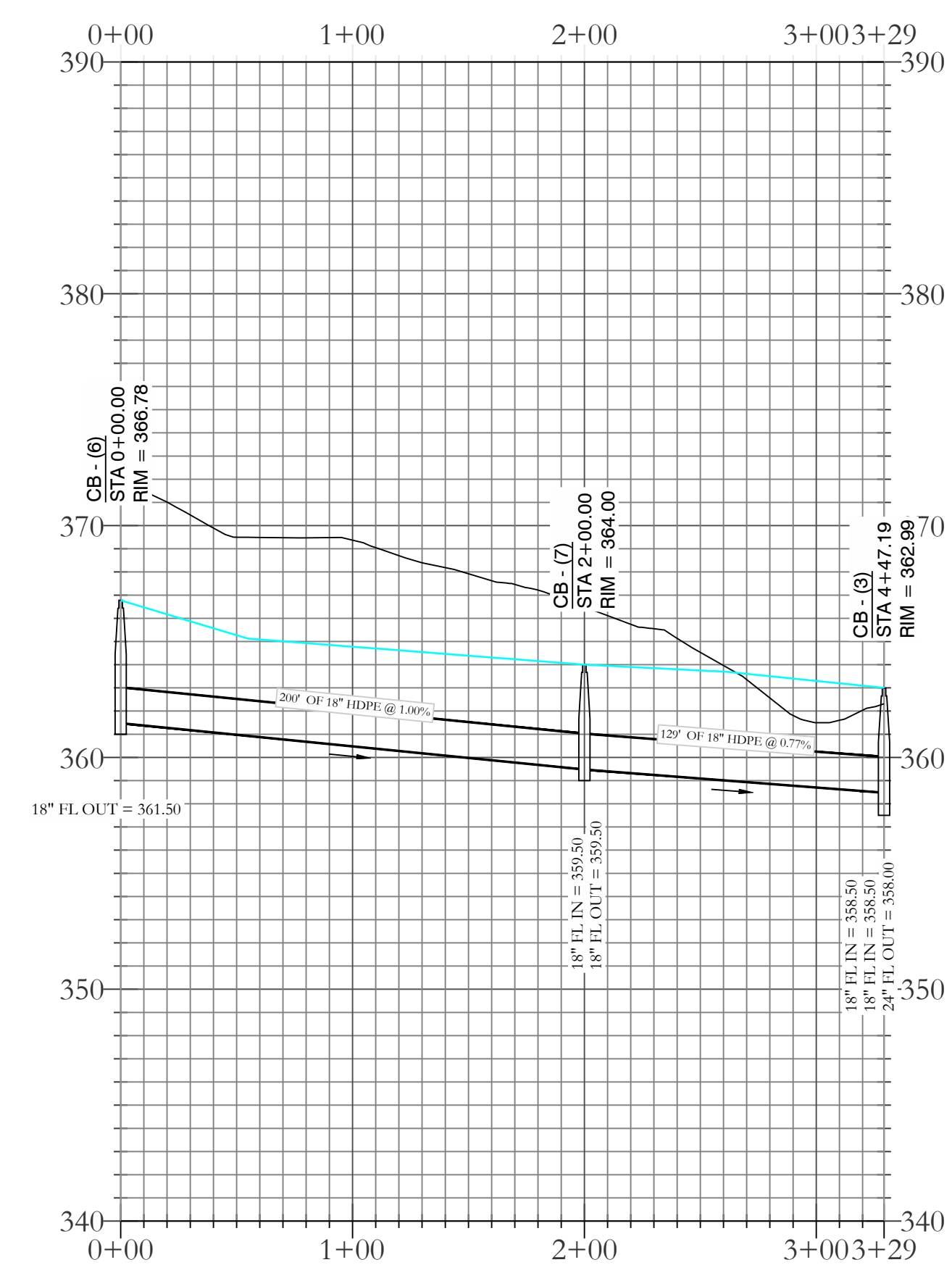
ARKANSAS STORAGE CENTER
DRAINAGE PLAN
BRYANT, SALINE COUNTY, ARKANSAS

DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:
REVISED:	CHECKED BY:	22-0800
SHEET: C-4.1	SCALE:	
500	01S	14W 0 21 300 62 1762

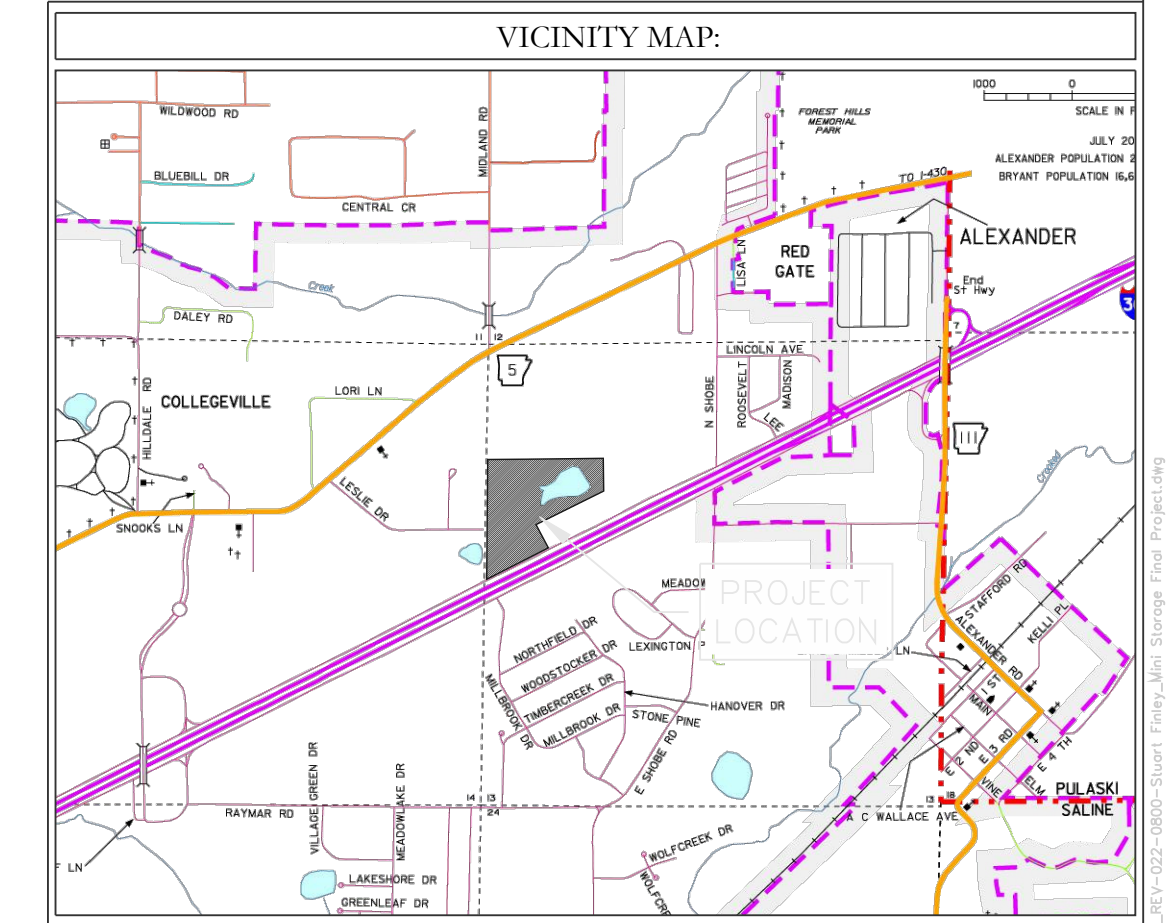
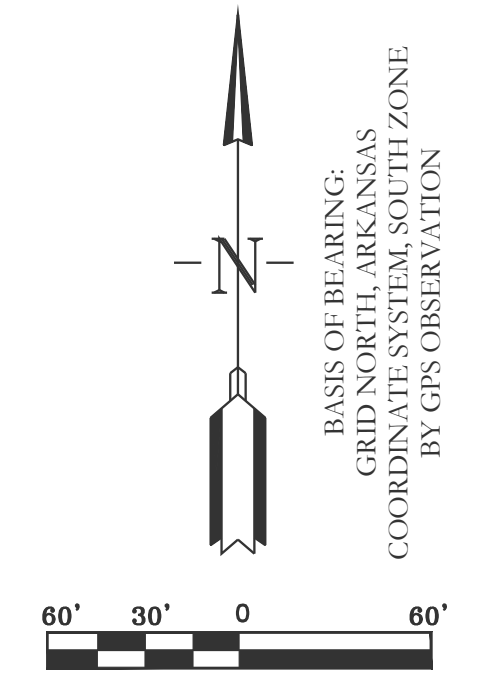
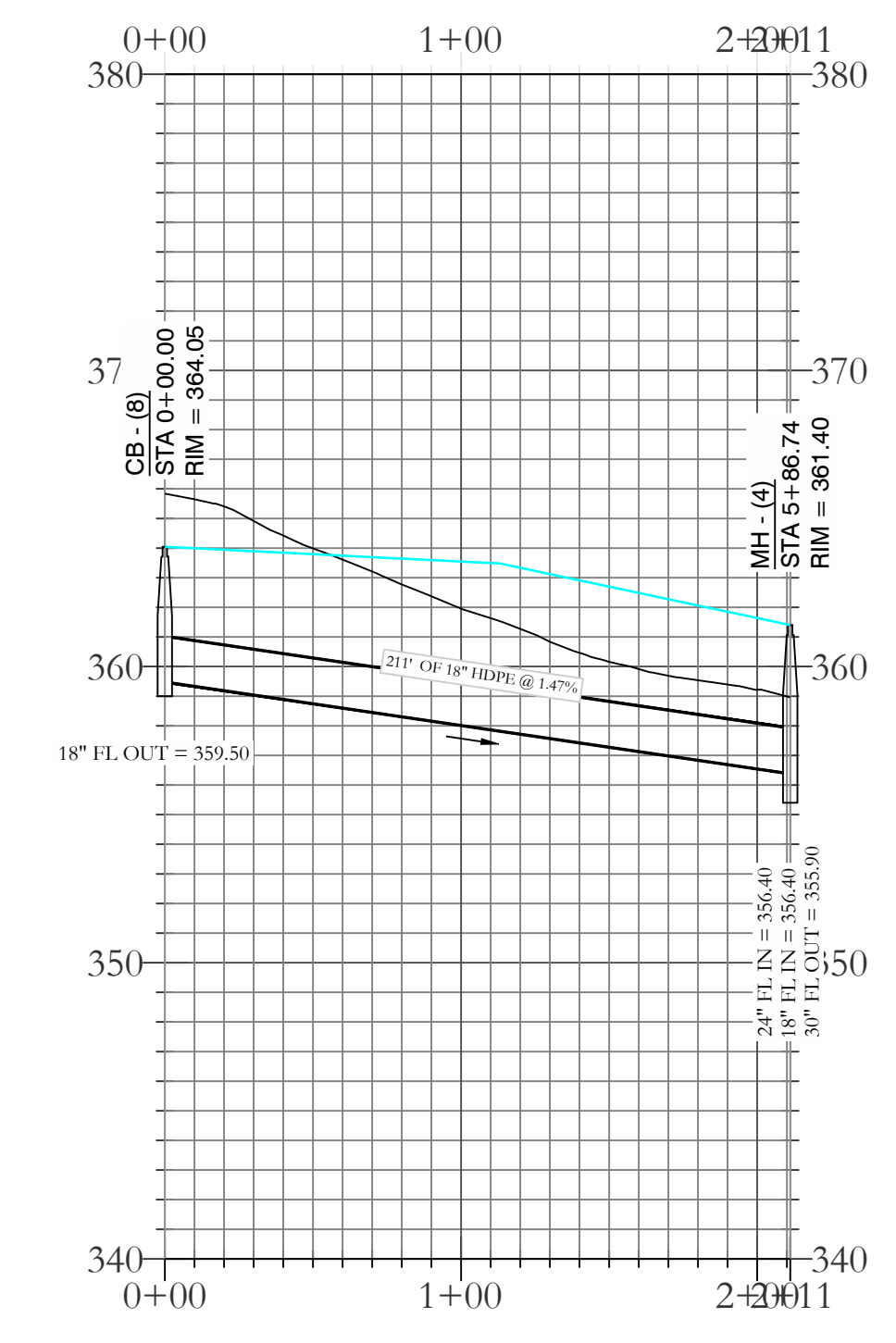


- LEGEND**
- EXISTING CONTOUR LINE --- 363 ---
 - PROPOSED CONTOUR LINE --- 363 ---
 - PROPOSED HDPE STORM PIPE - - - - -
 - PROPOSED RCP STORM PIPE —————

STORM WATER LINE 2 PROFILE



STORM WATER LINE 3 PROFILE



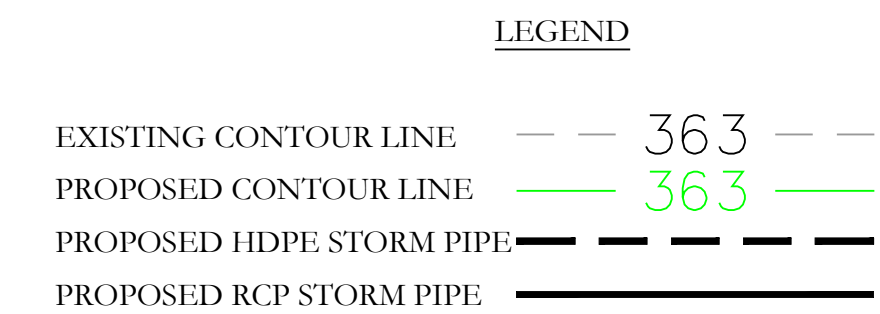
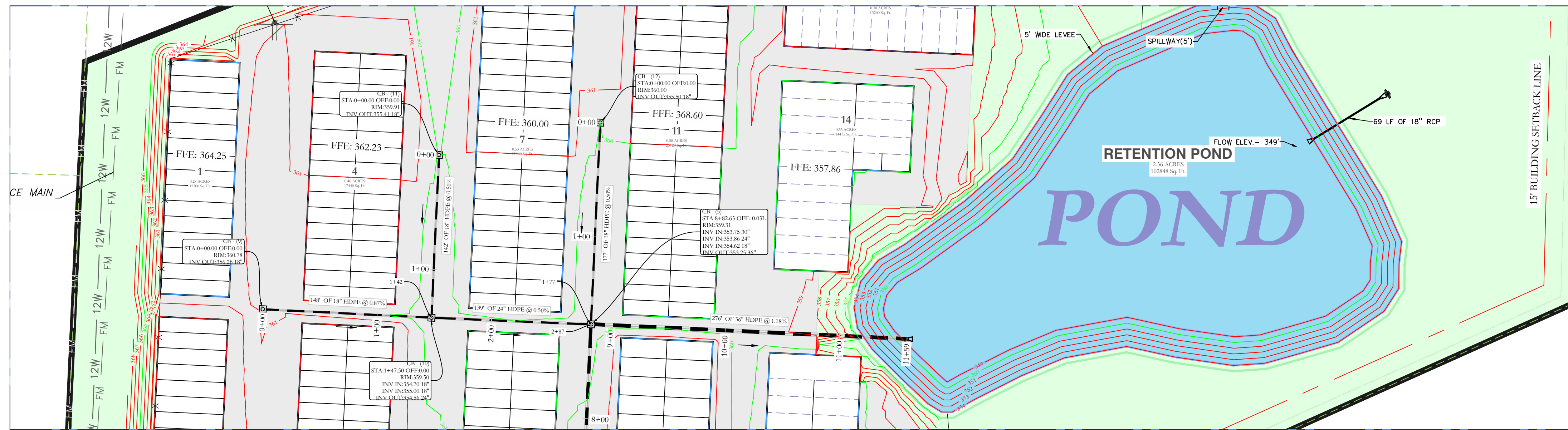
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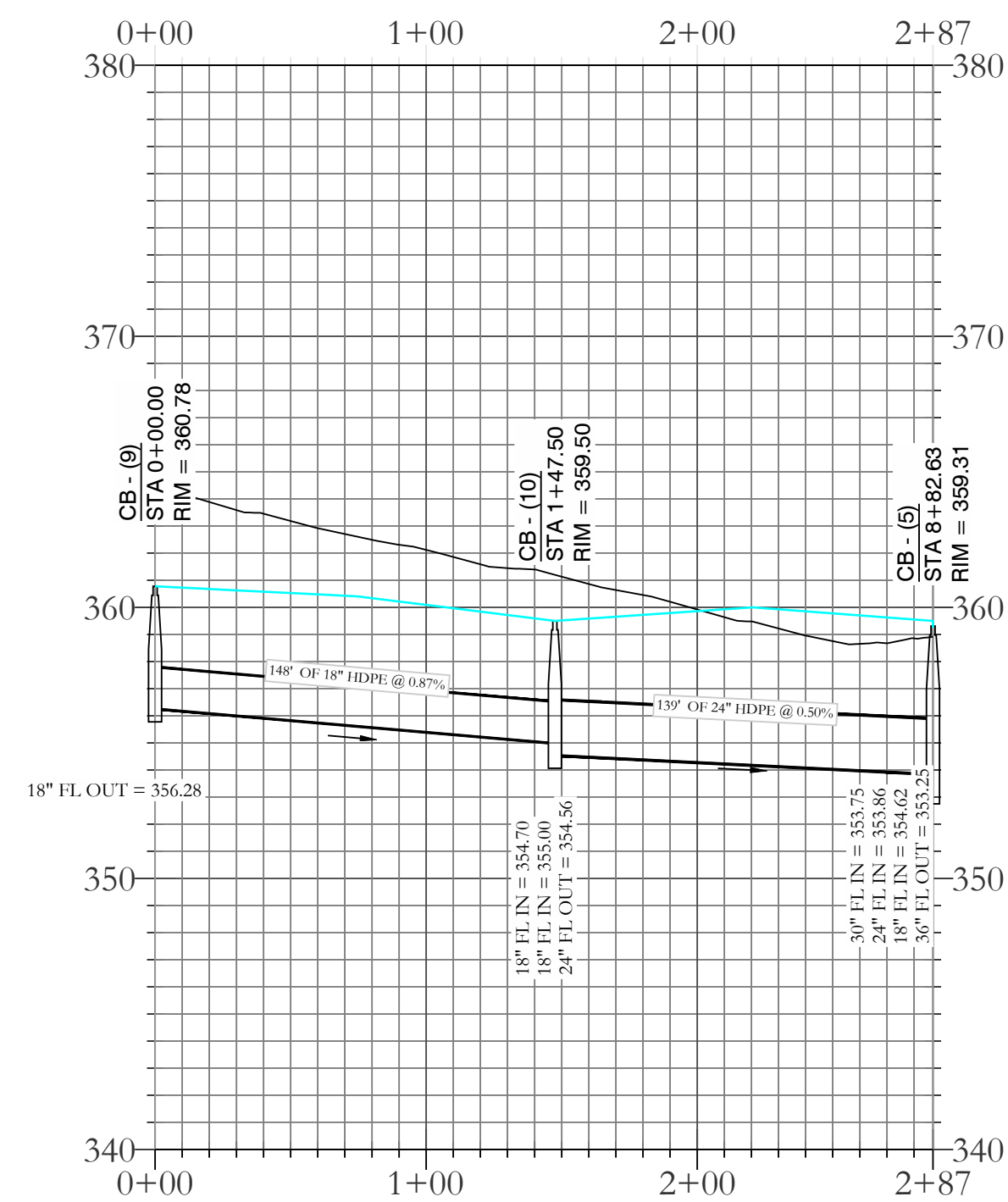
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BRYANT, SALINE COUNTY, ARKANSAS

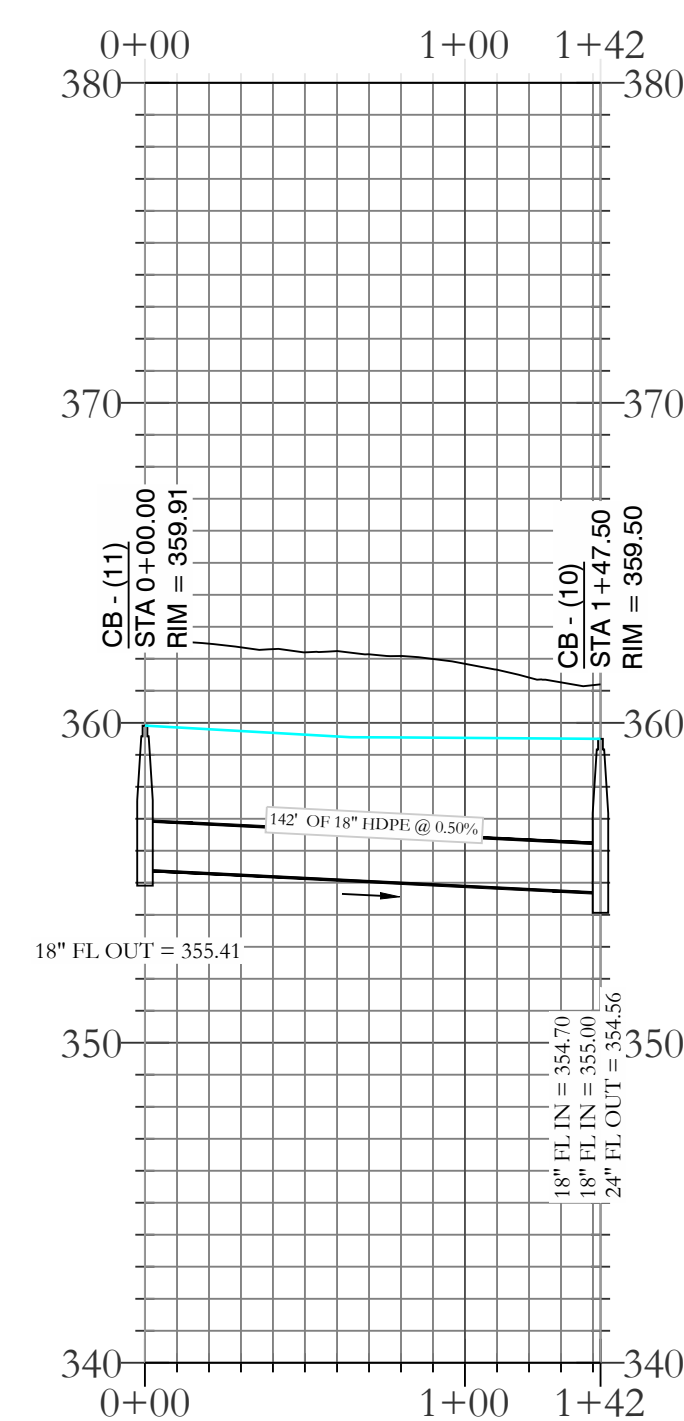
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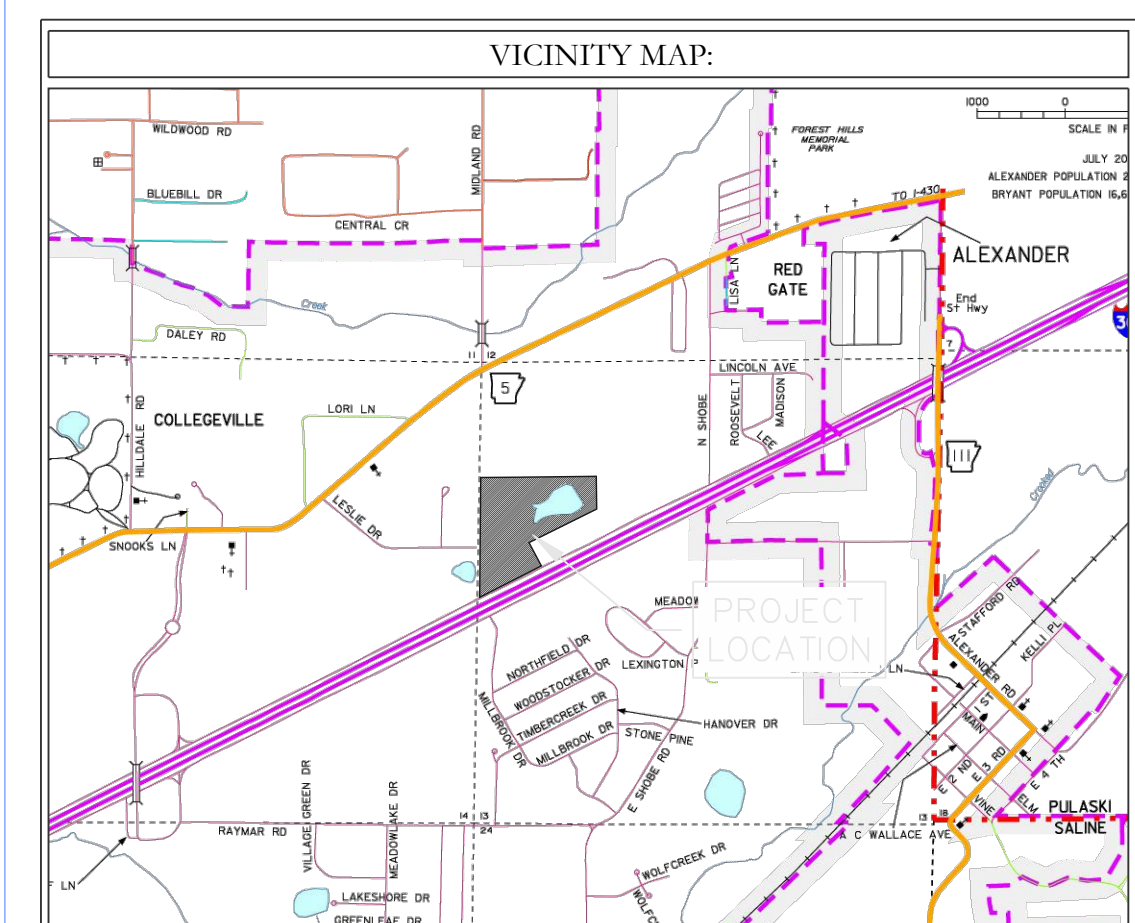
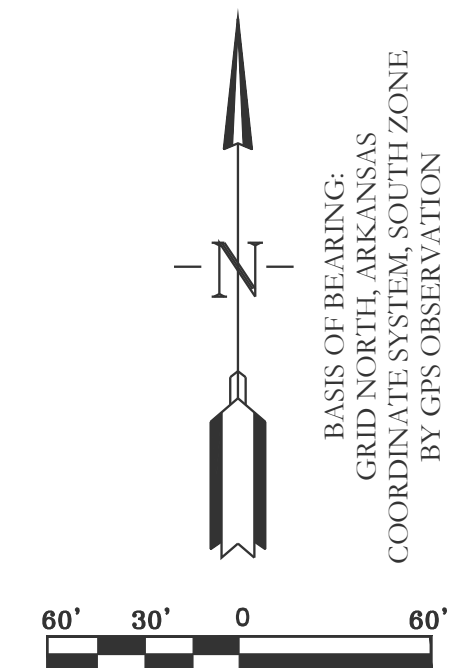
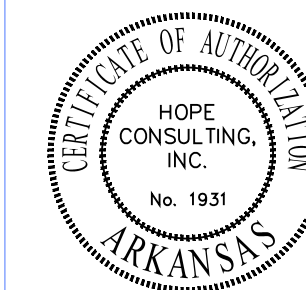
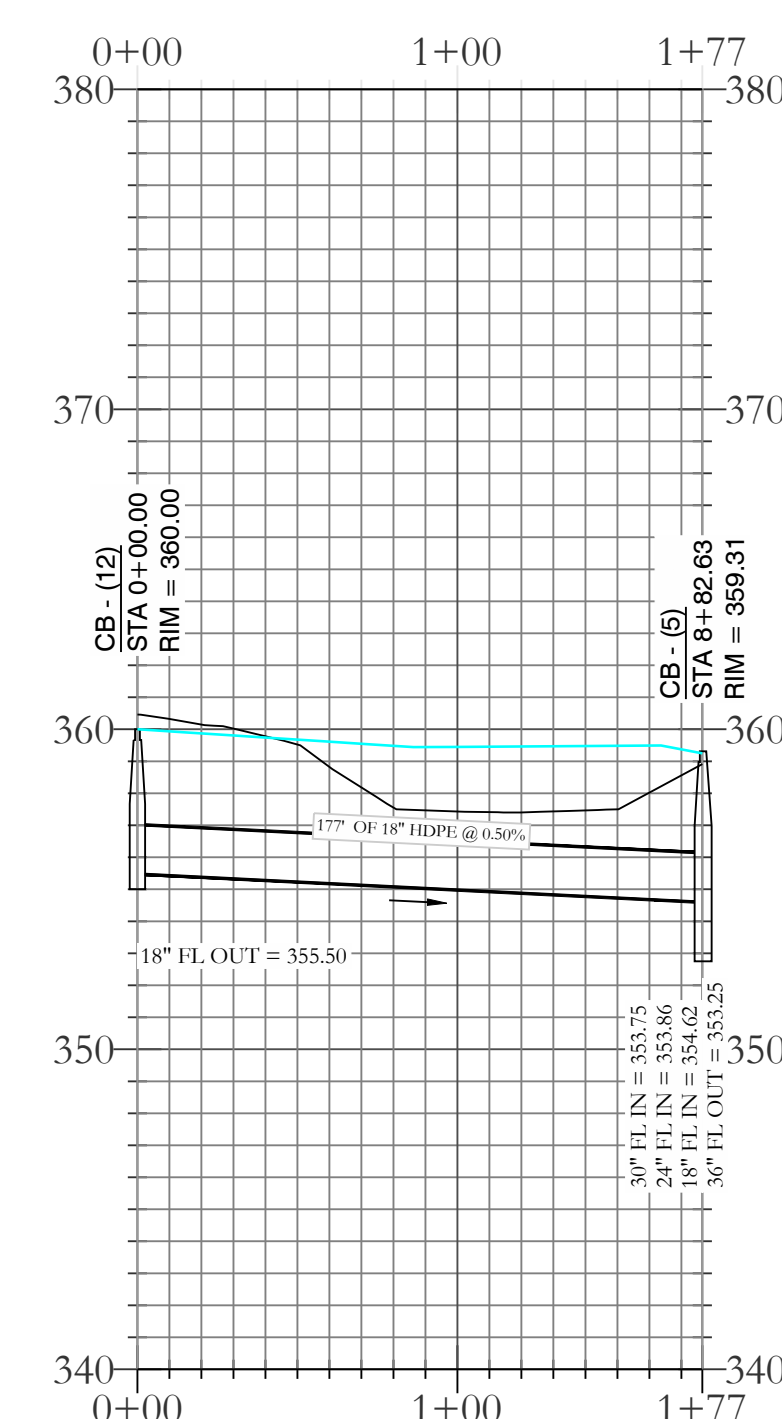
STORM WATER LINE 4 PROFILE



STORM WATER LINE 5 PROFILE



STORM WATER LINE 6 PROFILE



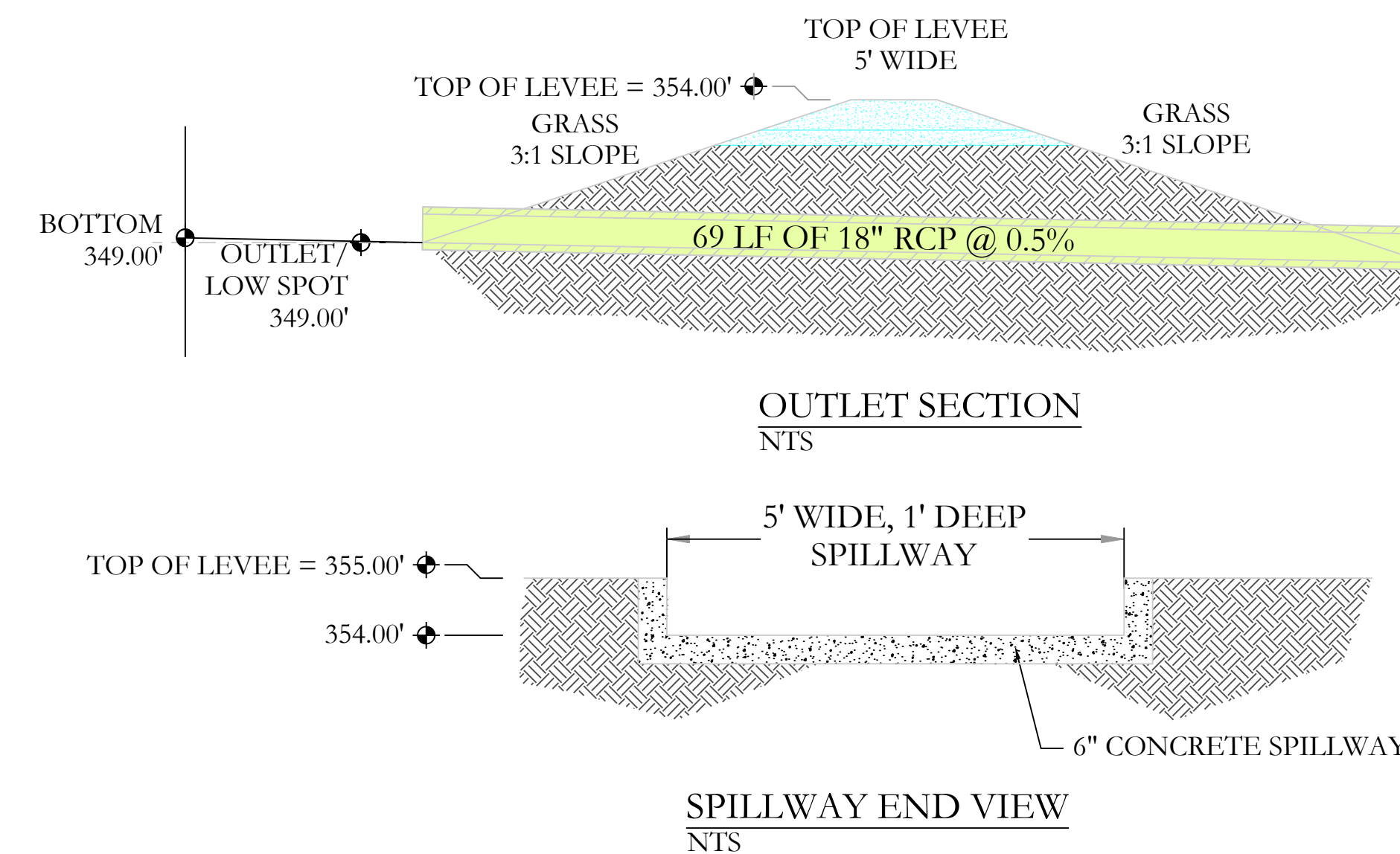
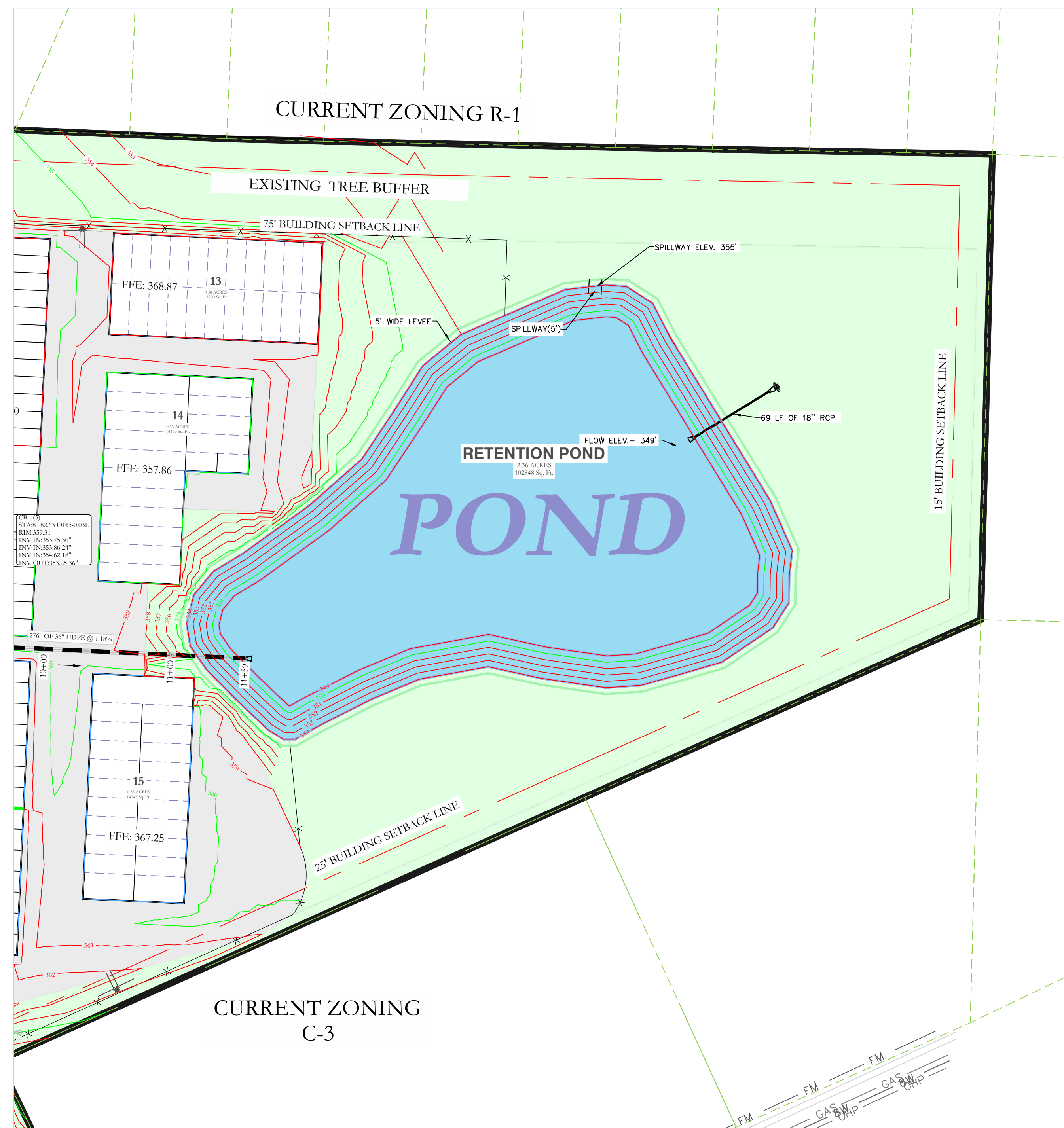
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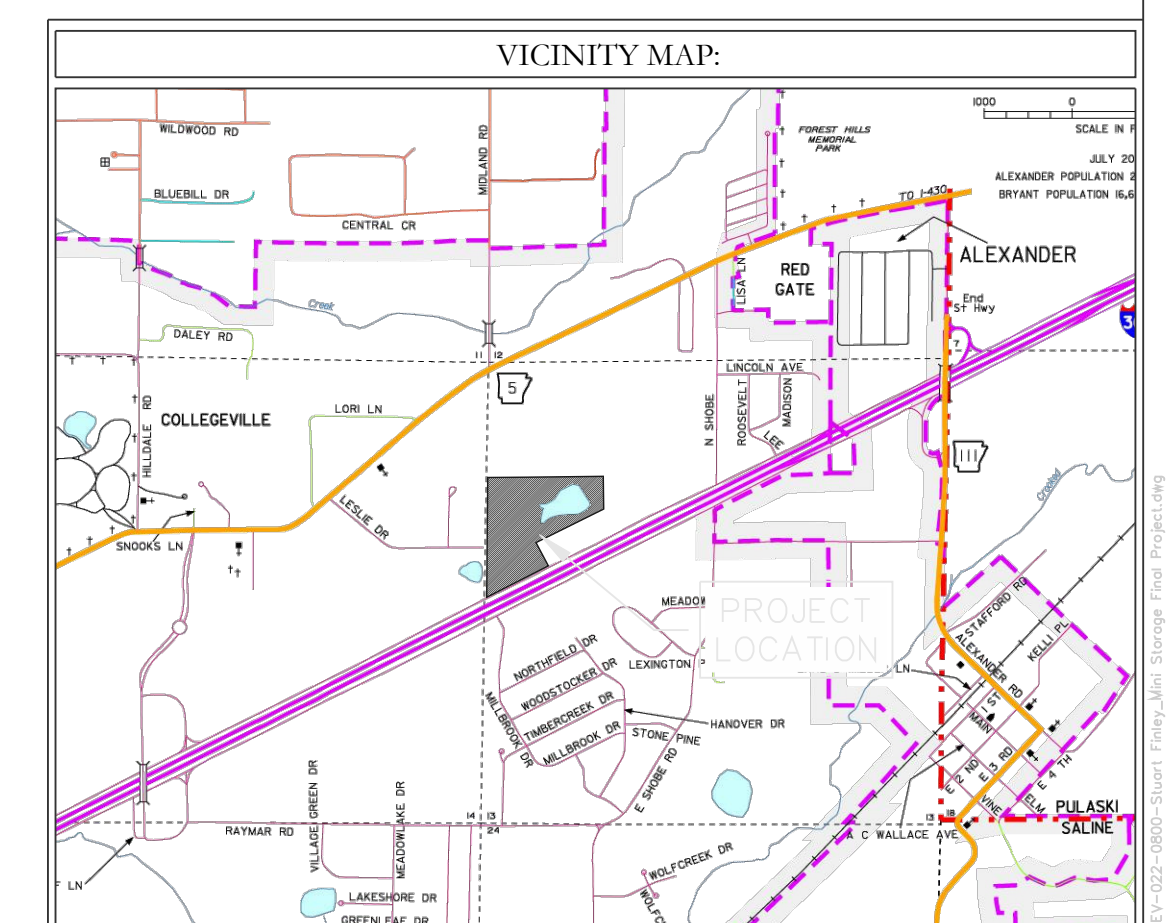
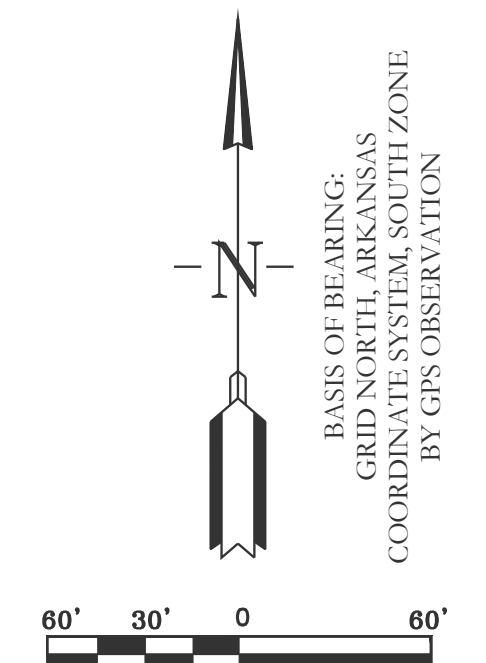
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DRAINAGE PLAN
BRYANT, SALINE COUNTY, ARKANSAS

DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:
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500	01S	14W 0 21 300 62 1762



LEGEND

EXISTING CONTOUR LINE	---	363	---
PROPOSED CONTOUR LINE	---	363	---
PROPOSED HDPE STORM PIPE	---		---
PROPOSED RCP STORM PIPE	---		---



DETENTION POND MAINTENANCE PLAN

Background
There will be one retention pond in this project. The retention pond is located at the North-East of the subject property. It is designed to temporarily detain stormwater to meet water quantity criteria before discharging off the property.

Routine Maintenance
The property owners association will maintain the drainage easements. Routine maintenance will include but not be limited to:
-Mowing of the bank slopes and area around the pond on a monthly basis during the growing season and as needed during the cooler months.

-The outlet pipe from the pond and other areas will be inspected monthly for debris which could inhibit the proper flow of discharge. Any debris will be removed immediately and disposed of or placed in a location to prevent future maintenance and to not cause impact up or downstream of the structure.

-Trash will be removed from around the pond to prevent entering the pond. Generally, the site should be kept free of loose trash which could be carried off site by wind or rain.

-Inspect the pond and outlet pipe for non-routine maintenance need.

Periodic or Non-Routine Maintenance

The routine inspection of the pond area and discharge pipe will identify needed repairs and non-routine maintenance. These items may include but not be limited to:

- Re-growth of trees on or around the pond bank. These should be cut and removed from the pond area.
- Sediment from the site may accumulate in the pond bottom and reduce the pond to below design volume requirements. The pond should be excavated if the pond bottom elevation reached a level that allows excessive aquatic growth or reduces the pond efficiency such, that the sediments are passing the discharge structure and release off site.
- Stabilization or re-grading of side slopes may be required periodically or after excessive rain events. Any disturbance of slopes should be reseeded or may require installation of erosion control materials until seeding can reestablish adequate grasses to prevent future erosion.
- Any other maintenance or repairs which would minimize other maintenance to the pond or outfall structures.

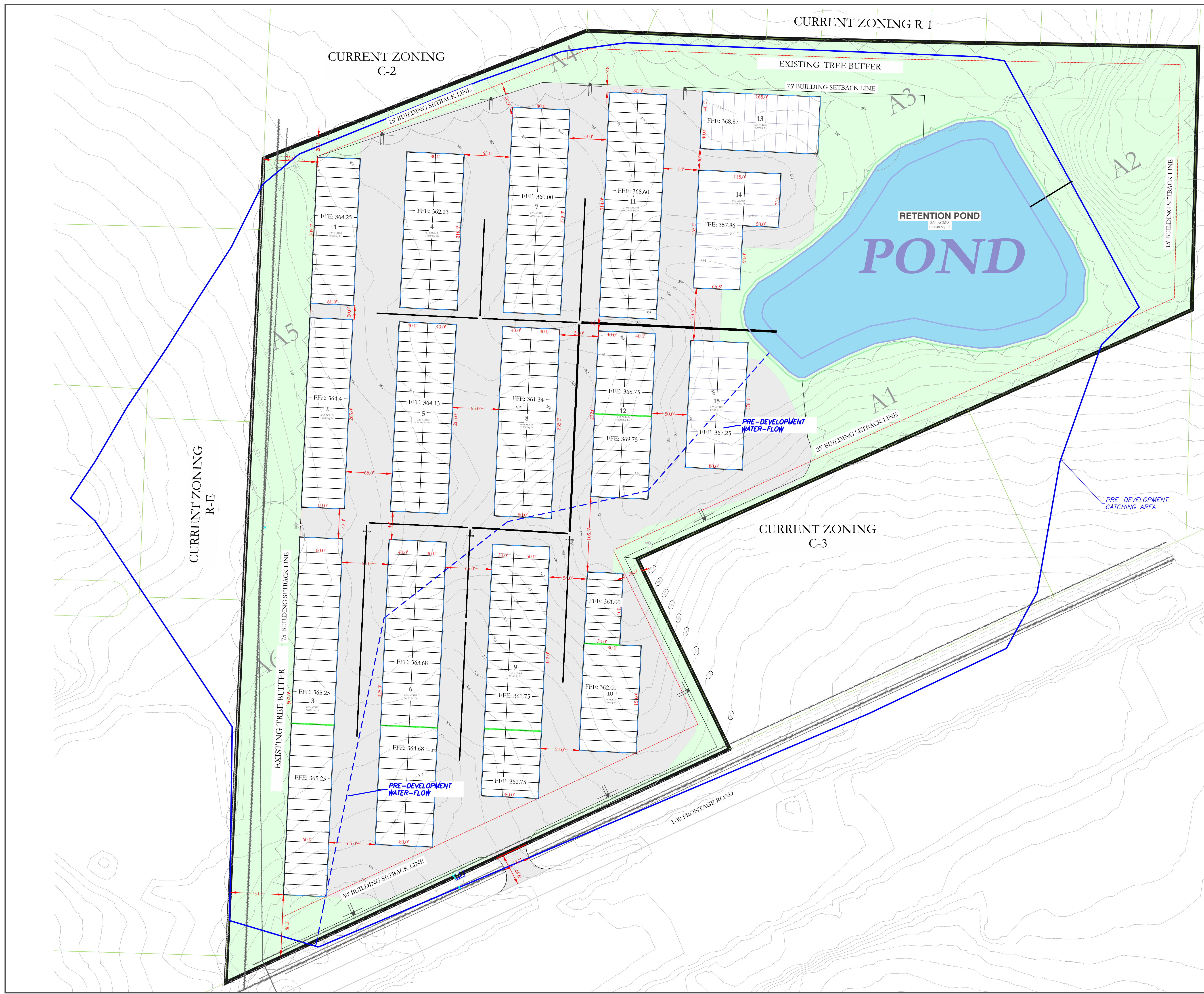
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RETENTION POND PLAN
BRYANT, SALINE COUNTY, ARKANSAS

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SHEET:	C-4.4	SCALE:			
500	01S	14W	0	21	300
					62
					1762



LEGEND

EXISTING CONTOUR LINE	--- 363 ---
PROPOSED CONTOUR LINE	--- 363 ---
PROPOSED HDPE STORM PIPE	---
PROPOSED RCP STORM PIPE	---

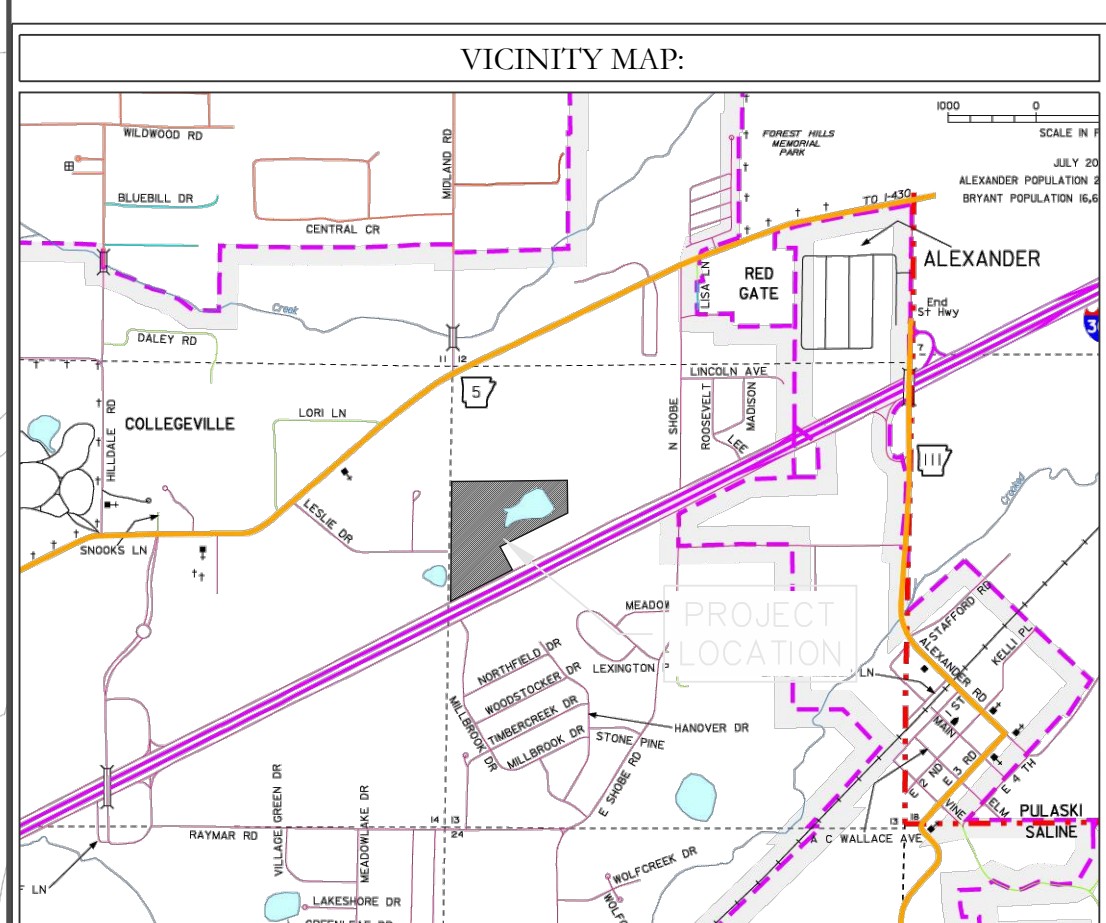
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 HOPE CONSULTING, INC.
 No. 1931
 ARKANSAS

LEGEND

EXISTING CONTOUR LINE --- 363 ---
 PROPOSED CONTOUR LINE --- 363 ---
 PROPOSED HDPE STORM PIPE ---
 PROPOSED RCP STORM PIPE ---

SCALE
 60' 30' 0 60'

BASES OF BEARING:
 GRID NORTH, ARKANSAS
 COORDINATE SYSTEM, SOUTH ZONE
 BY GPS OBSERVATION



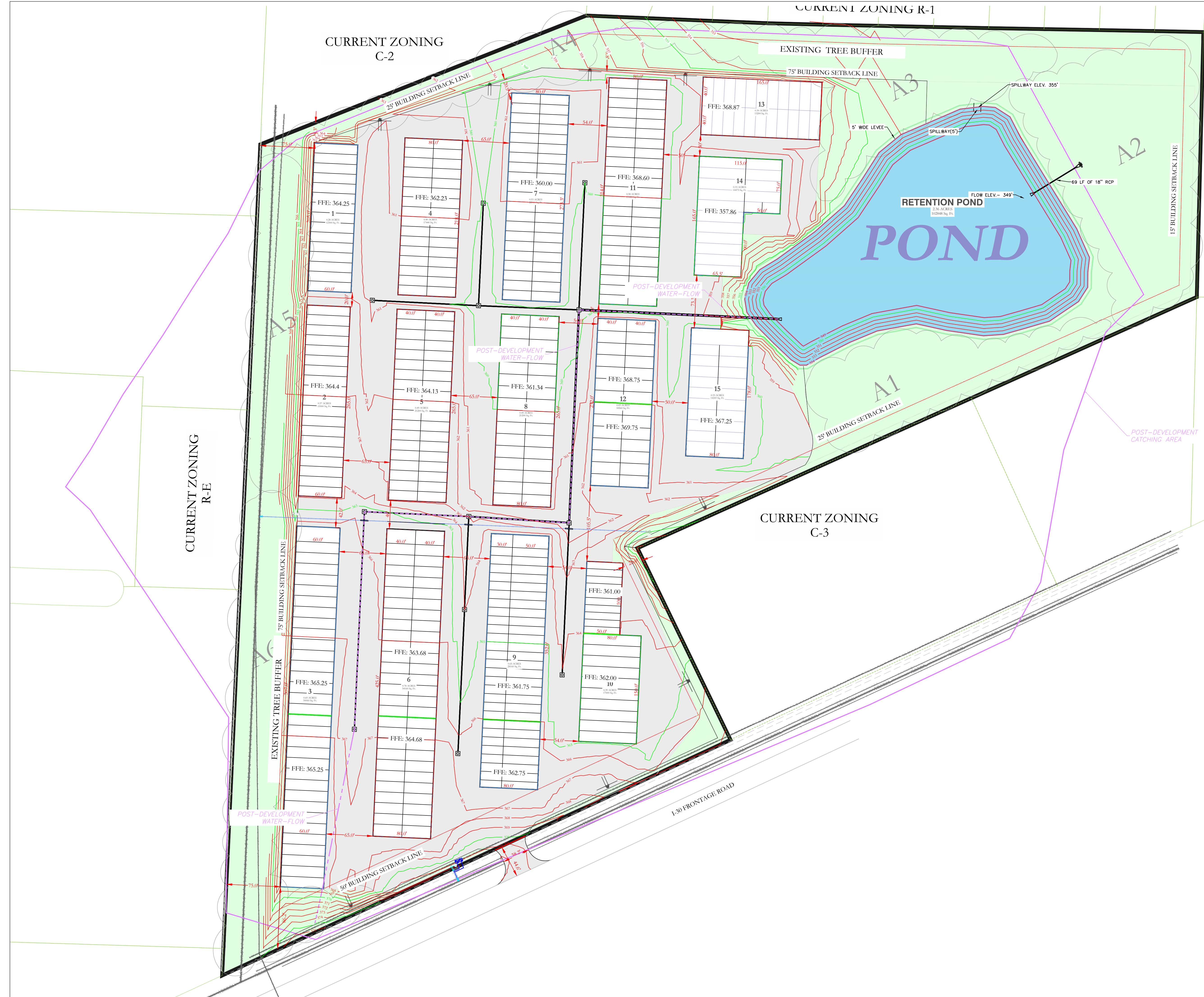
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ARKANSAS STORAGE CENTER
 PRE-DEVELOPMENT FLOW
 BRYANT, SALINE COUNTY, ARKANSAS

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SHEET: C-4.5	SCALE: 1"=60'	
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LEGEND

EXISTING CONTOUR LINE --- 363 ---

PROPOSED CONTOUR LINE --- 363 ---

PROPOSED HDPE STORM PIPE - - - - -

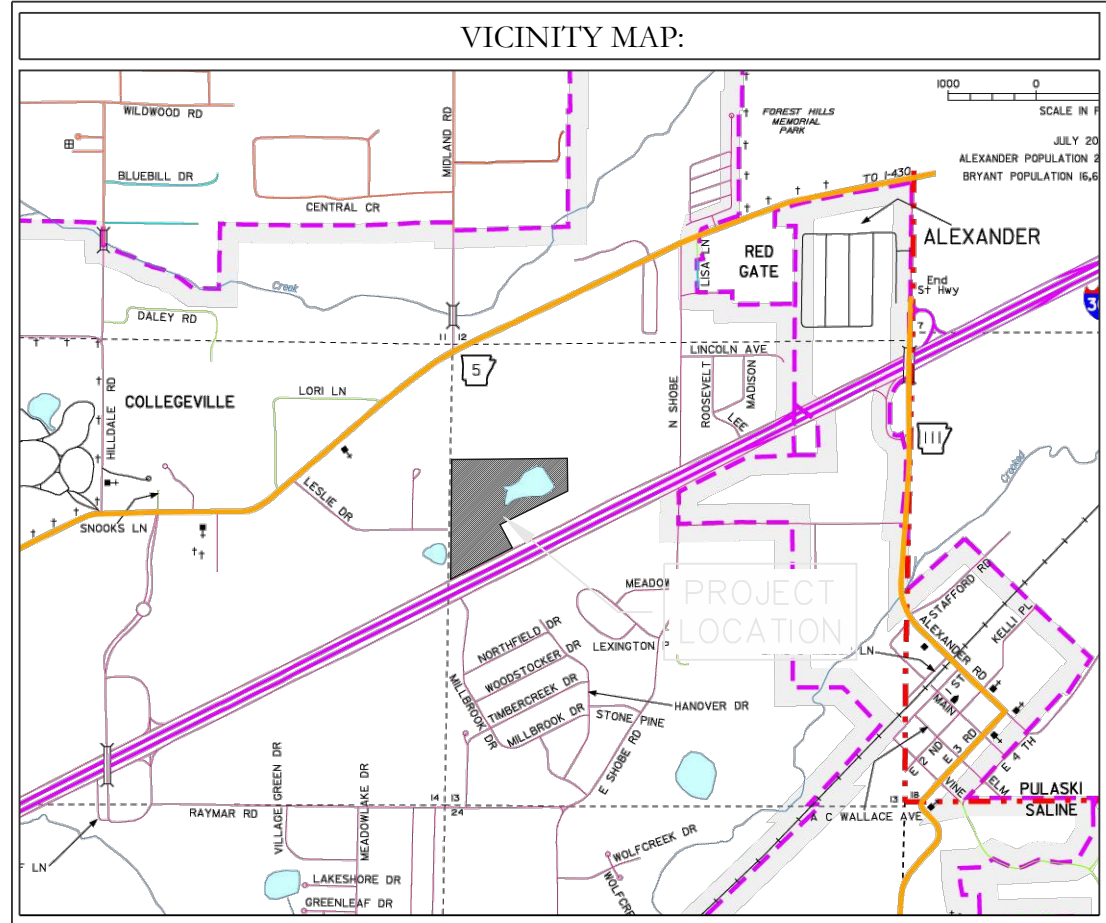
PROPOSED RCP STORM PIPE = = = = =

	Pre-Development Peak Flow (cfs)	Post-Development without Detention Peak Flow (cfs)	Post-Development with Detention Peak Flow (cfs)
2-Year	53.08	131.14	2.99
5-Year	58.66	147.91	3.498
10-Year	69.15	166.14	4.020
25-Year	79.33	189.21	4.600
50-Year	90.45	213.91	5.051
100-Year	96.16	226.82	5.157

CERTIFICATE OF AUTHORIZATION
 HOPE CONSULTING, INC.
 No. 1931
 ARKANSAS

60' 30' 0' 60'

BASIS OF BEARING:
 GRID NORTH, ARKANSAS
 COORDINATE SYSTEM, SOUTH ZONE
 BY GPS OBSERVATION



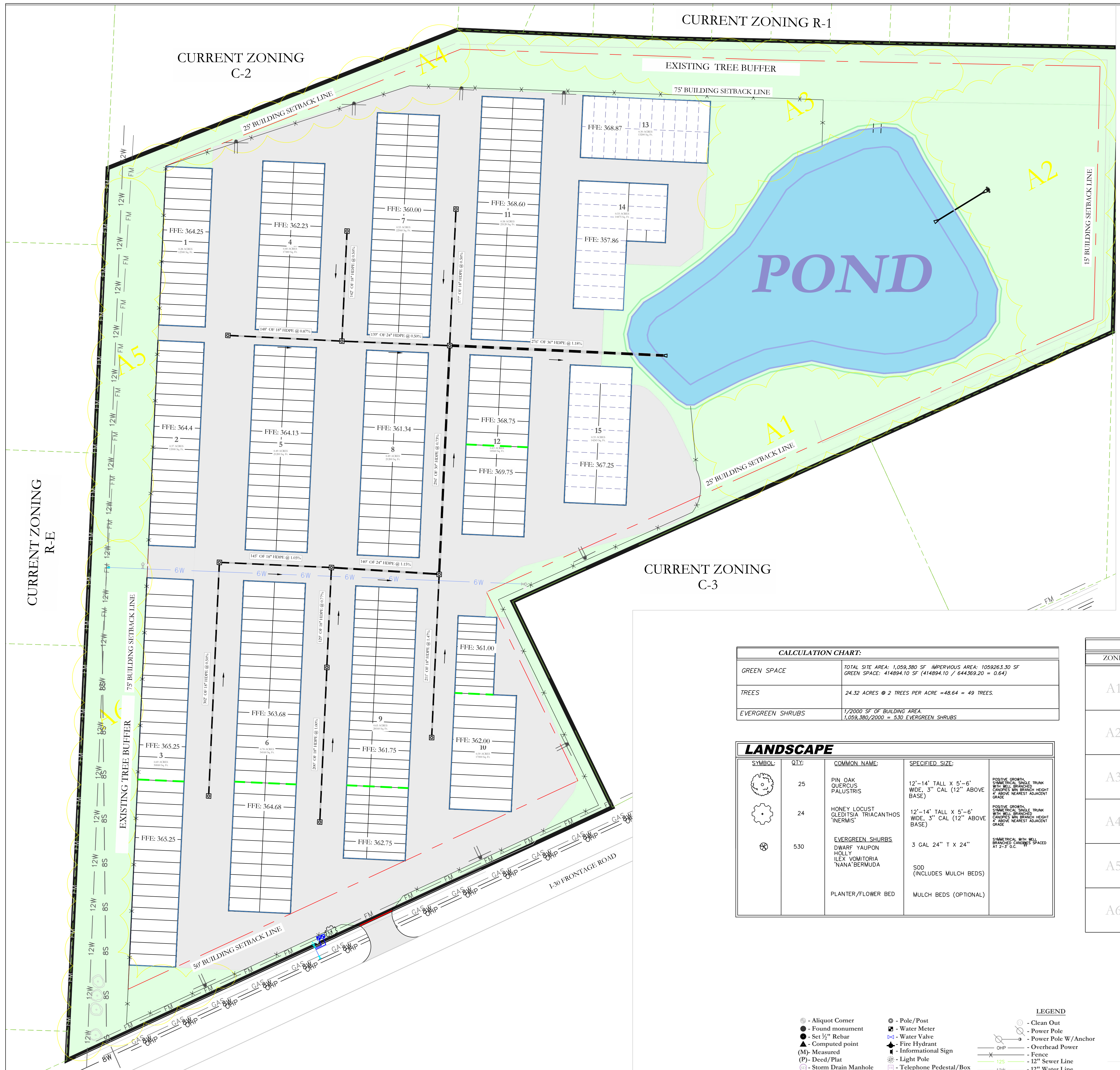
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 POST-DEVELOPMENT FLOW
 BRYANT, SALINE COUNTY, ARKANSAS

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CURRENT ZONING R-1

CURRENT ZONING C-2

CURRENT ZONING C-3

CURRENT ZONING R-E

EXISTING TREE BUFFER

75' BUILDING SETBACK LINE

POND

A1

A3

A2

15' BUILDING SETBACK LINE

25' BUILDING SETBACK LINE

75' BUILDING SETBACK LINE

50' BUILDING SETBACK LINE

CALCULATION CHART:

GREEN SPACE	TOTAL SITE AREA: 1,059,380 SF IMPERVIOUS AREA: 1059263.30 SF GREEN SPACE: 414894.10 SF (414894.10 / 644369.20 = 0.64)
TREES	24.32 ACRES @ 2 TREES PER ACRE = 48.64 = 49 TREES.
EVERGREEN SHRUBS	1/2000 SF OF BUILDING AREA. 1,059,380/2000 = 530 EVERGREEN SHRUBS

LANDSCAPE

SYMBOL	QTY	COMMON NAME	SPECIFIED SIZE	NOTES
	25	PIN OAK QUERCUS PALUSTRIS	12"-14" TALL X 5'-6" WIDE, 3" CAL (12" ABOVE BASE)	POSITIVE GROWTH, SPANNELED SINGLE TRUNK WITH WELL BRANCHED CANOPY 4' ABOVE NEAREST ADJACENT GRADE
	24	HONEY LOCUST GLEDTISIA TRIACANTHOS 'INERMIS'	12"-14" TALL X 5'-6" WIDE, 3" CAL (12" ABOVE BASE)	POSITIVE GROWTH, SPANNELED SINGLE TRUNK WITH WELL BRANCHED CANOPY 4' ABOVE NEAREST ADJACENT GRADE
	530	EVERGREEN SHRUBS DWARF YAUPON HOLLY ILEX VOMITORIA NANA BERMUDA	3 GAL 24" T X 24"	SPANNELED BUSH WITH BRANCHED CANOPY SPACED AT 2'-3' O.C.
		PLANTER/FLOWER BED	MULCH BEDS (OPTIONAL)	

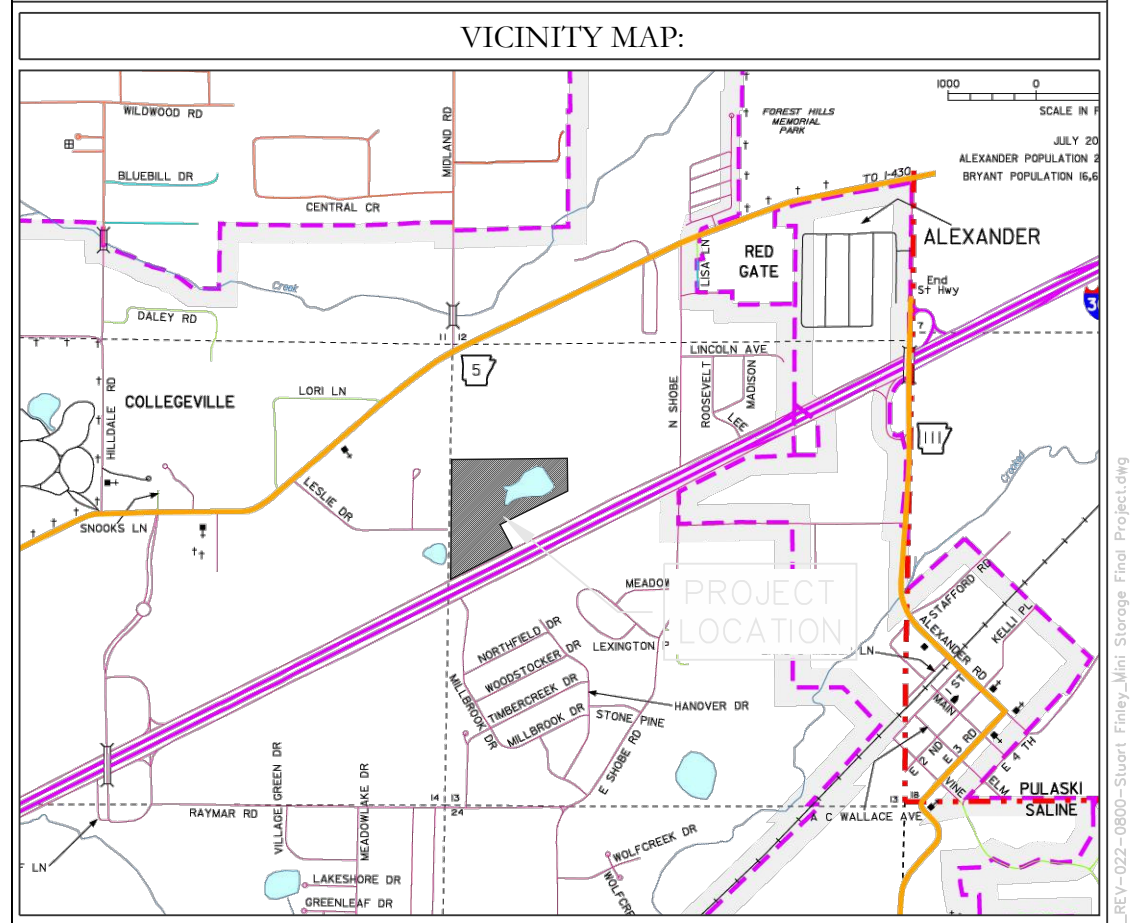
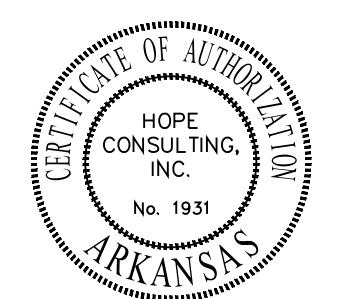
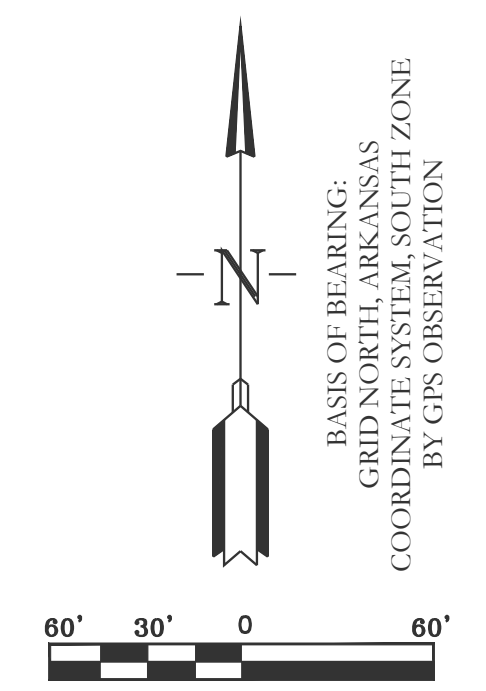
EXISTING TREES

ZONE	CONDITION	DENSITY	SIZE
A1	GOOD	THICK	24"-36" - 130
A2	GOOD	THICK	24"-36" - 89
A3	MIXED	MODERATE	24"-36" - 45
A4	GOOD	SPARSE	24"-36" - 25
A5	GOOD	MODERATE	15"-30" - 20
A6	GOOD	SPARSE	15"-30" - 40

LEGEND

	● - Pole/Post			
	● - Water Meter			
	● - Water Valve			
	● - Fire Hydrant			
	● - Informational Sign			
	● - Light Pole			
	● - Telephone Pedestal/Box			

CIVIL ENGINEER
HOPE CONSULTING INC
129 N. MAIN STREET
BENTON, AR 72015
CONTACT: KAZI TAMZIDUL ISLAM
PHONE: 504-315-2626
EMAIL: kazi@hopeconsulting.com

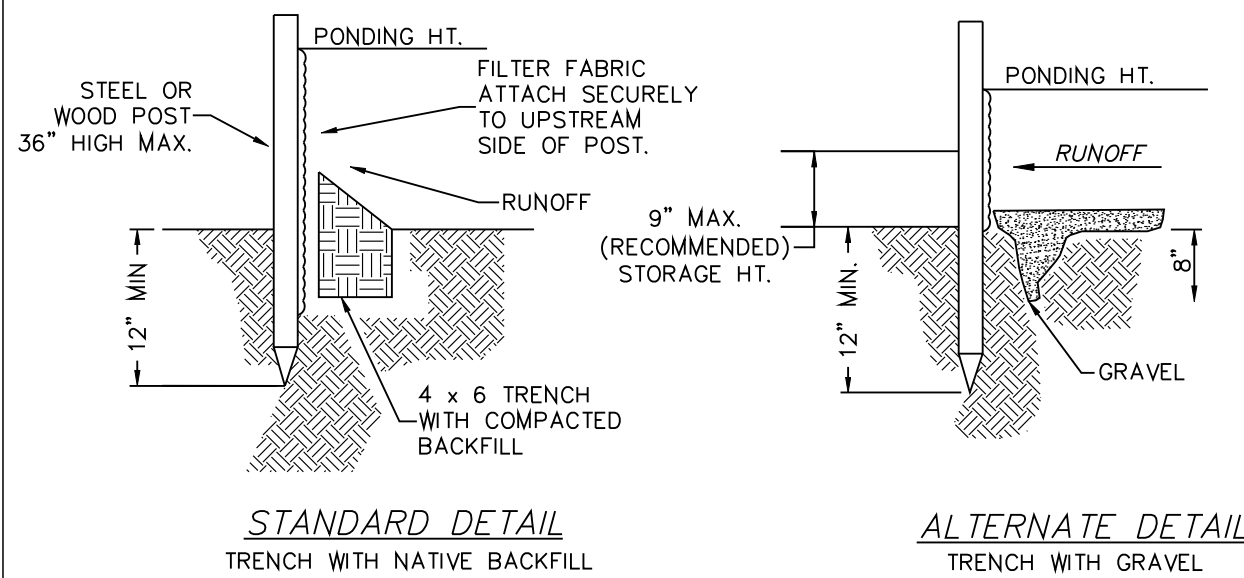
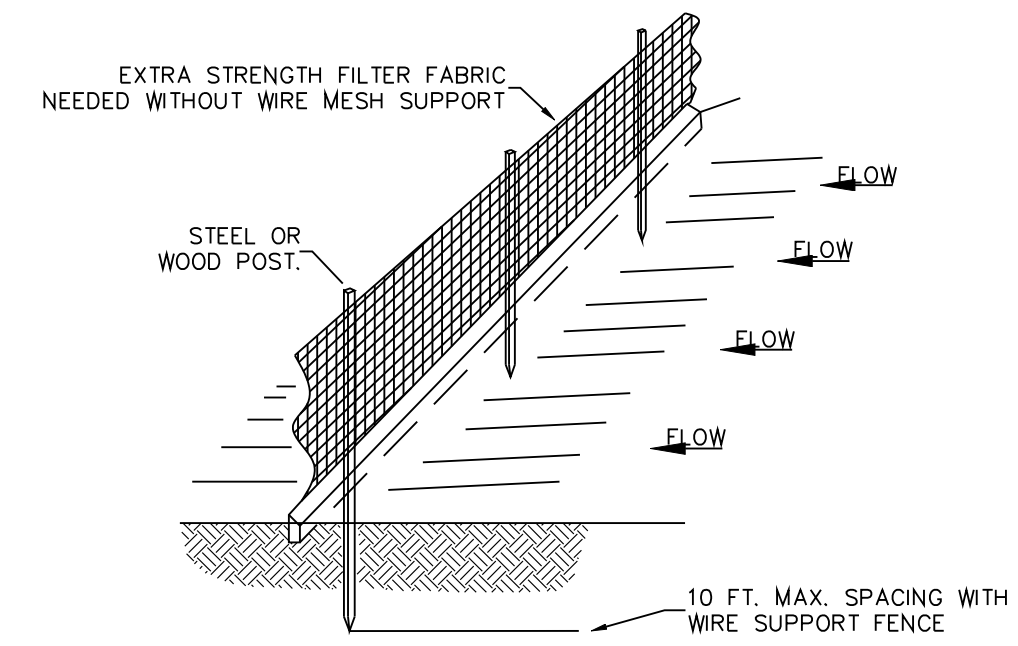


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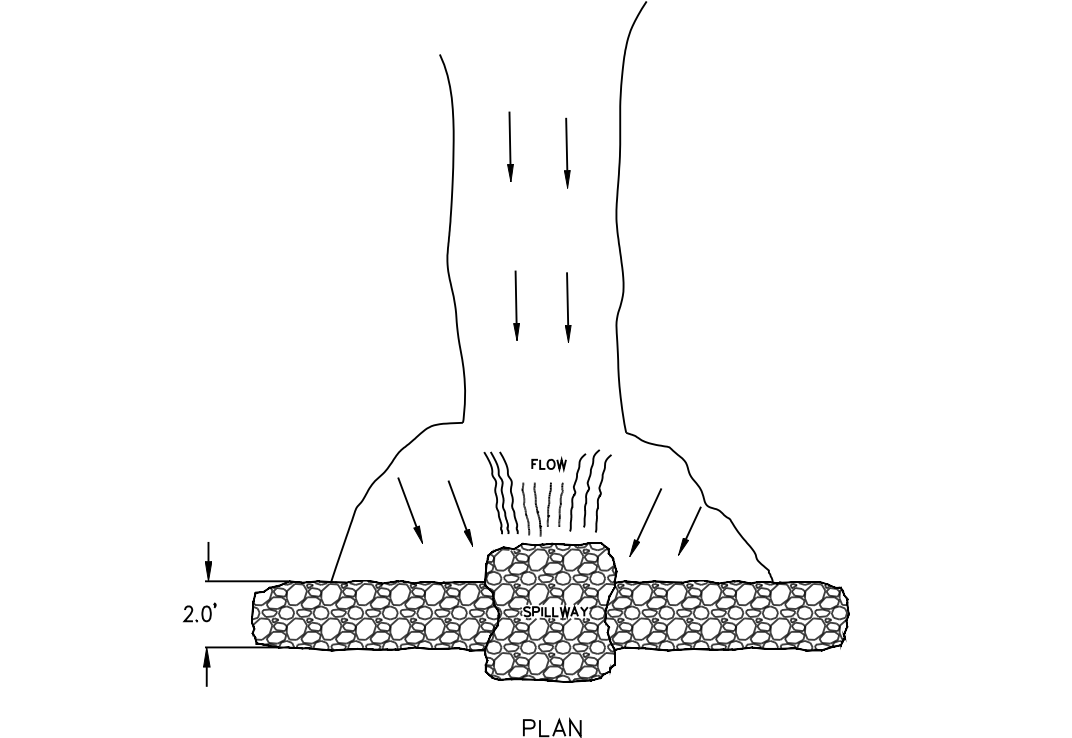
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LANDSCAPE PLAN
BRYANT, SALINE COUNTY, ARKANSAS

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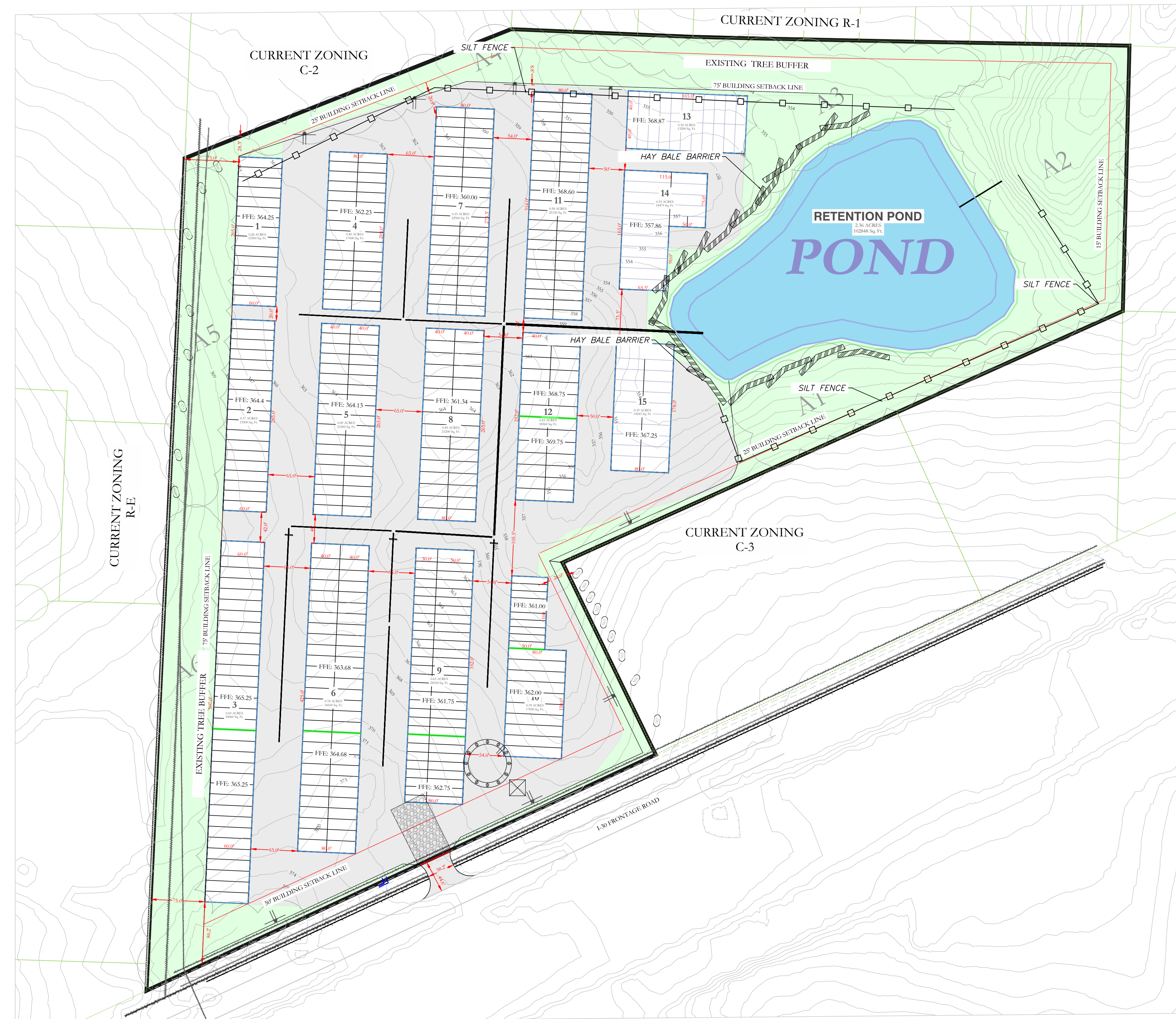
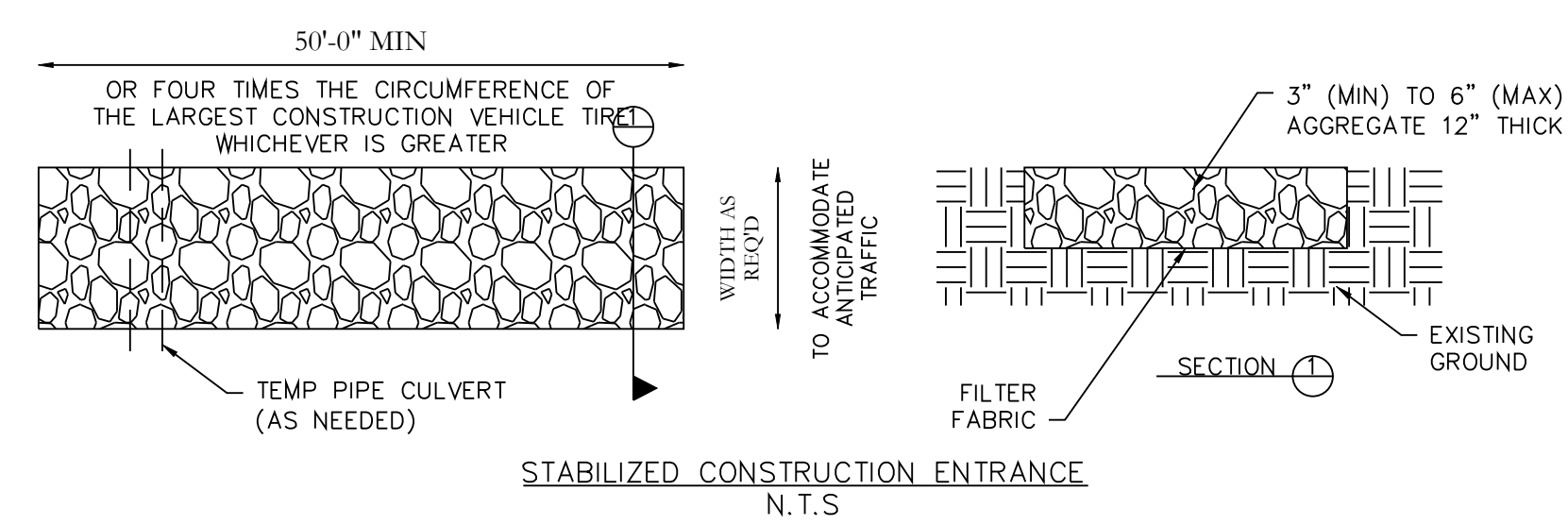
- NOTE:
- 1.) INSPECT AND REPAIR FENCE AFTER EACH STORM EVENT AND REMOVE SEDIMENT WHEN NECESSARY.
 - 2.) REMOVED SEDIMENT SHALL BE DEPOSITED TO AN AREA THAT WILL NOT CONTRIBUTE SEDIMENT OFF-SITE AND CAN BE PERMANENTLY STABILIZED.
 - 3.) SILT FENCE SHALL BE PLACED ON SLOPE CONTOURS TO MAXIMIZE PONDING EFFICIENCY.

SILT FENCE

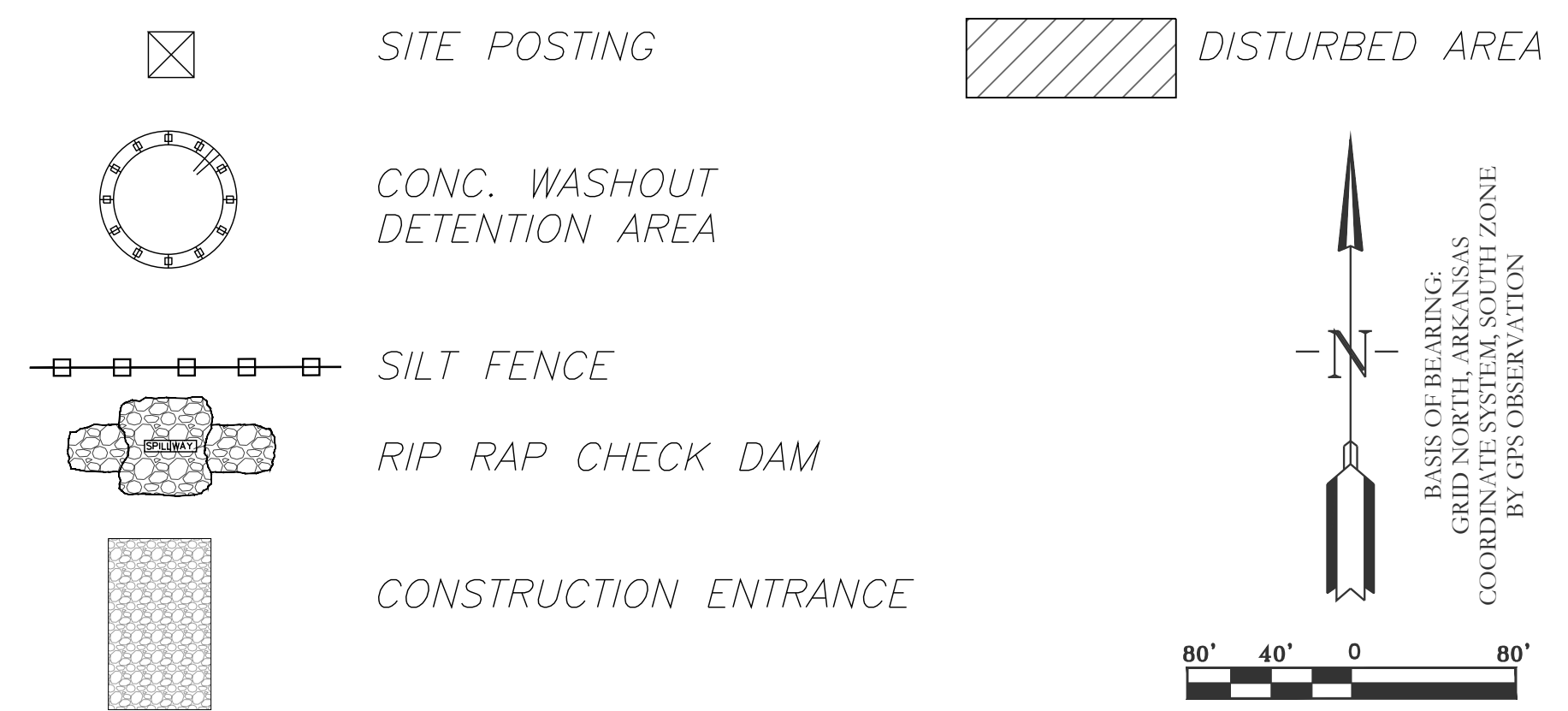


- NOTES:
- 1.) POINT 'A' MUST BE HIGHER THAN POINT 'B' (SPILLWAY HEIGHT)
 - 2.) PLACE RIP-RAP BARRIERS PERPENDICULAR TO THE FLOW WITH TIGHT GROUPING. USE STRAIN RODS, OR FIBER FABRIC TO HOLD ANY CURBS AND TAILS. SPILLWAY MATERIAL TO BE PLACED DIRECTLY ON TOP OF SUB.
 - 3.) SPILLWAY HEIGHT SHALL NOT EXCEED 18"-24".
 - 4.) INSPECT AFTER EACH SIGNIFICANT STORM. MAINTAIN AND REPAIR PROMPTLY.

RIP-RAP CHECK DAM



ERC LEGEND



EROSION CONTROL NOTES

SOD OR SEED DETENTION AREA POST-CONSTRUCTION (IF APPLICABLE)

MAXIMUM SLOPE OF 3H:1V ON DETENTION POND LEVEES

CONTRACTOR MUST HAVE INLET PROTECTION MEASURES INSTALLED IMMEDIATELY AFTER CONSTRUCTION OF DRAINAGE INLETS/STRUCTURES IS COMPLETE. SEDIMENT BARRIERS SHALL BE MAINTAINED THROUGHOUT AND INSPECTED THROUGHOUT CONSTRUCTION PROCESS UNTIL PROJECT IS COMPLETE.

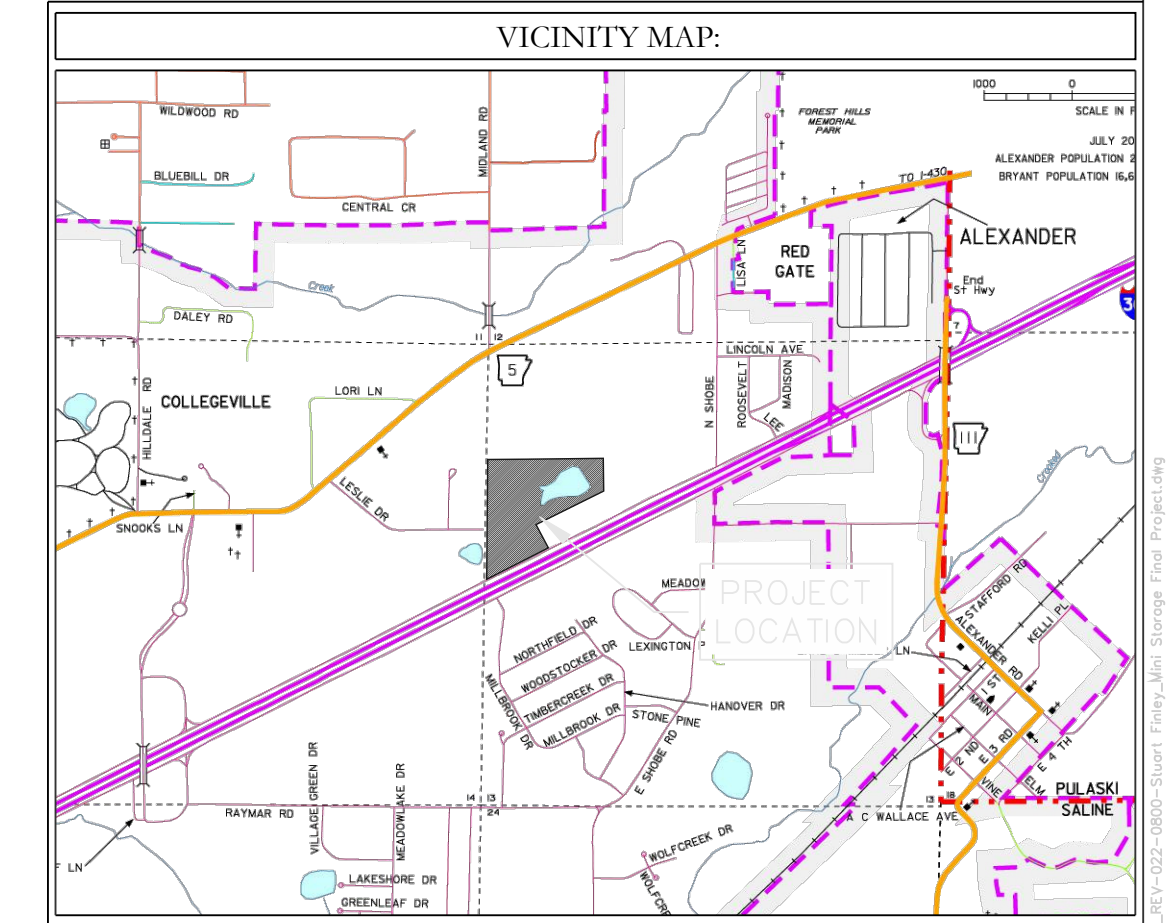
RIP-RAP SEDIMENT BARRIERS SHALL BE USED AT ALL STORMWATER DISCHARGE POINTS SHOWN ON PLANS ASAP

CONTRACTOR SHOULD WORK WITH ENGINEER TO ESTABLISH EFFECTIVE AND EFFICIENT PLAN TO PREVENT SEDIMENT RUNOFF BY DETERMINING WHERE SILT FENCING OR OTHER TYPES OF CONTROLS ARE NECESSARY

SOME EROSION CONTROL MEASURES, SILT FENCING, OR CHECK DAMS MAY NOT BE NECESSARY DURING INITIAL ROW CLEARING BUT MAY BE NEEDED ONCE LOT CLEARING AND COMMERCIAL BUILDING BEGINS

EXISTING VEGETATION WILL ONLY BE REMOVED INSIDE ROW AND WITHIN BUILDING FOOTPRINTS AS THEY ARE CONSTRUCTED. ADDITIONAL SILT FENCING WILL BE ADDED TO INDIVIDUAL LOTS AS COMMERCIAL CONSTRUCTION TAKES PLACE.

CIVIL ENGINEER
HOPE CONSULTING INC
129 N. MAIN STREET
BENTON, AR 72015
CONTACT: KAZI TAMZIDUL ISLAM
PHONE: 504-315-2626
EMAIL: kazi@hopeconsulting.com



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Email: scott@seizsigns.com

Location: G:/Customers/ARPediatricClinic
File: APC_Channel letters 14instacked_PROOF
Revision Number: 1
Revision Date:

Production

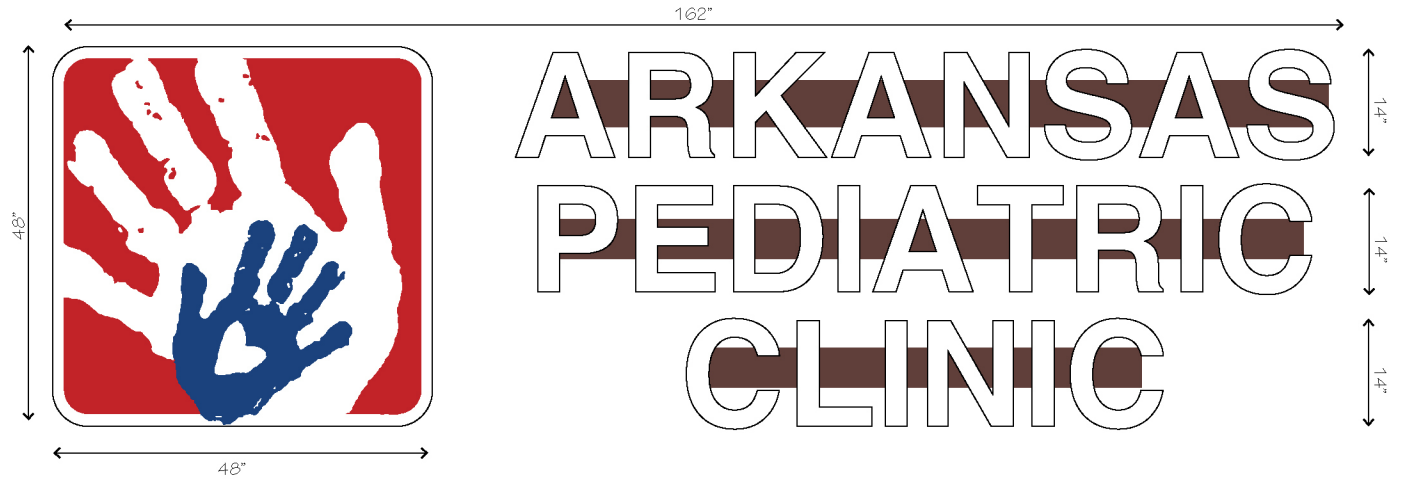
Designer: Scott Telfer
Email: scott@seizsigns.com
Substrate:
Quantity: 1 SF
Notes:

Specifications

Fonts:

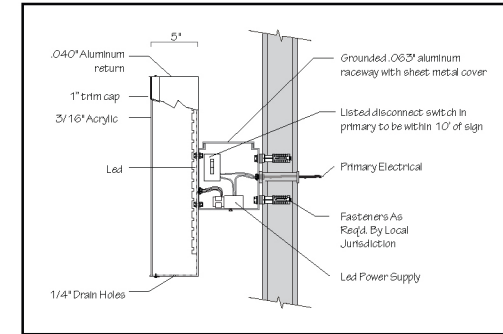
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4. By signing you agree that all artwork is correct and give Seiz Sign Company permission to begin production.



Internally illuminated channel letters on 5" raceway painted to match building. .080 aluminum channel backs, .040 aluminum 5" returns with semi gloss painted finish, interior painted semi gloss white, 3/16" chemcast faces, 1" trim cap, LED illumination.

Letters are 14" tall, remote channel logo is 48"x48"



Signature:

Option:

Date:

← 14' →



↑ 20' ↓

TOBACCO & VAPE 4

↑ 20' ↓

↑ 25' ↓

↑ 16' ↓

340

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← 19' →

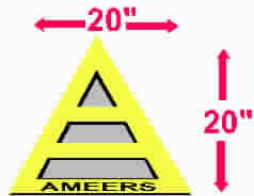
Dash
& DAYCARE

DAYCARE

INDOOR &
OUTDOOR AREAS
TAKE NEW PRICES!

CHRISTOPHER
AND GIL

Channel Letters on raceway



TOBACCO & VAPE 4

14'

20"

The diagram shows the channel letters 'TOBACCO & VAPE 4' mounted on a grey raceway. A red double-headed arrow below the letters indicates a length of 14'. A red double-headed arrow on the right side indicates a height of 20".

LANDLORD APPROVAL



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8525 DISTRIBUTION DR.
LITTLE ROCK, AR 72209
501.562.3942 (P)
501.562.6651 (F)
arkansasign.com

REPRESENTATIVE: KEVIN HONEA

DATE/DWG: 09/26/23 - DWG1

DESIGNER: LORA RAND

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LOCATION: 5210 AR-5 North, Bryant, AR 72022

DATE:

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SIGNATURE OF APPROVAL REQUIRED FOR PRODUCTION

AMPLE STORAGE

RACEWAY COOL GRAY 11C MATTE

specs:

**(1) set of I.e.d. illuminated channel letters, red returns, red trimcap, white faces mounted on raceway - painted to match brick color (note - brick shown on bldg for artistic view only, currently w/o brick)
18" x 206" overall size**



NOTE: ANY NEEDED WALL REPAIRS ARE NOT ASN RESPONSIBILITY. ANY VIEWS SHOWING REPAIRS ARE FOR VIEWING ONLY.

Folder Name
K:\Art Department\2023\Shelter Insurance\Matt Steele

Designer
Ann

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Shelter Insurance - Matt Steele.fs

Job Number
30882

QTY: 1 Set of Channel Letters



Description
QTY: In File

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PRODUCTION WILL NOT START OTHERWISE.

Customer
Shelter Insurance

Name
Beth

Design Time

Phone
954-3022

Email
msteele@shelterinsurance.com, bellott@shelterinsurance.com

Date
10/25/2023

Minutes

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