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. Arkansas Christian Academy - 21815 I-30 - Playground Improvements

Arkansas Christian Academy - Requesting Approval for Grading of Playground Area and Installing New Fencing

- 0806-PLN-01.pdf

3. Marketplace II Subdivison - 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

4. Marketplace II Subdivision - Lot 21 - Site Plan

GarNat Engineering - Requesting Recommendation for Approval of Site Plan

- 0800-PLN-02.pdf
- 0800-LND-01.pdf

5. Creekside Addition Ph. 2 - Final Plat

GarNat Engineering - Requesting Recommendation for Final Plat Approval

- 0796-PLT-02.pdf

6. 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

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

Hope Consulting - Requesting Recommendation for Site Plan Approval

- 0768-DRN-02.pdf
- 0768-PLN-02.pdf

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

Bull Development - Requesting Discussion on Multi-Use Trail

Staff Approved

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

Siez Sign Company - Requesting Sign Permit Approval - STAFF APPROVED

- 0795-PLN-01.jpg

10. 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

11. Ample Storage - 5210 Hwy 5 - Sign Permit

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

- 0802-PLN-01.jpg

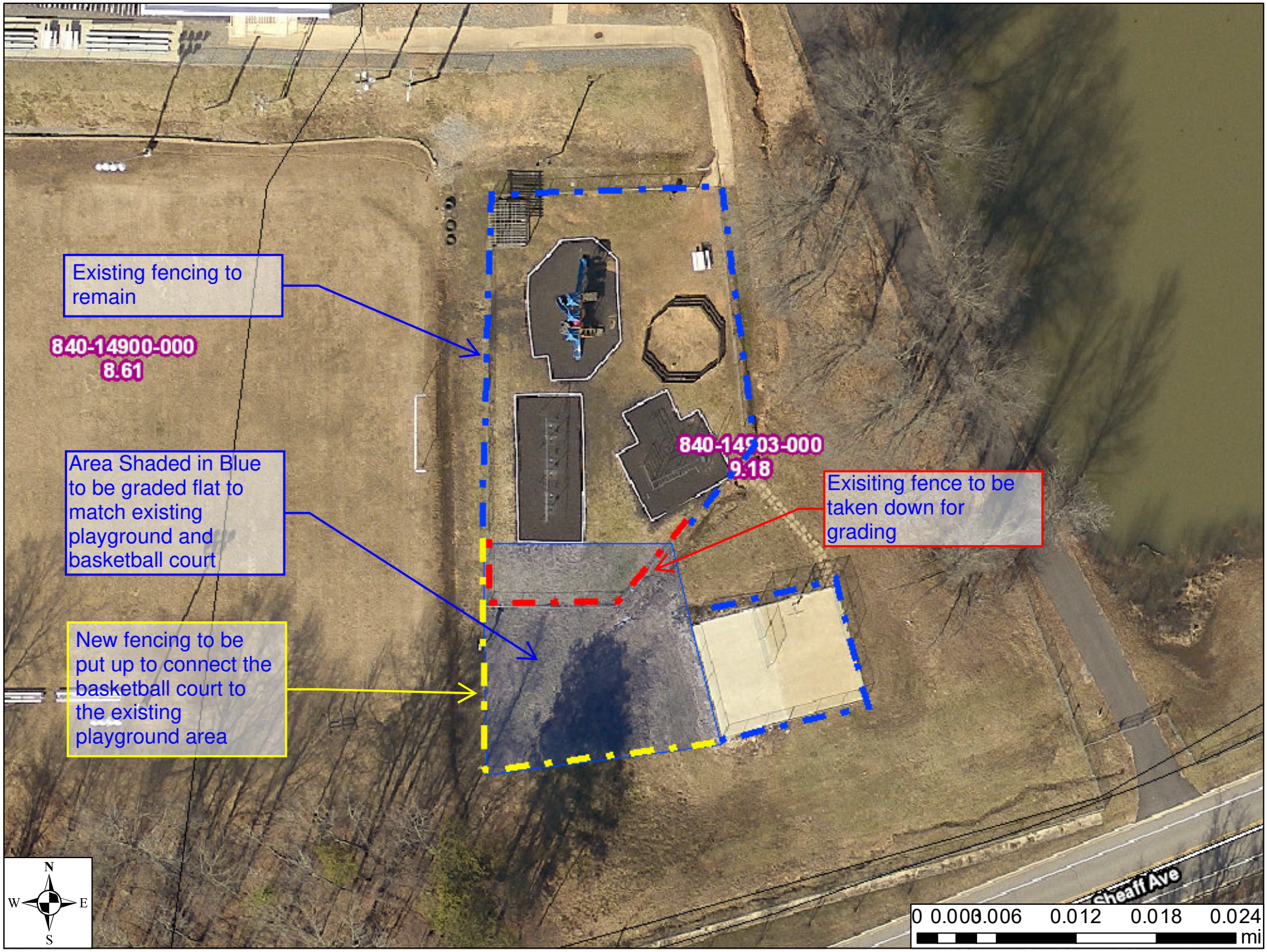
12. Shelter Insurance - Matt Steele - 21941 I-30, Ste 8 - Sign Permit

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


Existing fencing to remain
840-14900-000
8.61
Area Shaded in Blue to be graded flat to match existing playground and basketball court
New fencing to be put up to connect the basketball court to the existing playground area
840-14903-000
9.18
Exisiting fence to be taken down for grading
Sheaff Ave
N
W
E
S
0 0.006 0.012 0.018 0.024
mi

GNE Designing our client's success

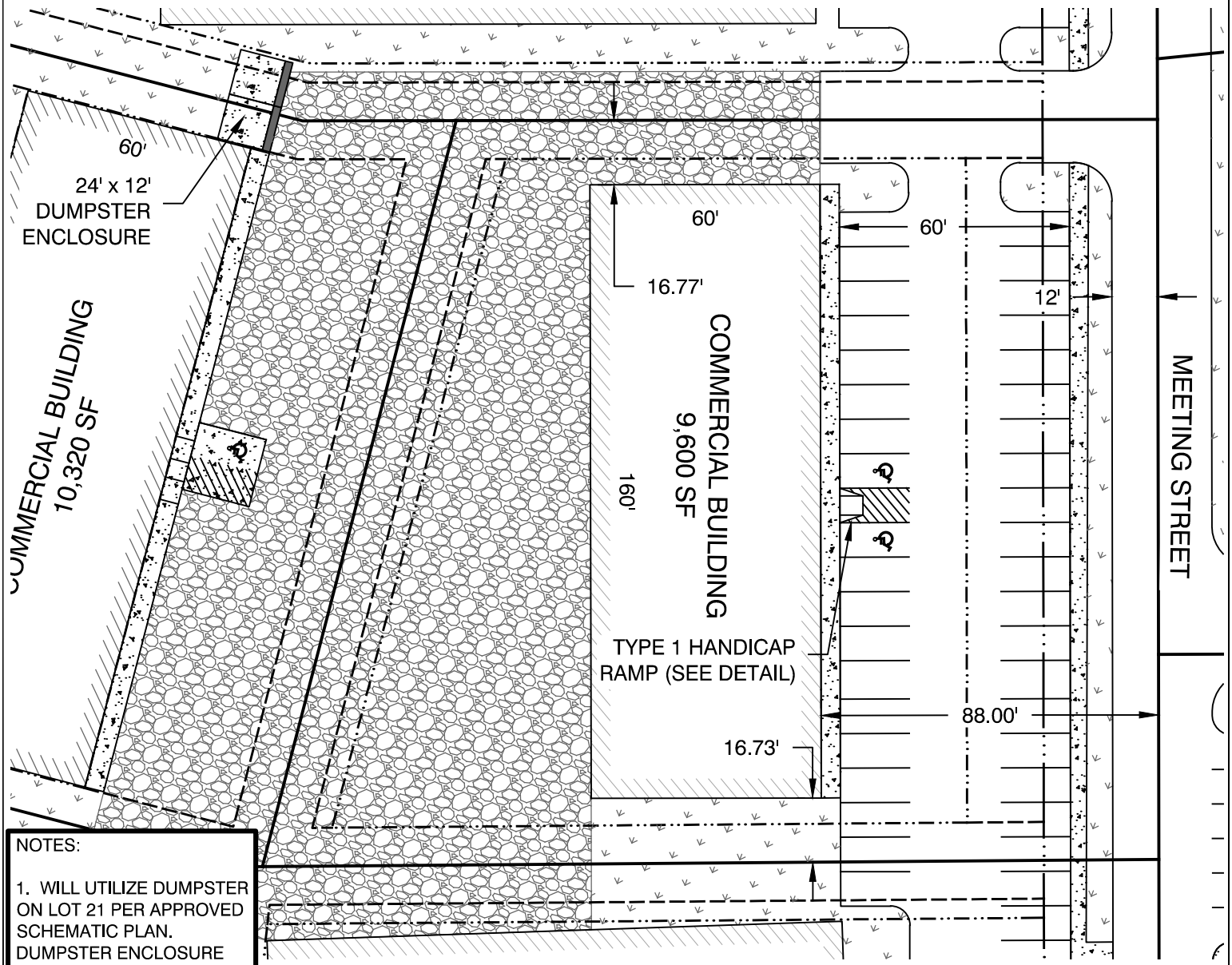
P.O. Box 116
Benton, AR 72018
Ph (501) 408-4650

3825 Mt Carmel Rd
Bryant, AR 72022
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

40' 20' 0 40'

JOB NUMBER:

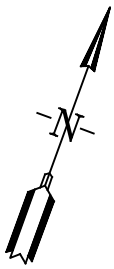
18087
MARKET PLACE II
PHASE 3

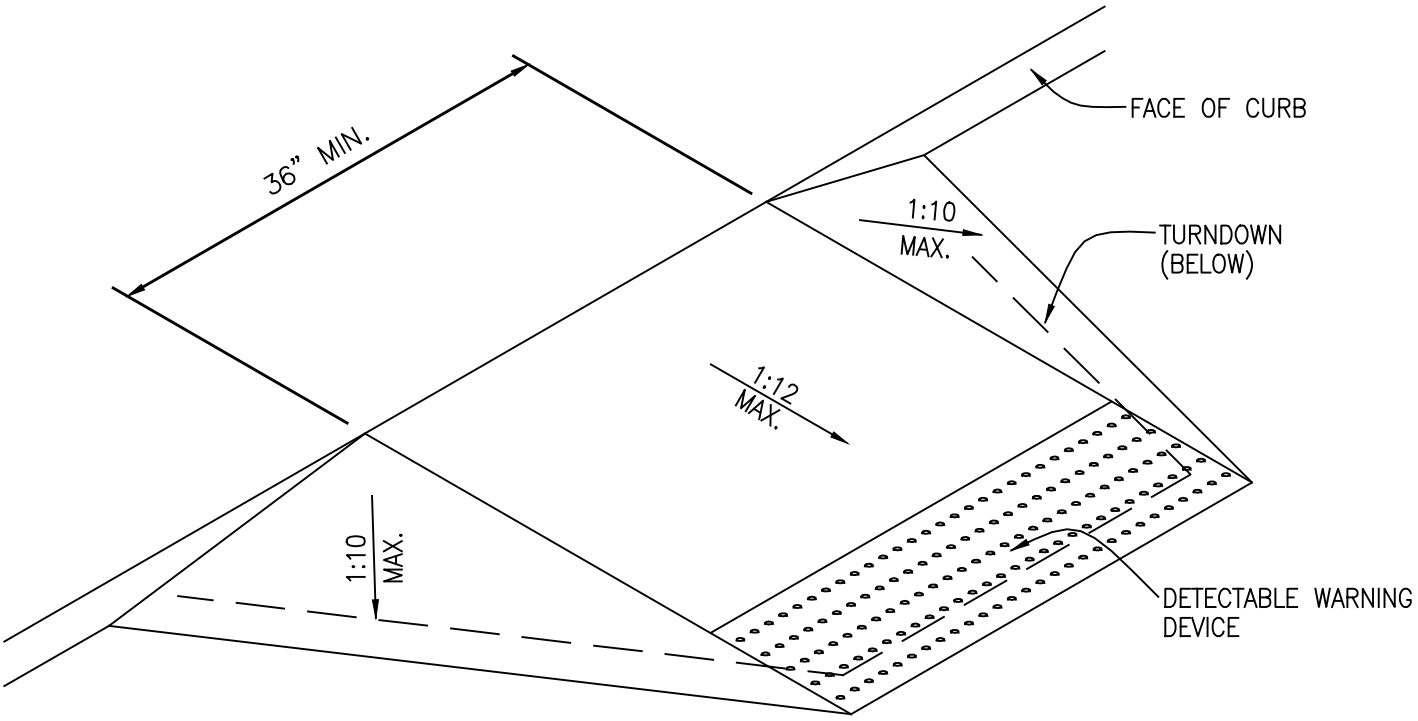
10/04/23

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 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.



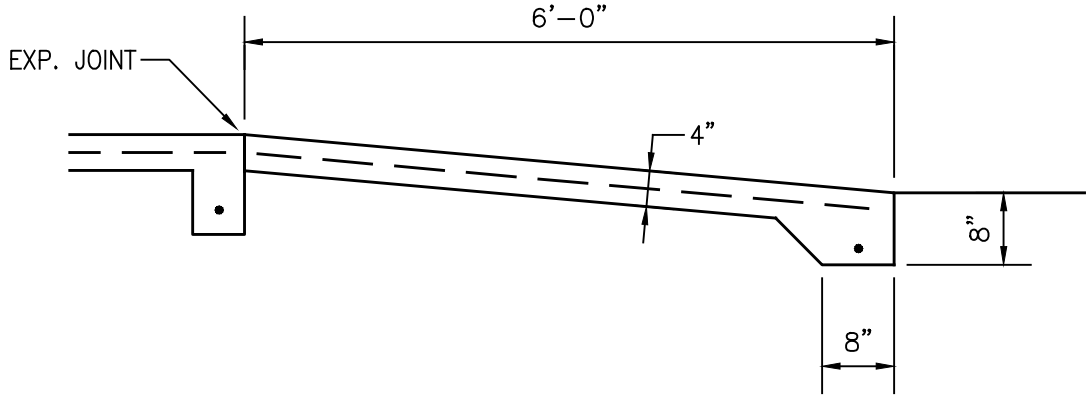


NOTE: THE LEAST POSSIBLE SLOPE SHALL BE USED FOR ANY RAMP. THE MAXIMUM SLOPE SHALL BE 1:12. THE MAXIMUM RISE FOR ANY RUN SHALL BE 30"

TYPE 1 HANDICAP RAMP DETAIL

5

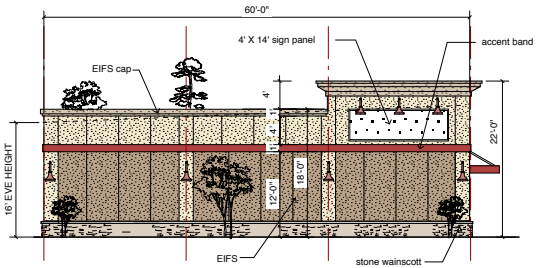
NOT TO SCALE



TYPE 1 HANDICAP RAMP SECTION

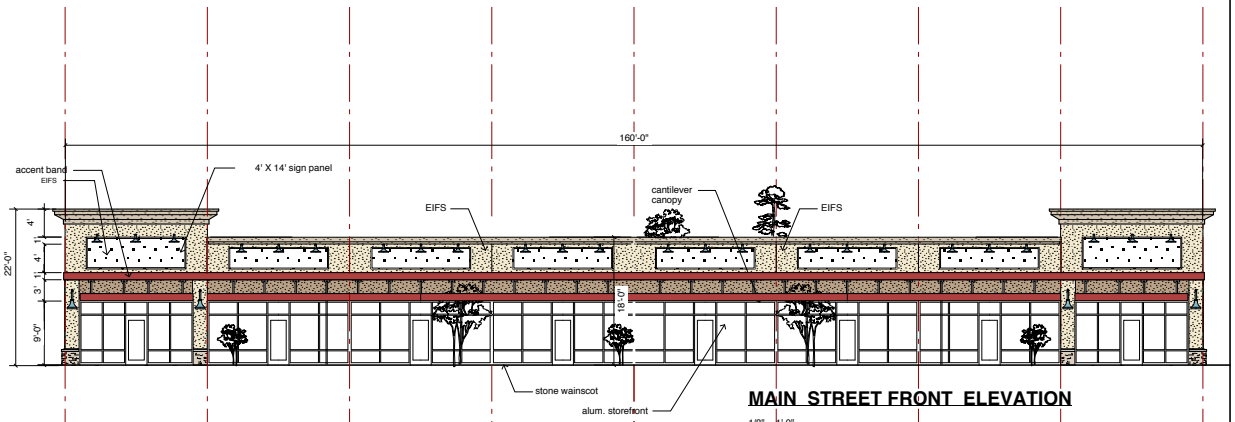
7

NOT TO SCALE



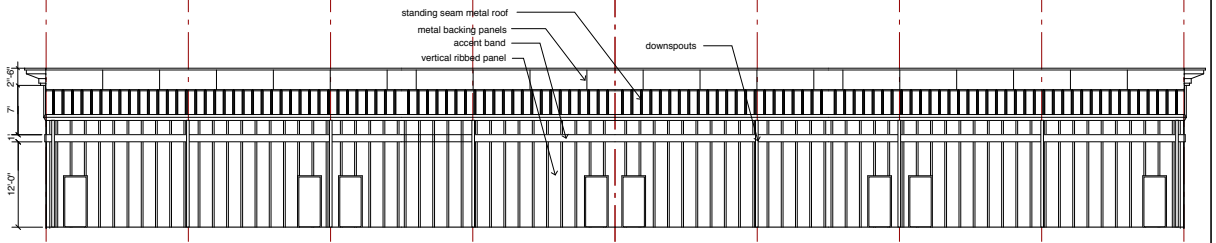
SIDE ELEVATION

1/8" = 1'-0"



MAIN STREET FRONT ELEVATION

1/8" = 1'-0"



REAR ELEVATION

1/8" = 1'-0"

RANDY S. RIPLEY
ARCHITECT P. A.
*1620 TARRYTOWN ROAD
*LITTLE ROCK ARKANSAS 72227 (501) 580 6344

MARKET and MAIN, LLC

MARKET PLACE CENTER (Building 2)
Bryant, AR

DATE: 25july19
SHEET:
A3

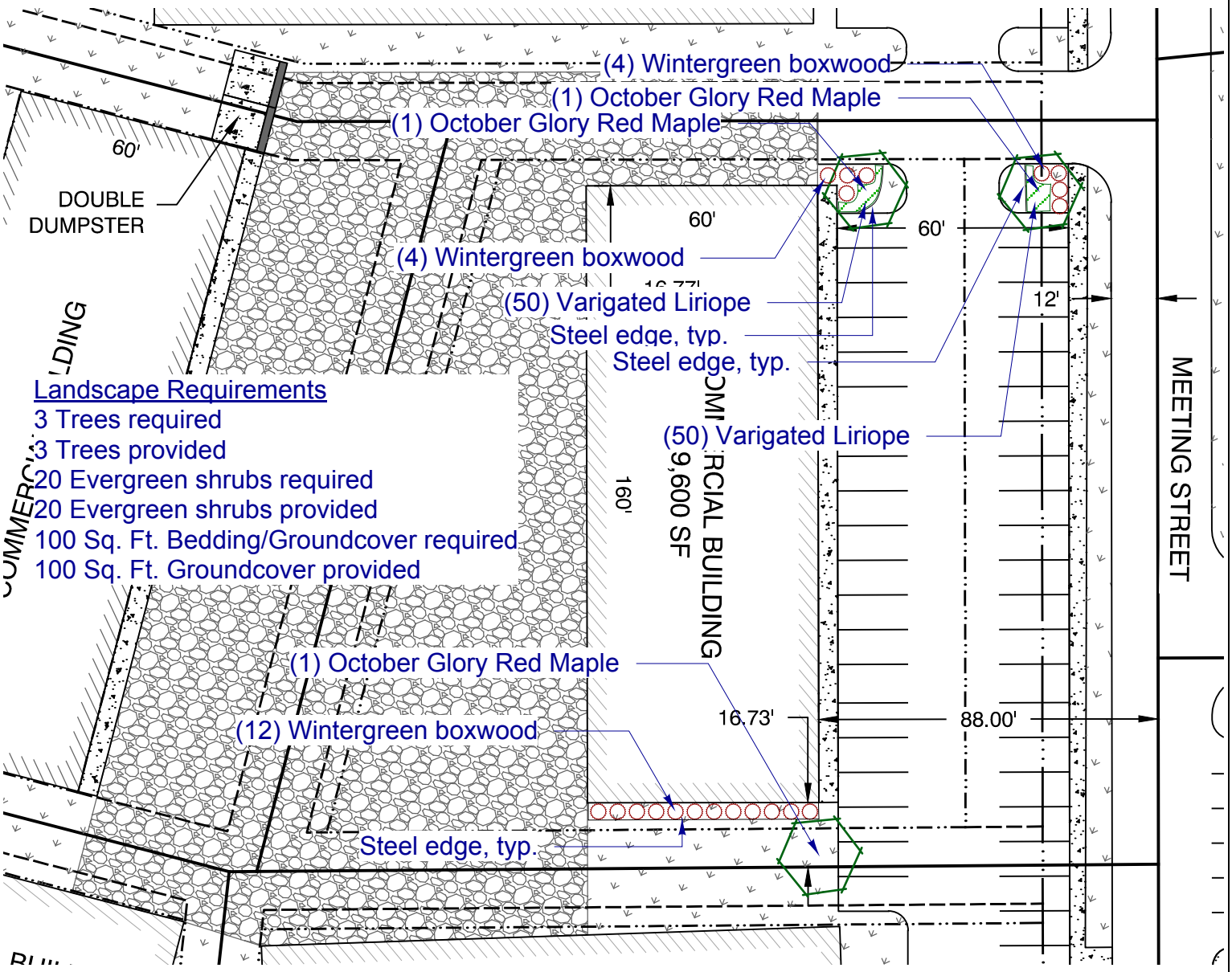
GNE Designing our client's success

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



PROPERTY DESCRIPTION:

LOT 20

JOB NUMBER:

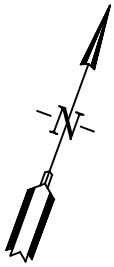
18087
MARKET PLACE II
PHASE 3

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 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.



GNE Designing our client's success

P.O. Box 116
Benton, AR 72018
Ph (501) 408-4650

3825 Mt Carmel Rd
Bryant, AR 72022
garnatengineering@gmail.com

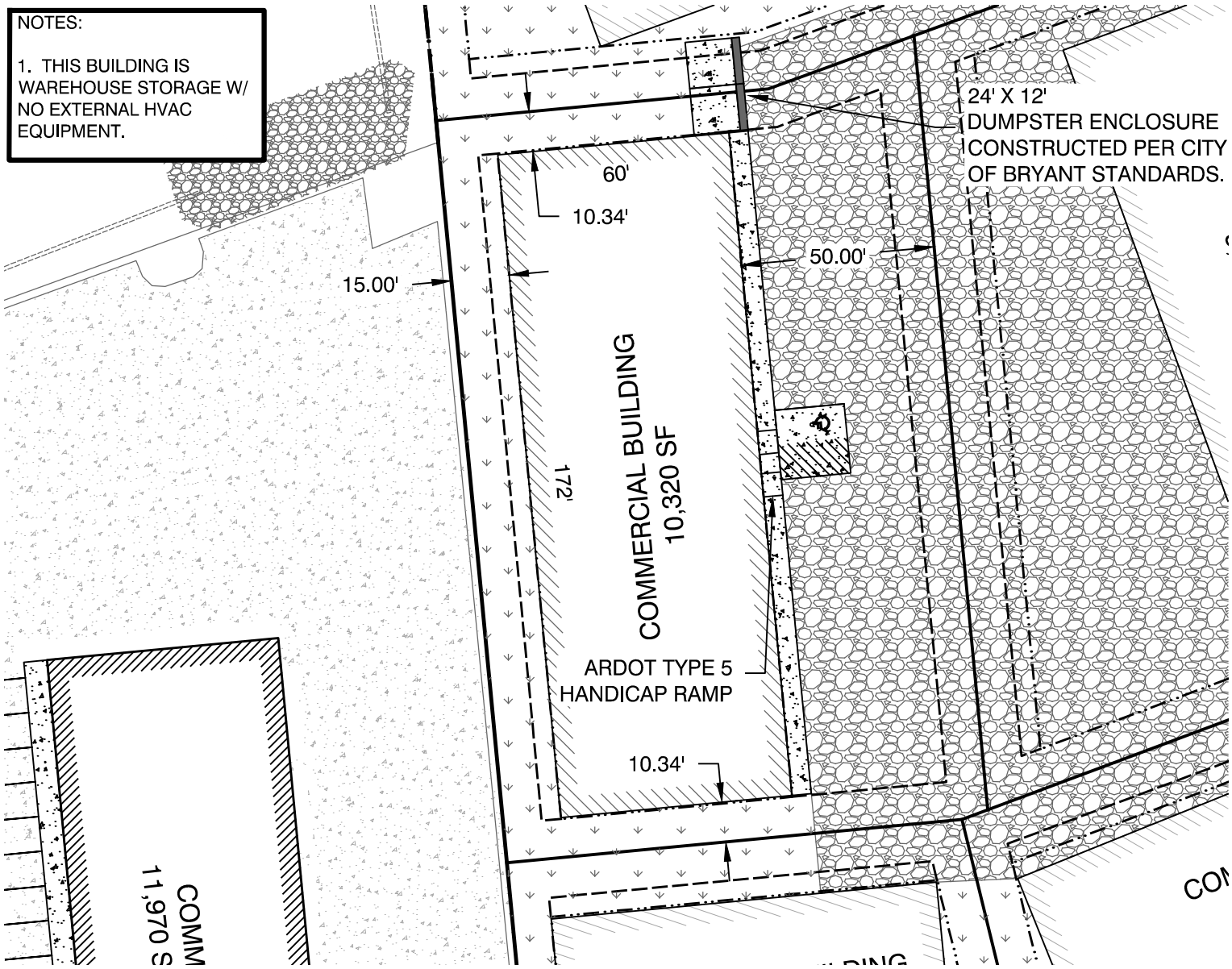
FOR EXCLUSIVE USE & BENEFIT OF:

Name: BART FERGUSON

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

NOTES:

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



PROPERTY DESCRIPTION:

LOT 21

JOB NUMBER:

18087
MARKET PLACE II
PHASE 3

10/03/23

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 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.

N

GNE Designing our client's success

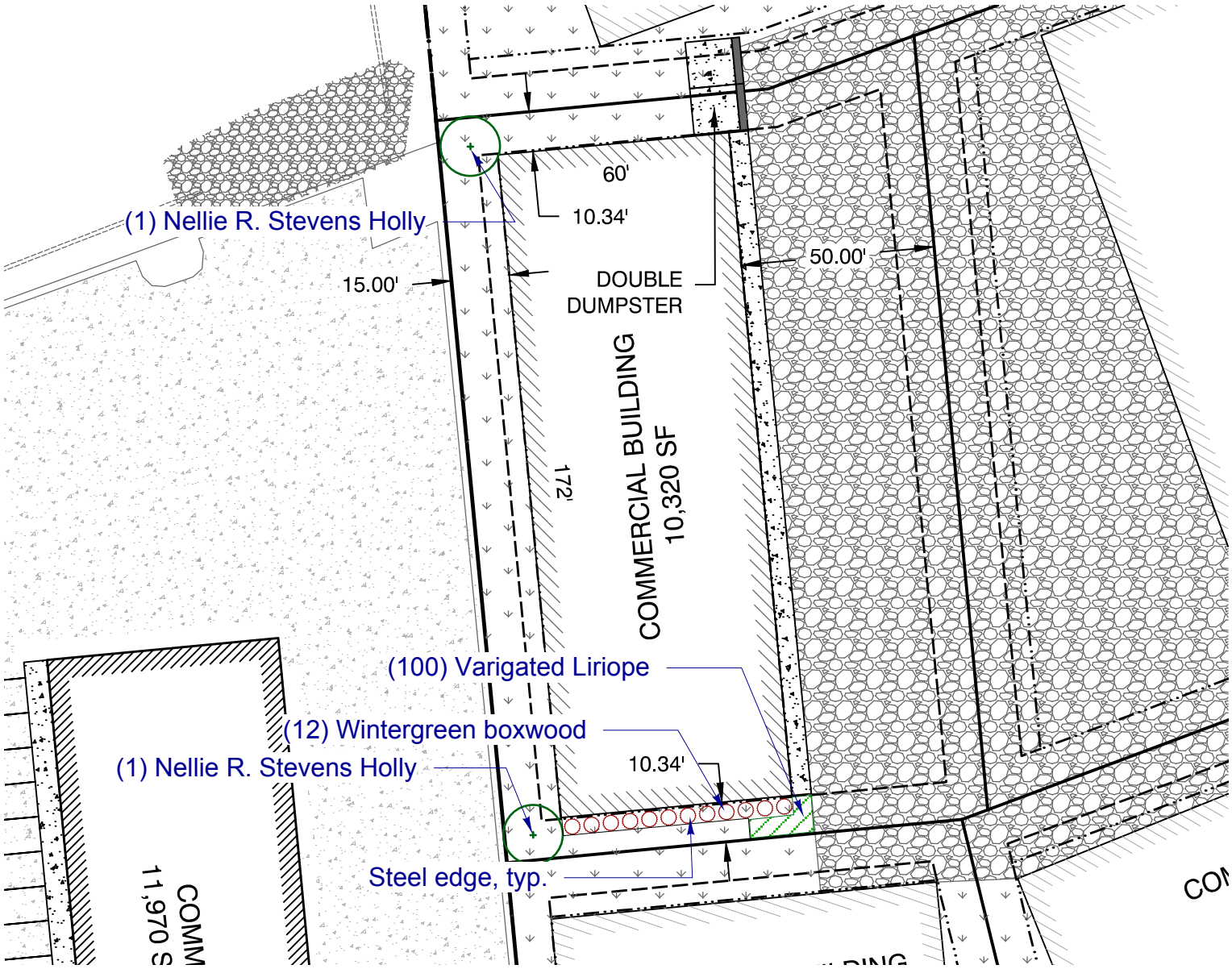
P.O. Box 116
Benton, AR 72018
Ph (501) 408-4650

3825 Mt Carmel Rd
Bryant, AR 72022
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



PROPERTY DESCRIPTION:

LOT 21

40' 20' 0 40'

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

PLOT PLAN

epicts the lot as it appears on the subdivision
rawing does not represent an actual survey.

MARKET PLACE II
PHASE 3

10/03/23

According 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.

N

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 342.89 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 6°12'28" WEST 37.28 FEET TO A POINT; THENCE SOUTH 21°27'38" EAST 84.29 FEET TO A POINT; THENCE SOUTH 0°00'17" 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 LEGEND
- Computed point
- Found monument
- Set #4 RB/Plas. Cap
(M)-Measured
(R)-Record
(P)-Platted

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

PROPERTY SPECIFICATIONS:

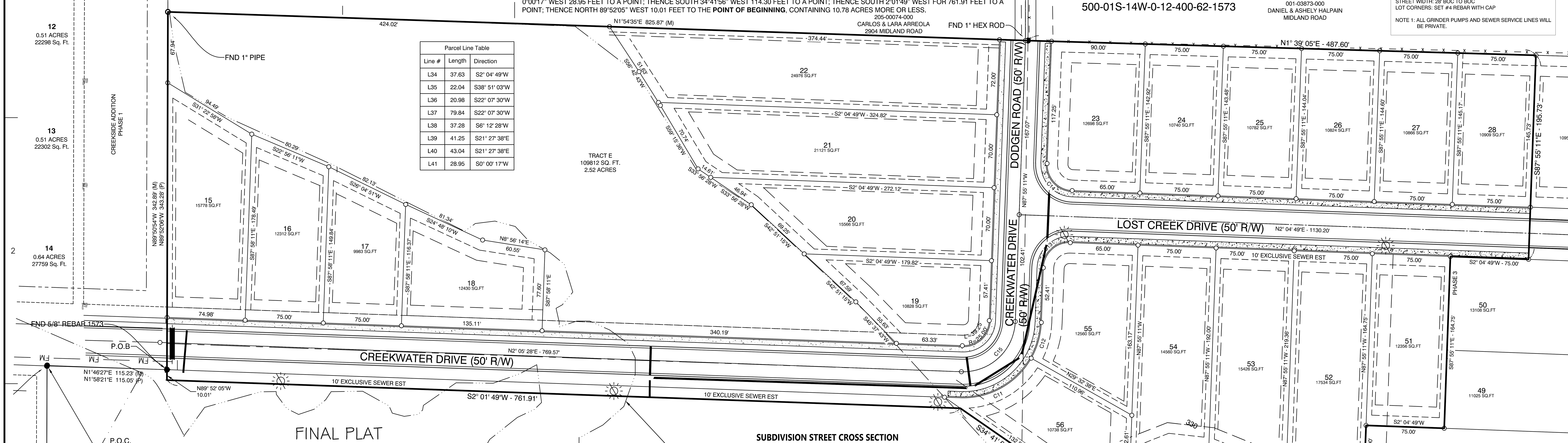
ZONING CLASSIFICATION: R-1
MIN. LOT SIZE: 9983 S.F.
MAX. LOT SIZE: 24976 S.F.
NUMBER OF LOTS: 20
SOURCE OF WATER: SALEM WATER USERS ASSOCIATION PWA
SOURCE OF SEWER: CITY OF BRYANT

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: 28' BOC TO BOC
LOT CORNERS: SET #4 REBAR WITH CAP

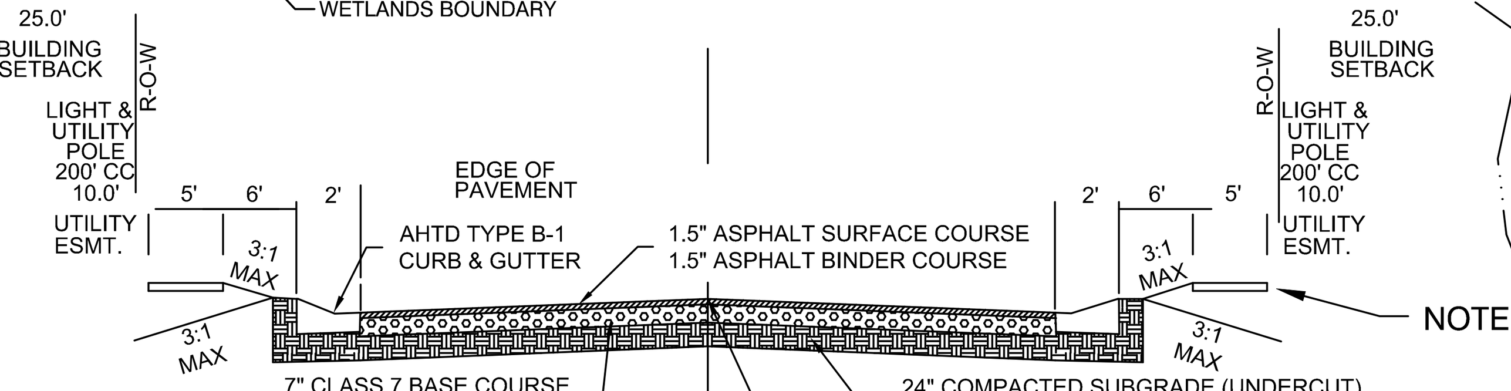
NOTE 1: ALL GRINDER PUMPS AND SEWER SERVICE LINES WILL BE PRIVATE.

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
PARCEL 205-00071-000
ELVER A. MARROQUIN
3110 MIDLAND ROAD
205-00073-000
WELCOME HOME ENTERPRISES INC
3018 MIDLAND ROAD
205-00074-000
CARLOS & LARA ARREOLA
2904 MIDLAND ROAD
001-03873-000
DANIEL & ASHELY HALPAIN
MIDLAND ROAD
CREEKSIDE ADDITION PHASE 1
TRACT E
109812 SQ. FT.
2.52 ACRES
FND 1" PIPE
FND 1" HEX ROD
FND 5/8" REBAR 1573
P.O.B.
P.O.C.
NORTHWEST CORNER LOT 77, CREEKSIDE ADDITION, PHASE 1, BRYANT, SALINE COUNTY, ARKANSAS
CREEKWATER DRIVE (50' R/W)
DODGEN ROAD (50' R/W)
LOST CREEK DRIVE (50' R/W)
10' EXCLUSIVE SEWER EST
WETLANDS BOUNDARY
N1°54'35"E 825.87' (M)
N1° 39' 05"E - 487.60'
S2° 01' 49"W - 761.91'
S87° 55' 11"E - 195.73'
N2° 05' 28"E - 769.57'
N2° 04' 49"E - 1130.20'
S34° 41' 56"W - 114.30'
N89° 52' 05"W 10.01'
N1°46'27"E 115.23' (M)
N1°58'21"E 115.05' (P)
PHASE 3

SUBDIVISION STREET CROSS SECTION



25.0' BUILDING SETBACK
LIGHT & UTILITY POLE 200' CC 10.0' UTILITY ESMT.
R-O-W
EDGE OF PAVEMENT
AHTD TYPE B-1 CURB & GUTTER
1.5" ASPHALT SURFACE COURSE
1.5" ASPHALT BINDER COURSE
3:1 MAX
NOTE 1
7" CLASS 7 BASE COURSE
98% MODIFIED PROCTOR DENSITY
24" COMPACTED SUBGRADE (UNDERCUT) AT 95% MODIFIED PROCTOR DENSITY. MEETING CITY OF BRYANT SUBGRADE REQUIREMENTS.
PROFILE GRADE

PLAT CERTIFICATES:

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' 16"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	S63° 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:

1. 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 RASBURRY 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).

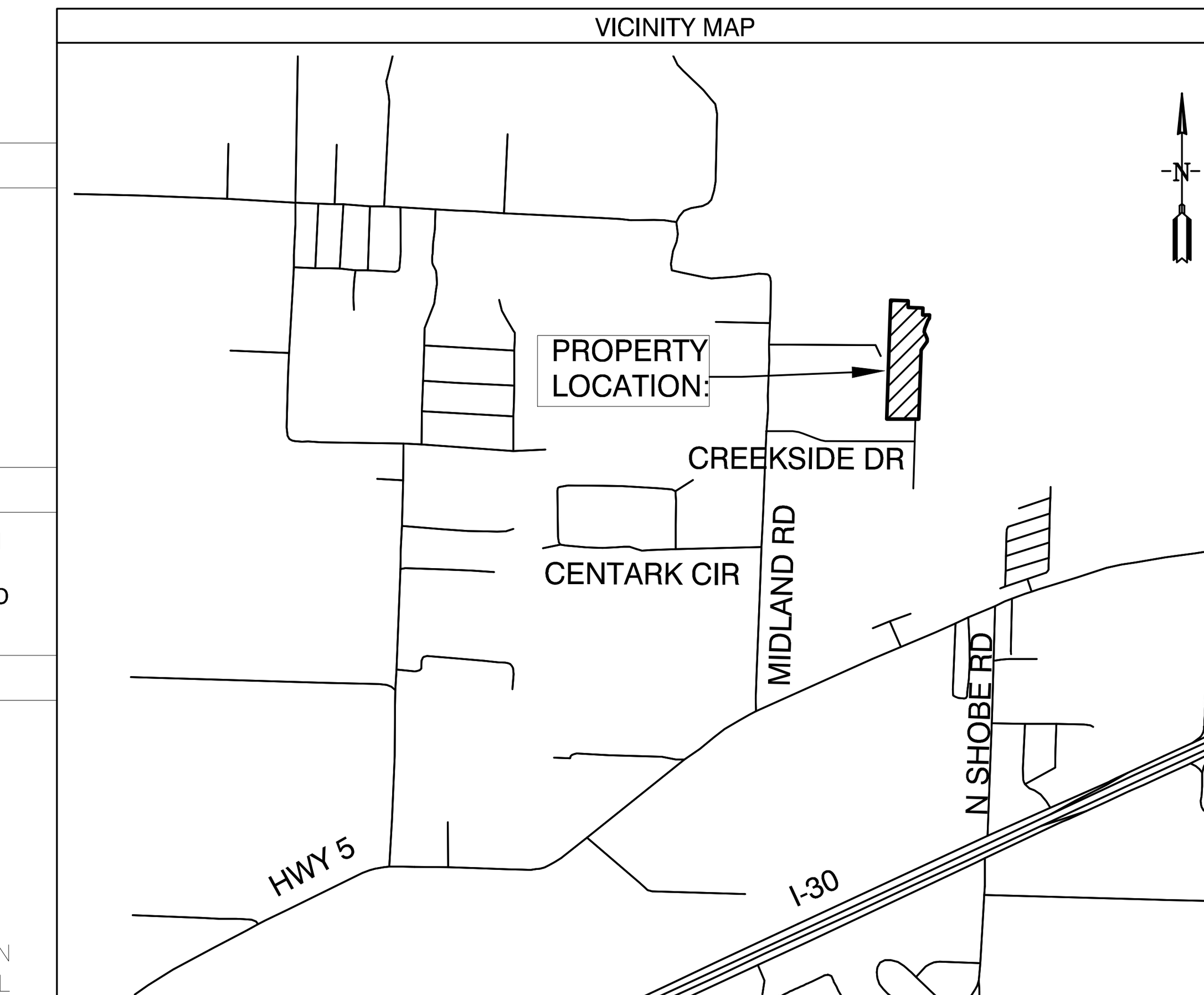
CERTIFICATIONS:

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.

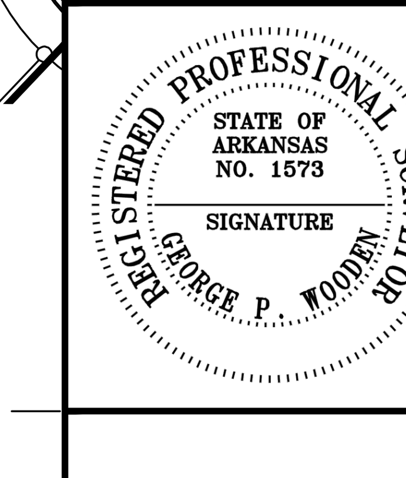
VICINITY MAP



GNE
Designing our client's success
GarNat Engineering, LLC
P.O. Box 116 (72018)
3825 Mt. Carmel Road
Bryant, AR 72022
Ph (501) 408-4650
Fx (888) 900-3068
garnatengineering@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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 12 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 403.0

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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 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

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 11 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 402.8

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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 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

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 9 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 401.5

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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 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

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 8 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 401.8

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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 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

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 7 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 402.0

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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 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

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 6 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 402.5

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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 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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 5 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 402.6

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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):	404.6	☑ 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):	404.6	☑ 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):	404.6	☑ feet	☐ meters
f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☐ Finished	404.6	☑ 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:	404.6	☑ 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 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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 4 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 403.0

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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 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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 3 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 403.3

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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):	405.3	☑ 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):	405.3	☑ 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):	405.3	☑ feet	☐ meters
f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☐ Finished	405.3	☑ 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:	405.3	☑ 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 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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 2 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 403.8

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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 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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Giron Builders, Inc

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box
3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:
Lot 1 Jacob's Corner

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. 34.393150 N Long. 92.29165 W Horizontal Datum: ☐NAD 1927 ☑NAD 1983 ☐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: 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A8.c: 0.00 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: 500.00 sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐Yes ☐No ☑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: No

d) Total net open area of non-engineered flood openings in A9.c: 0.00 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: Saline County B1.b. NFIP Community Identification Number: 050191

B2. County Name: Saline B3. State: Arkansas B4. Map/Panel No.: 05125C0240 B5. Suffix: E

B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-2020

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 404.0

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☑FIS ☐FIRM ☐Community Determined ☐Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐NGVD 1929 ☑NAVD 1988 ☐Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☑No
Designation ☐CBRS ☐OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐Yes ☑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 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

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐feet ☐meters ☐above the LAG

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 LAG

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

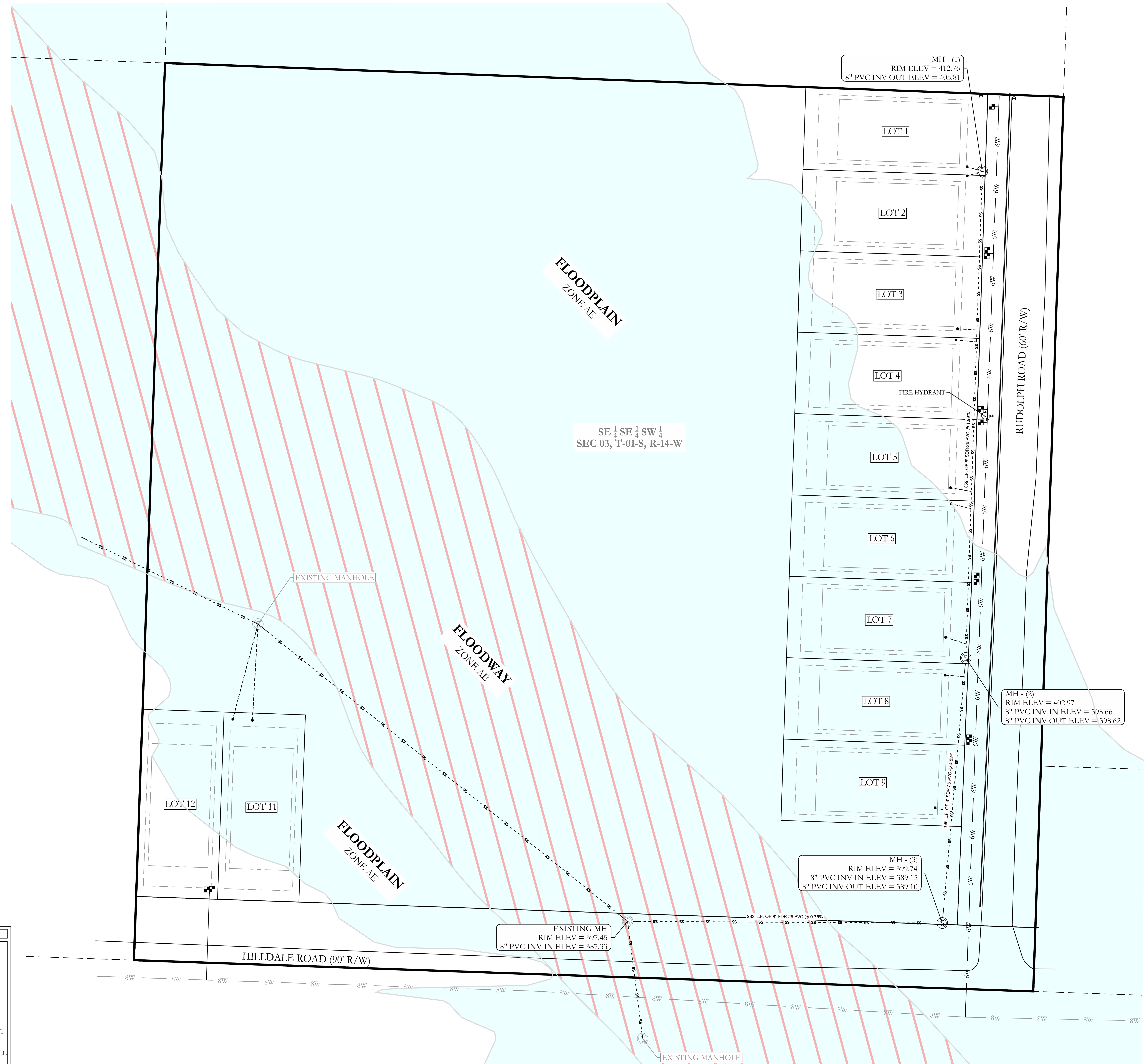
Photo Three Caption:

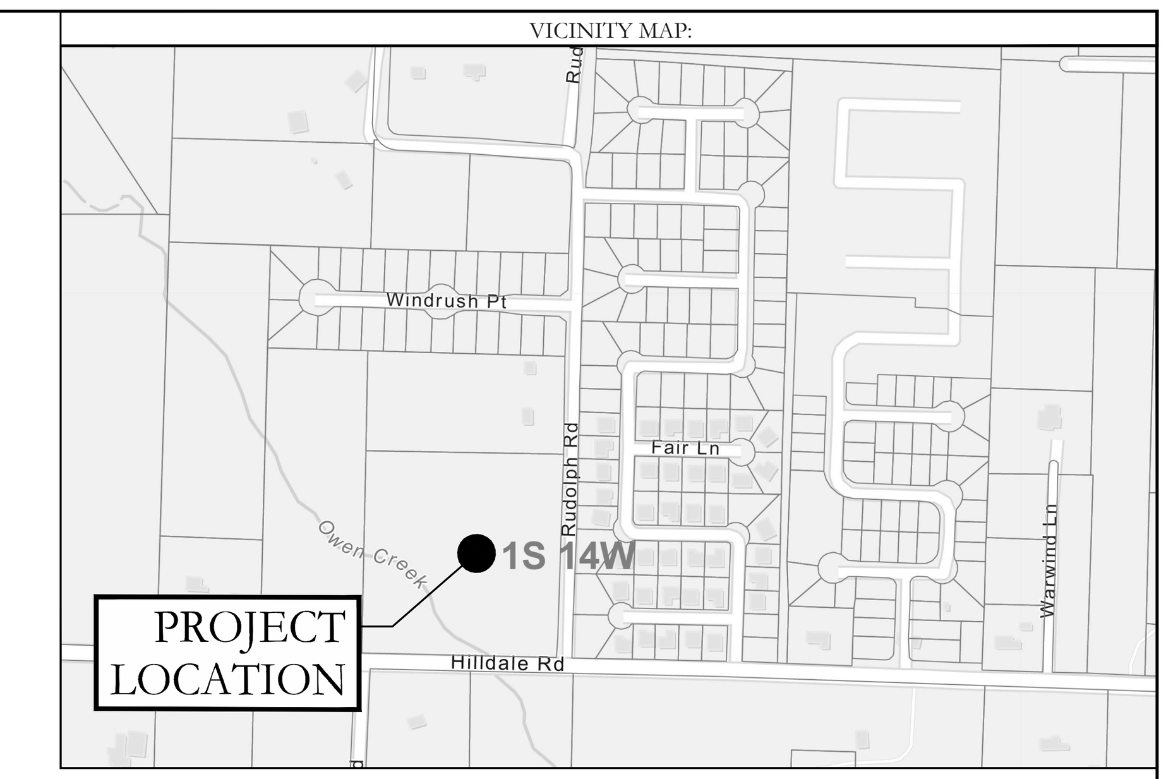
Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four





SCALE: 1" = 40'

SEWER LEGEND:	
	CLEAN OUT
	PROPOSED SEWER MANHOLE
	EXISTING SEWER MANHOLE
	ISOLATION VALVE
SS - - - SS	EXISTING SEWER LINE
SEWER MAIN	TEE
	SEWER SERVICE
	GRINDER PUMP

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.

WATER LEGEND:	
	INSTALLED BLOW OFF
WATER MAIN	INSTALLED GATE VALVE
	REDUCER
	INSTALLED FIRE HYDRANT
	INSTALLED WATER SERVICE
6W	INSTALLED 6" WATER LINE
8W	INSTALLED 8" WATER LINE
W	INSTALLED WATER LINE

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

AS-BUILTS

REGISTERED PROFESSIONAL LAND SURVEYOR — STATE OF ARKANSAS NO. 1762 — JONATHAN L. HOPE

STATE OF ARKANSAS LICENSED PROFESSIONAL ENGINEER NO. 20876 — KAZI TAMZIDUL ISLAM

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 the the Federal Emergency Management Agency (FEMA) Flood Insurance Rate Map (FIRM) for Saline County, City of Benton, panel # 05125C0240E, dated 06/05/2020, most of the property described hereon does not lie within the 100 year flood hazard boundary.

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

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.

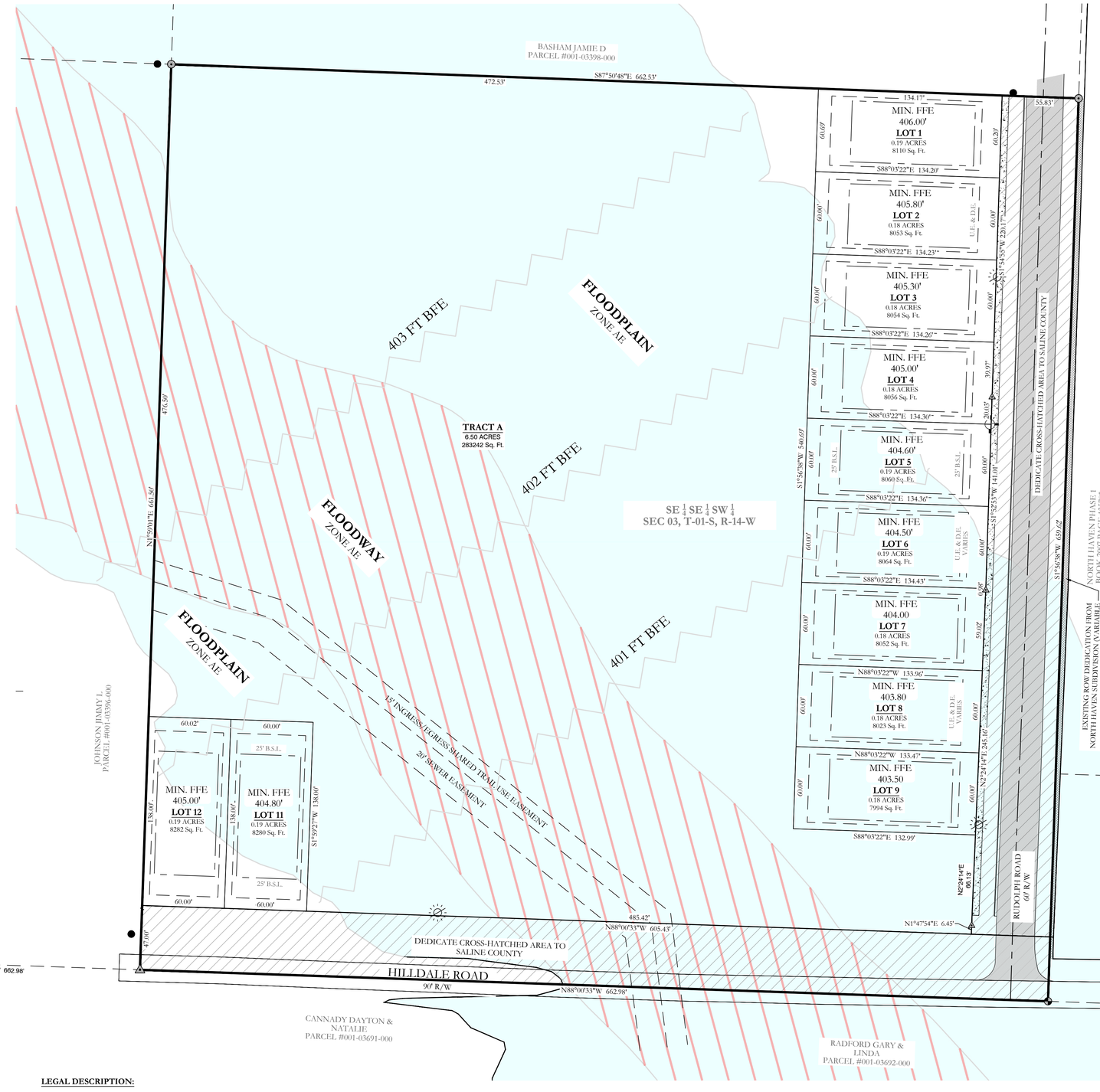
JACOB'S CORNER
SANITARY SEWER AND WATER AS-BUILTS
SALINE COUNTY, ARKANSAS

DATE: 10/24/2023	C.A.D. BY: JPP	DRAWING NUMBER: 20-0722	
REVISED:	CHECKED BY:		
SHEET:	SCALE: 1" = 40'		

500	01S	14W	0	03	320	62	1762

K:\Land Projects 2004\Subdivisions\2020\20-0722 Jacob's Crossing Subdivision\Dwg\20-0722 Jacob's Corner As-Builts.dwg

Know what's **below.** **Call** before you dig.



LEGEND
- Found Aliquot Corner
- Found monument
- Set ½" Rebar
- Computed point
- (M)- Measured
- (P) - Plat/Deed
- Fence
- Light Pole
- Fire Hydrant

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

40' 20' 0 40'

LEGAL DESCRIPTION:

THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER SECTION 03, TOWNSHIP 1 SOUTH, RANGE 14 WEST, SALINE COUNTY ARKANSAS.

CONTAINING 437,787.7 SQUARE FEET, OR 10.05 ACRES, MORE ORE LESS.

SUBJECT TO BUILDING LINES, EASEMENTS, MINERAL RESERVATIONS AND/OR CONVEYANCES, AND RESTRICTIONS OF RECORD, IF ANY.

FINAL PLAT OF JACOB'S CORNER

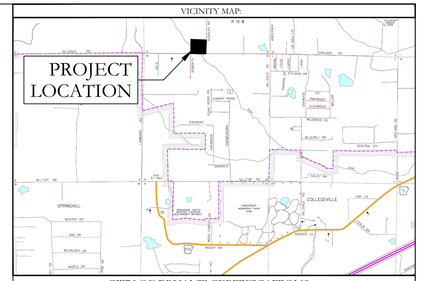
A SUBDIVISION IN SALINE COUNTY, ARKANSAS

REGISTERED PROFESSIONAL LAND SURVEYOR — STATE OF ARKANSAS — NO. 1762 — SIGNATURE — JONATHAN L. HOPE

STATE OF ARKANSAS — LICENSED PROFESSIONAL ENGINEER — NO. 20876 — KAZI MAZIDUL ISLAM

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

VICINITY MAP:



CITY OF BRYANT CERTIFICATIONS:

OWNER:
Name: GIRON BUILDERS INC.
Address: 3420 HILLDALE ROAD
ALEXANDER, AR 72002

DEVELOPER:
Name: GIRON BUILDERS INC.
Address: 3420 HILLDALE ROAD
ALEXANDER, AR 72002

CERTIFICATE OF OWNER:

We, the undersigned, owners of the real estate shown and described herein do hereby certify that we have caused to be laid off, platted and subdivided, and to hereby lay off, plat and subdivide said real estate in accordance with the plat.

Date of Execution _____ Name: _____

Source of Tile: D.R. BOOK 2020 PAGE 006574

CERTIFICATE OF FINAL SURVEYING ACCURACY:

I, Jonathan L. Hope, 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 location, size, type and material are correctly shown; and that all interior lot lines have been adjusted to "as built conditions" and are accurately described on the plat and identified on the ground in terms of length and direction of the property side as required in accord with the City of Bryant Subdivision Regulation Ordinance.

Date of Execution

Jonathan L. Hope
Registered Professional
Land Surveyor No. 1762 Arkansas

CERTIFICATE OF FINAL ENGINEERING ACCURACY:

I, Kazi Islam, hereby certify that this plat correctly represents a plat made by me, and that the engineering requirements of the City of Bryant Subdivision Rules and Regulations have been complied with.

Date of Execution

Kazi Islam
Registered Professional
Engineer, No. 20876 Arkansas

CERTIFICATE OF FINAL PLAT APPROVAL:

Pursuant to the City of Bryant Subdivision Rules and Regulations, and all of the conditions of approval having been completed, this document is hereby accepted. This certificate is hereby executed under the authority of said rules and regulations.

Date of Execution

Rick Johnson,
Bryant Planning Commission Chairman

FLOODPLAIN CERTIFICATION:

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 the the Federal Emergency Management Agency (FEMA) Flood Insurance Rate Map (FIRM) for Saline County unincorporated areas, panel # 05125C0240L, dated 06/05/2020, Most of the property described hereon does lie within the 100 year flood hazard boundary.

PROPERTY SPECIFICATIONS:

OWNER: GIRON BUILDERS INC.
3420 HILLDALE ROAD
ALEXANDER, AR 72002

DEVELOPER/: GIRON BUILDERS INC.
SUBDIVIDER 3420 HILLDALE ROAD
ALEXANDER, AR 72002

ENGINEERS: HOPE CONSULTING INC.
129 N MAIN STREET
BENTON, AR 72015

NAME OF SUBDIVISION: JACOB'S CORNER

ZONING CLASSIFICATION: PROPOSED R-1.S

SOURCE OF TITLE: SALINE COUNTY DOCUMENT BOOK 2020 PAGE 006574

MIN. LOT SIZE: 8,400 S.F.
NUMBER OF LOTS: 11
SOURCE OF WATER: SALEM WATER USERS
SOURCE OF SEWER: CITY OF BRYANT
SOURCE OF ELECTRIC: FIRST ELECTRIC COOP
SOURCE OF GAS: CENTERPOINT ENERGY

BUILDING SETBACKS:
FRONT - 25' OR AS SHOWN
REAR - 25' OR AS SHOWN
SIDE - 8' OR AS SHOWN

EASEMENTS: UTILITY & DRAINAGE (D.E. & U.E.)
FRONT - 10' OR AS SHOWN
REAR - 10' OR AS SHOWN
SIDE - 5' OR AS SHOWN

LOT CORNERS: SET 1/2" REBAR WITH CAP

HOPE CONSULTING ENGINEERS - SURVEYORS
129 North Main Street,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

FOR USE AND BENEFIT OF:
GIRON BUILDERS INC.

FINAL PLAT
JACOB'S CORNER
A SUBDIVISION IN SALINE COUNTY, ARKANSAS

DATE:	03/08/2023		C.A.D. BY:	JPP			DRAWING NUMBER:
REVISED:			CHECKED BY:				20-0722
			SCALE: 1"= 40'				

500	01S	14W	0	03	320	62	1762

K:\LAND PROJECTS 2004\SUBDIVISIONS\2020\20-0722 JACOBS CROSSING SUBDIVISION\DWG\20-0722 JACOBS CORNER FINAL PLAT 04-19-23.DWG

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

U.S. Specialty Insurance Company

TOKIO MARINE 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)

D. LITTLEFIELD
Notary Public - California
Los Angeles County
Commission # 2320307
My Comm. Expires Jan 31, 2024

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 15 day of August, 2023.

Corporate Seals
Bond No. 10012019772

Agency No. 17061

_____
Kio Lo, Assistant Secretary

HCCSMANPOA09/2021

visit tmhcc.com/surety for more information

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.

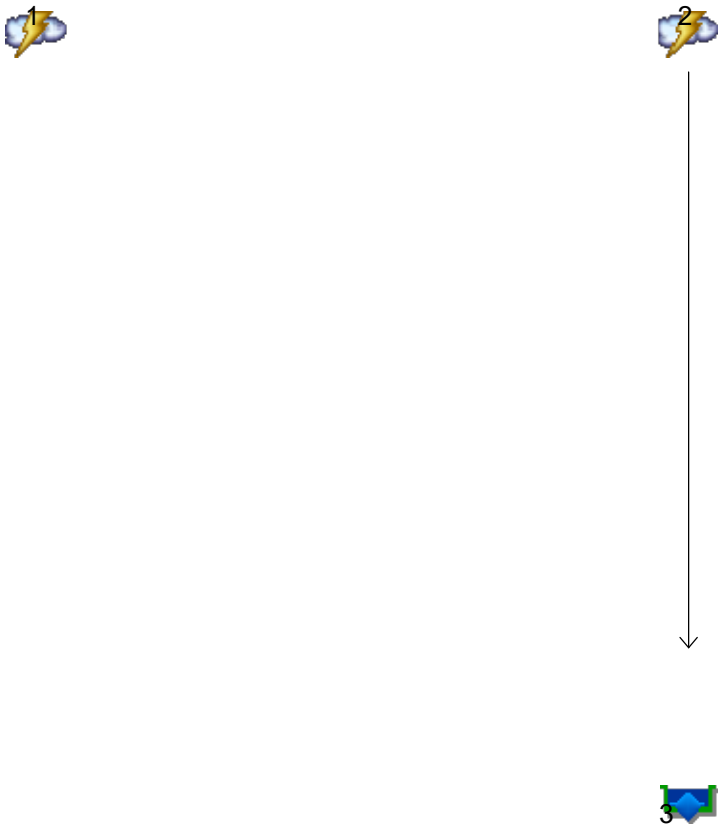
Peak flows for Pre and post development phase of onsite area have been tabulated below-

	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



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

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

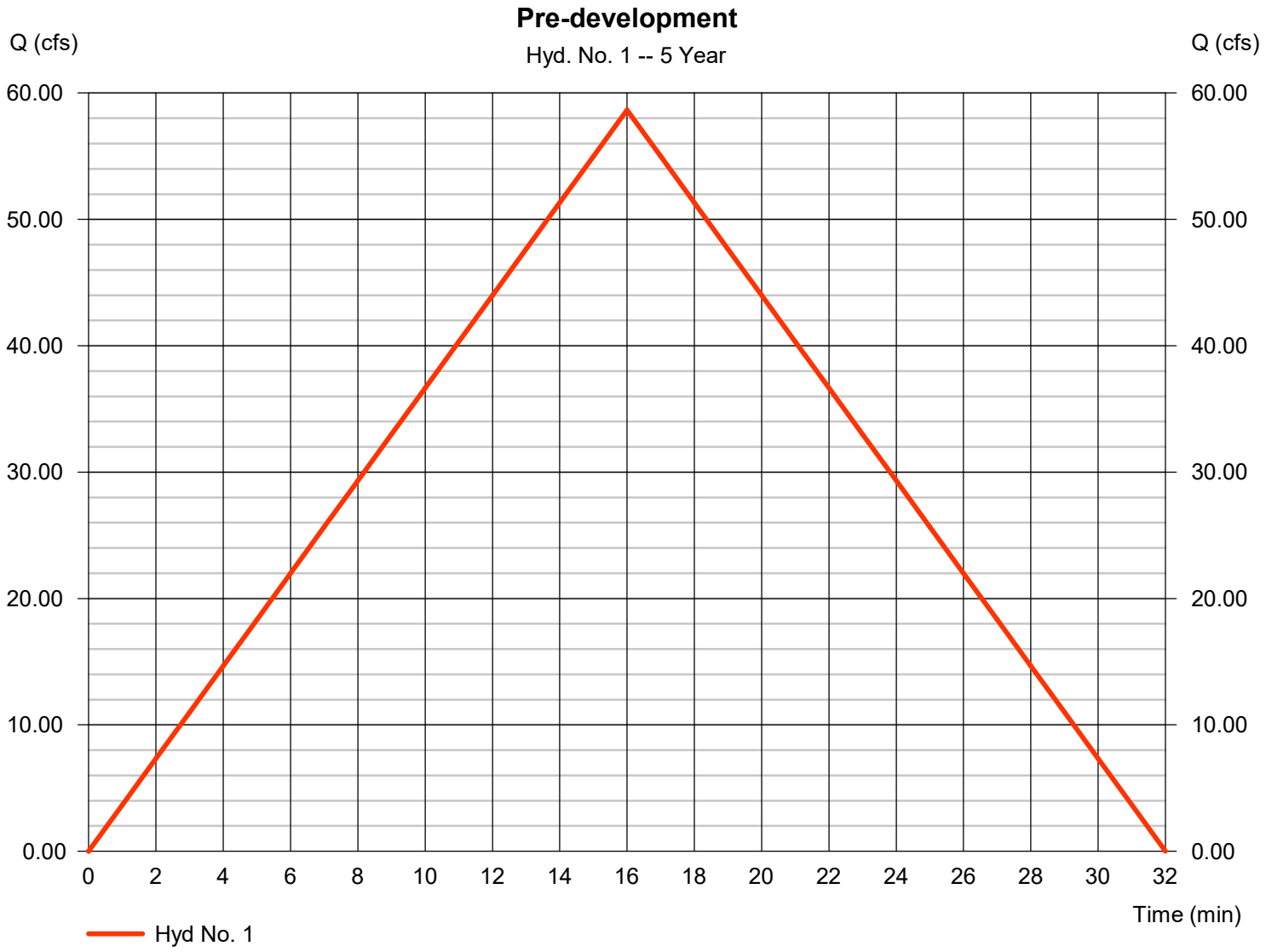
Hyd. No.	Hydrograph type (origin)	Peak flow (cfs)	Time interval (min)	Time to Peak (min)	Hyd. volume (cuft)	Inflow hyd(s)	Maximum elevation (ft)	Total strge used (cuft)	Hydrograph Description
1	Rational	58.66	1	16	56,310	------	------	------	Pre-development
2	Rational	147.91	1	8	70,997	------	------	------	Post-Development
3	Reservoir	3.498	1	16	65,800	2	349.95	69,554	Pond

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

Hydrograph Report

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

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

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

Hydrograph Report

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

Hyd. No. 1

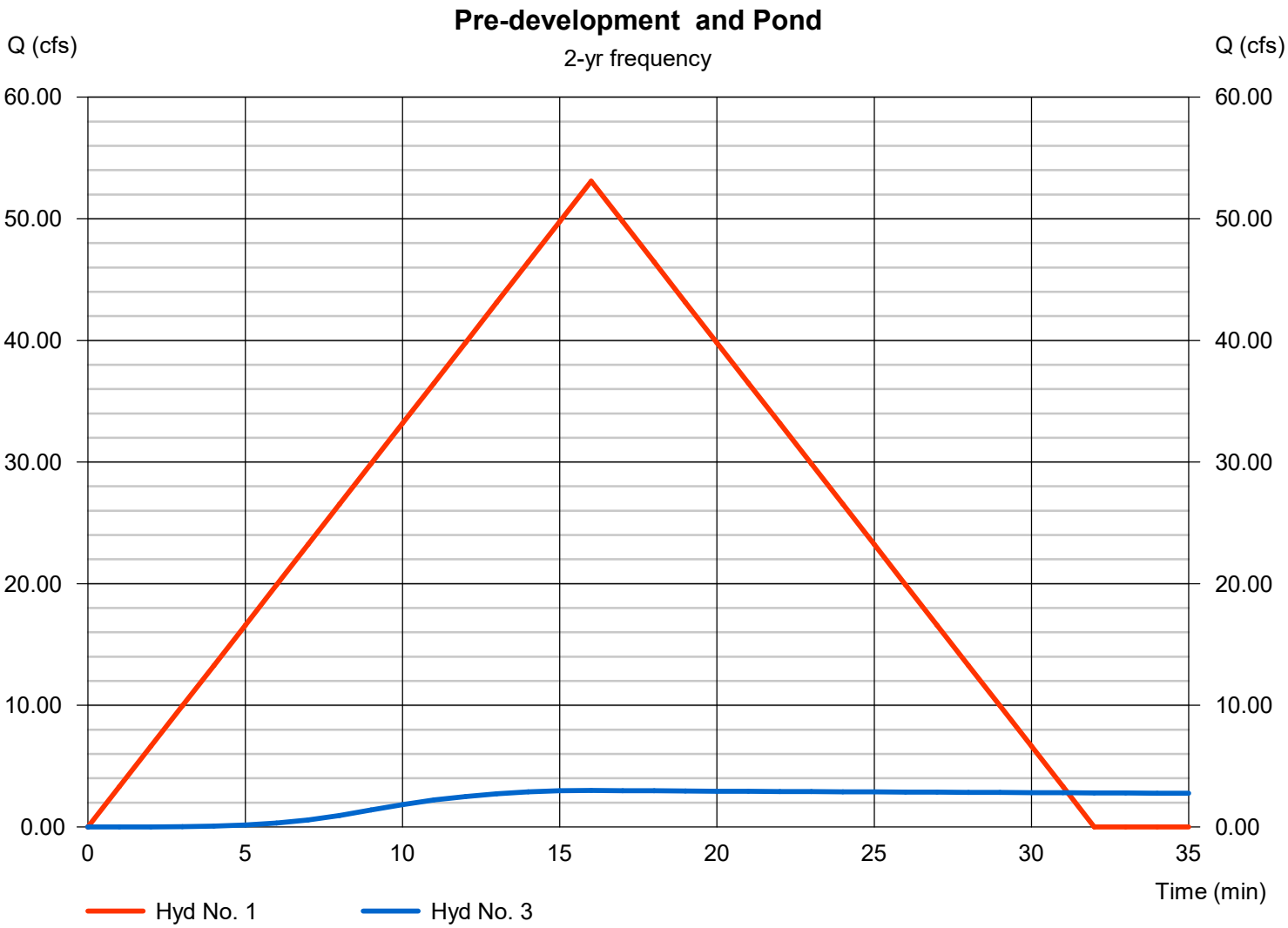
Pre-development

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

Hyd. No. 1

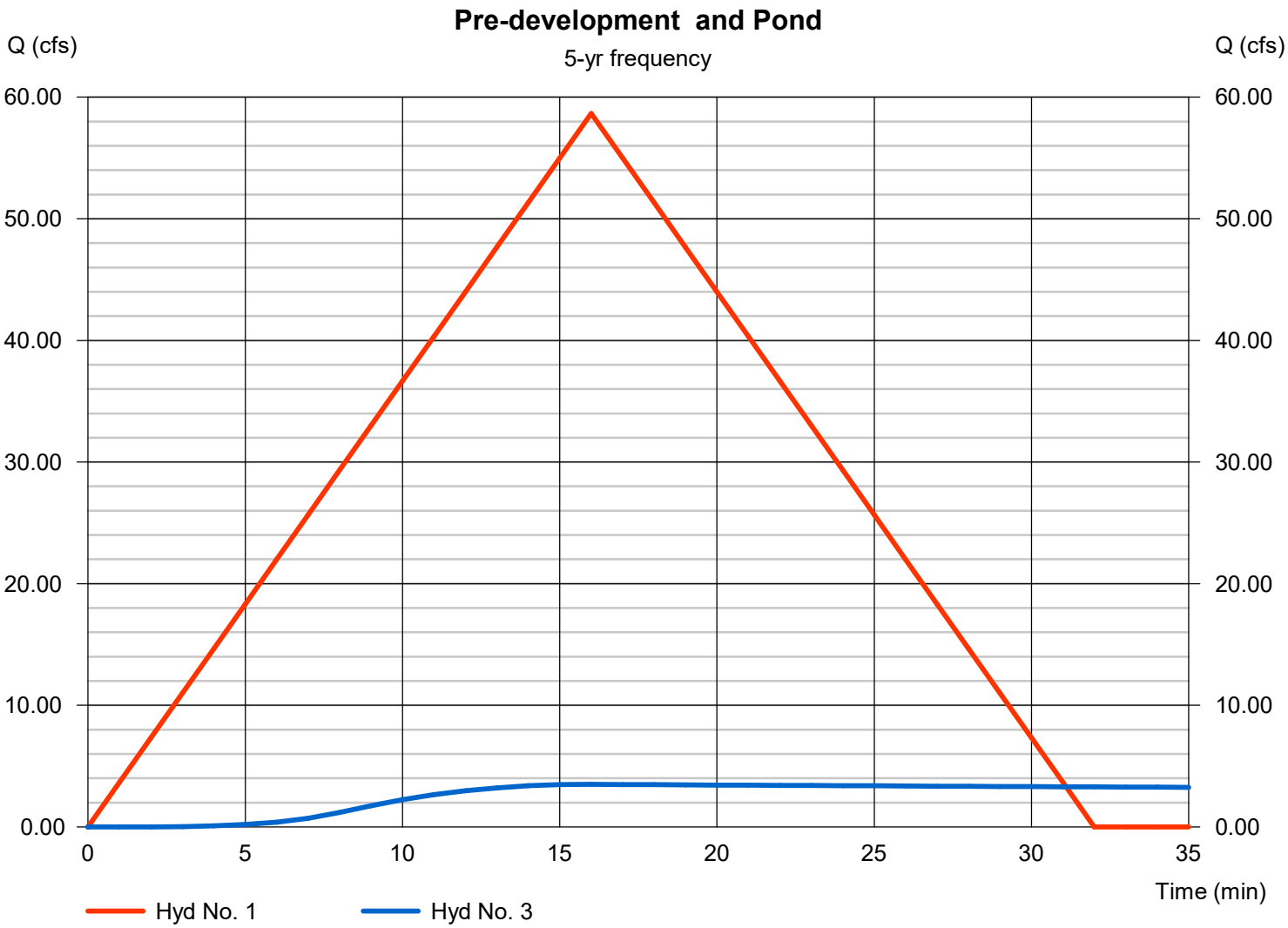
Pre-development

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

Hyd. No. 1

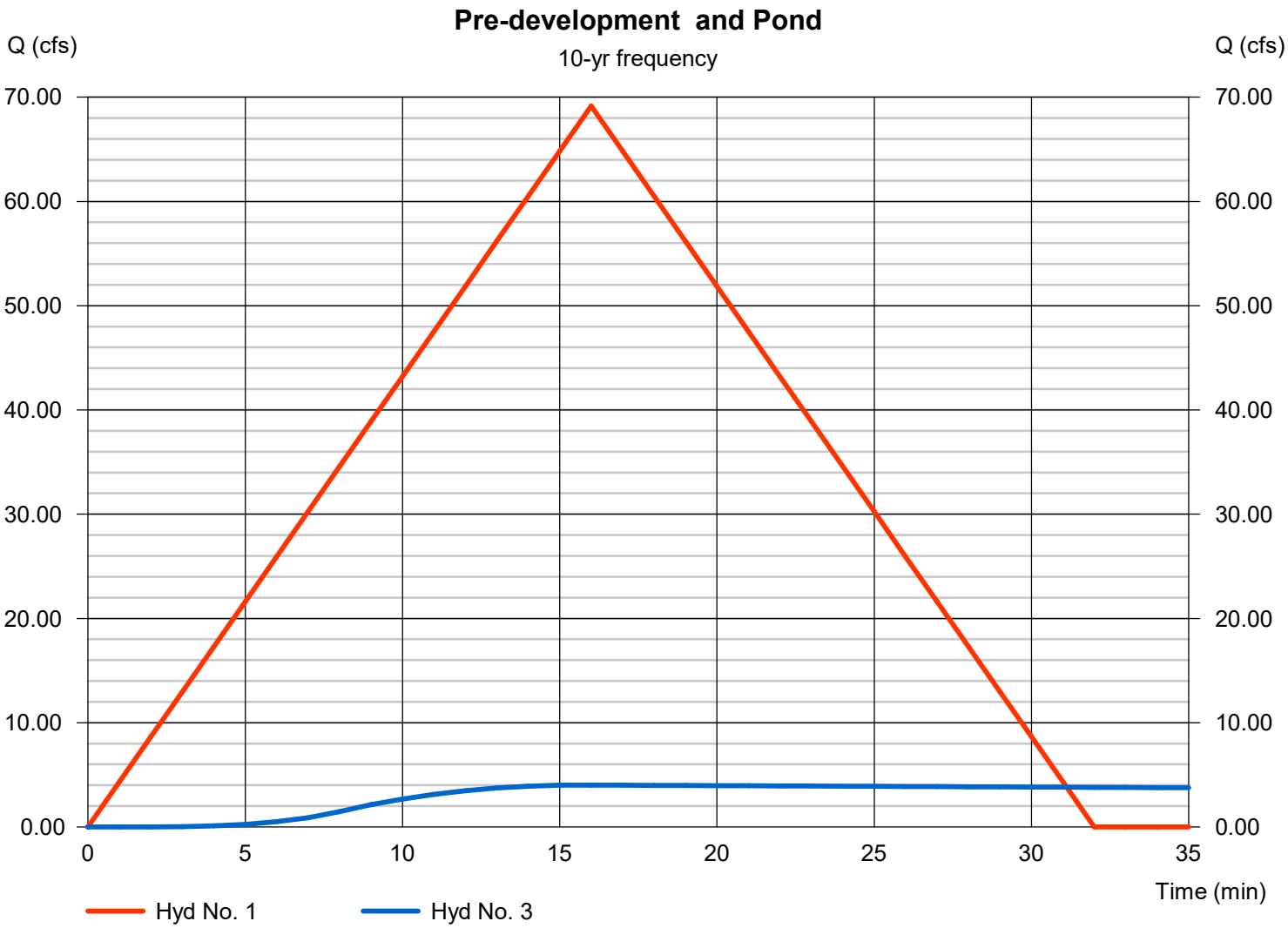
Pre-development

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

Hyd. No. 1

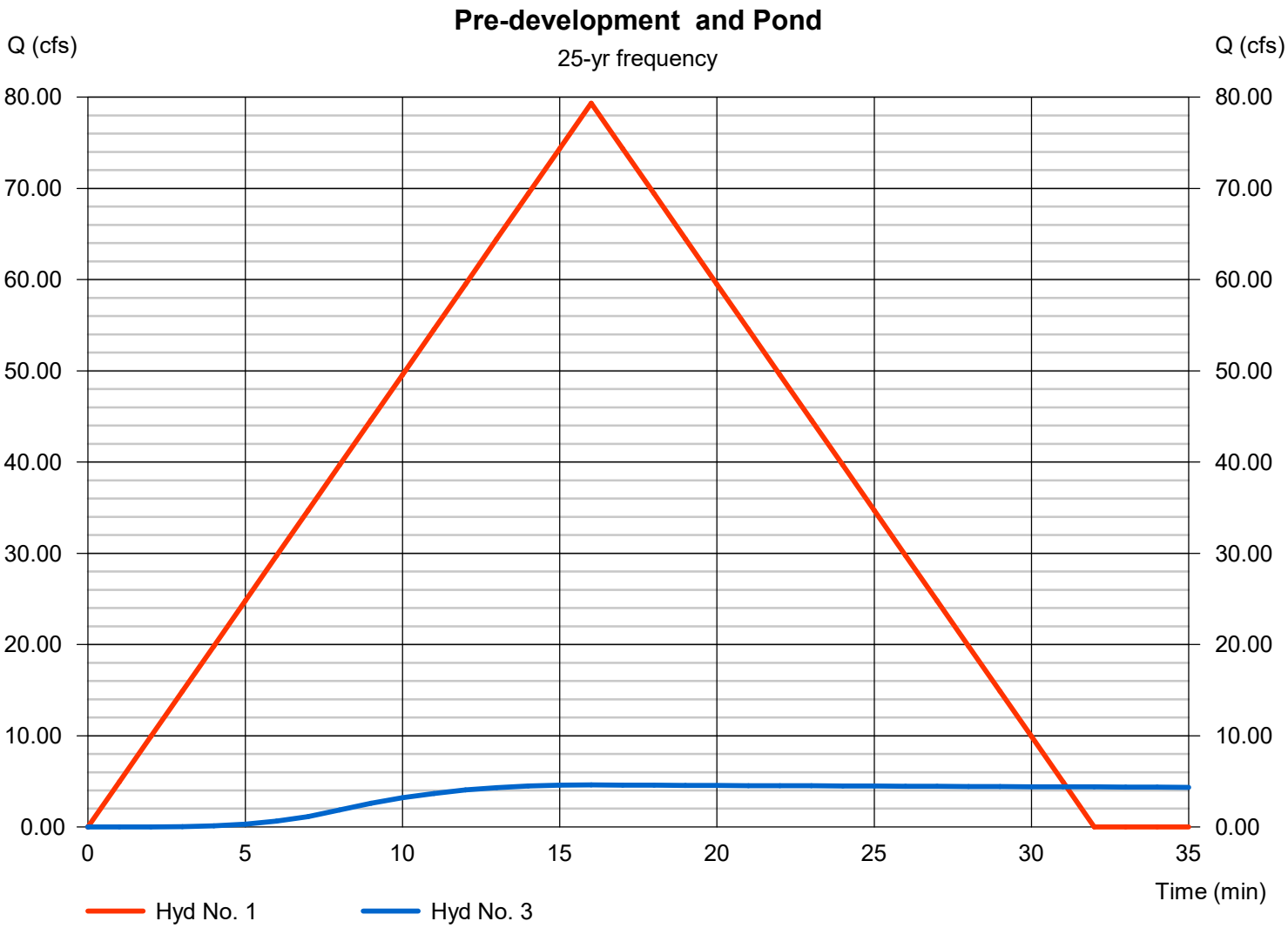
Pre-development

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

Hyd. No. 1

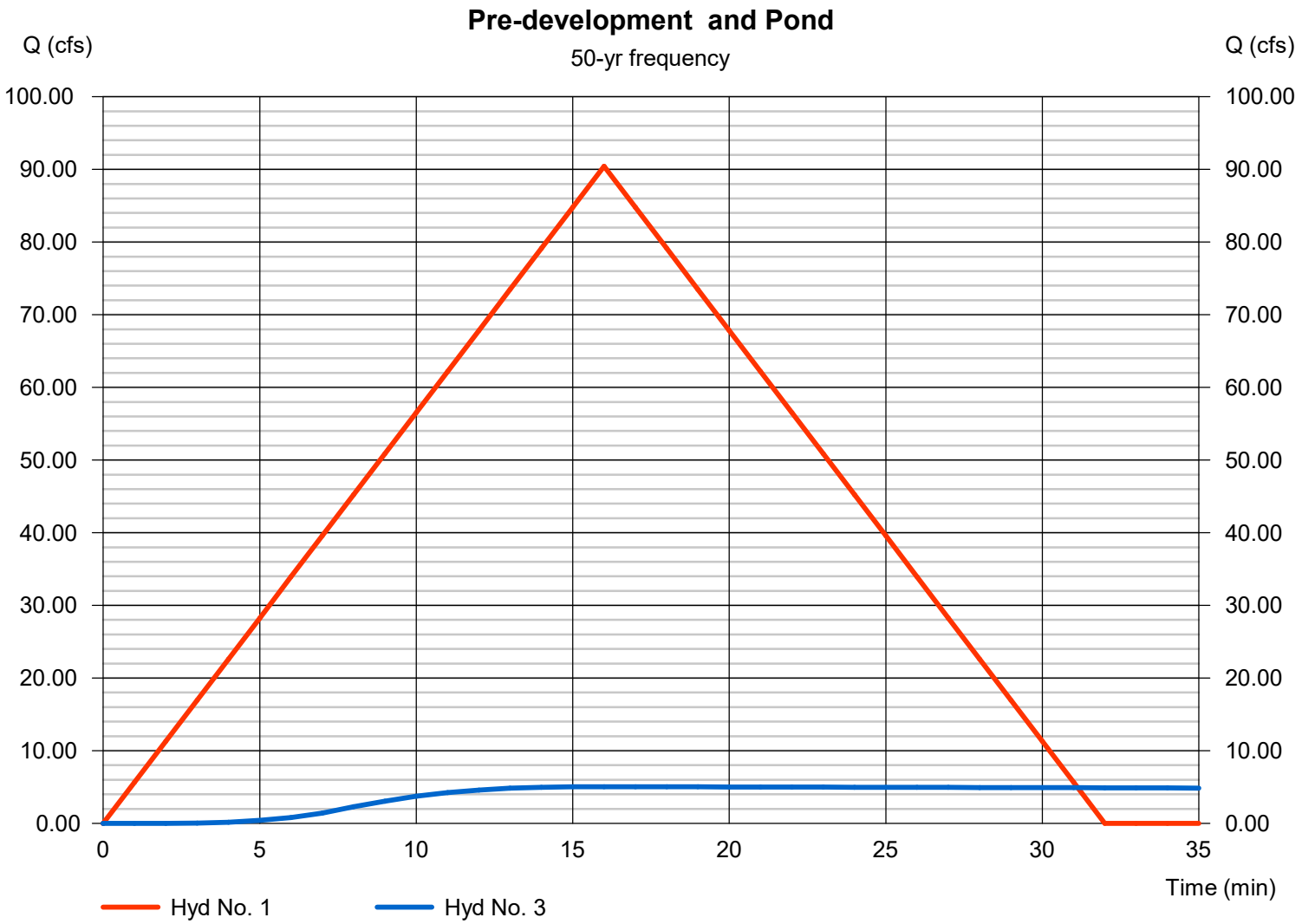
Pre-development

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



Multi-Hydrograph Plot

Hyd. No. 1

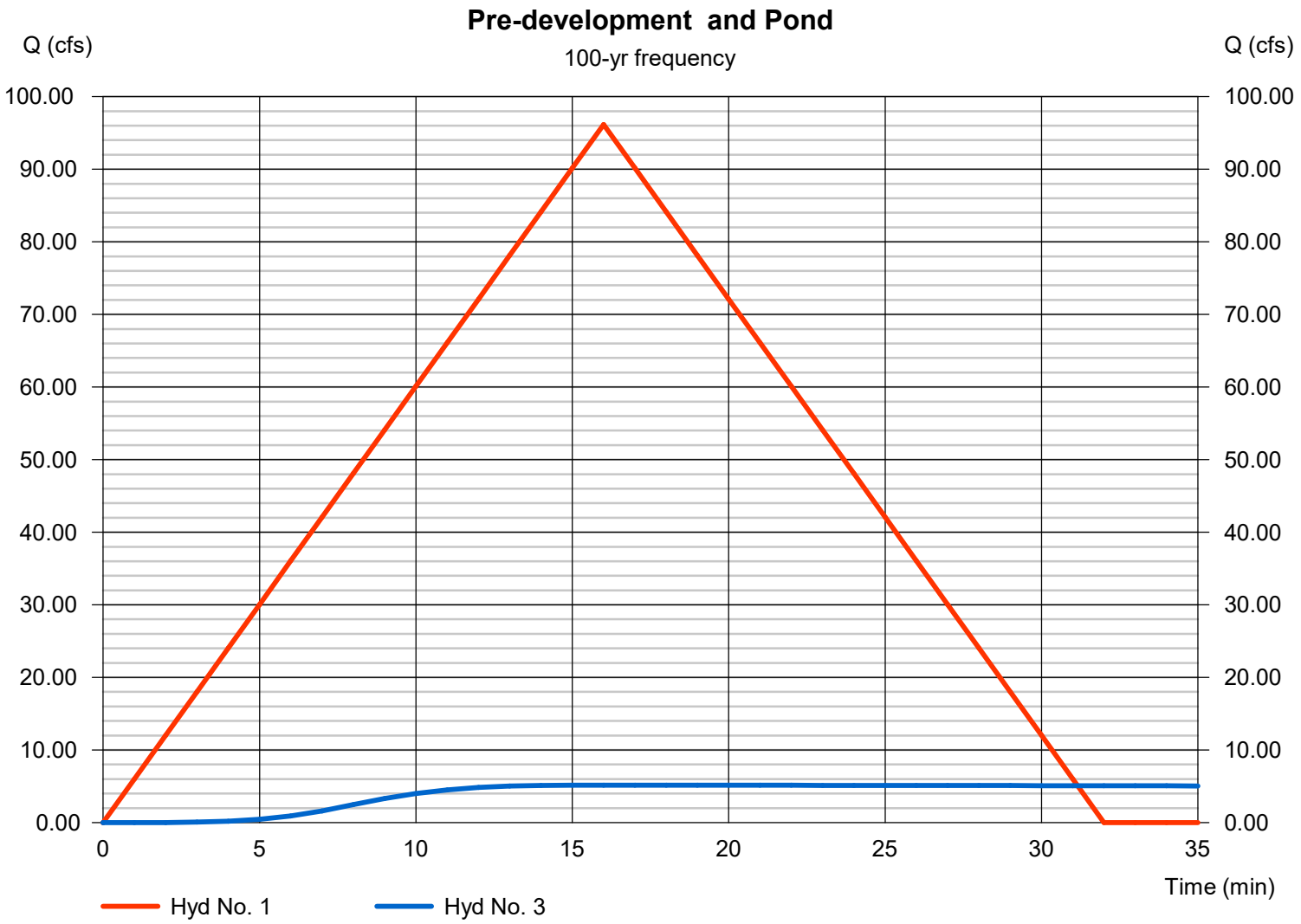
Pre-development

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



Pond Report

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

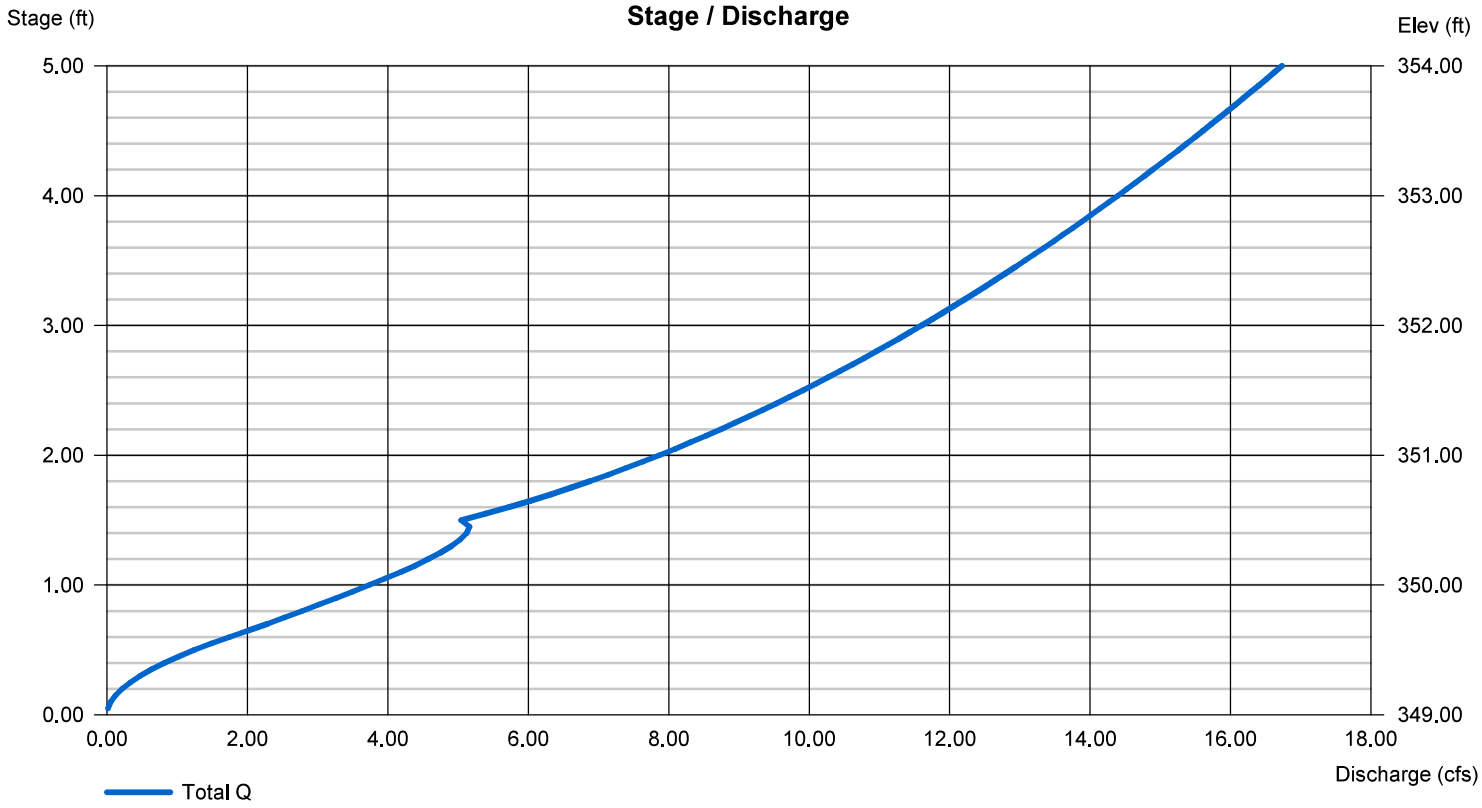
Weir Structures

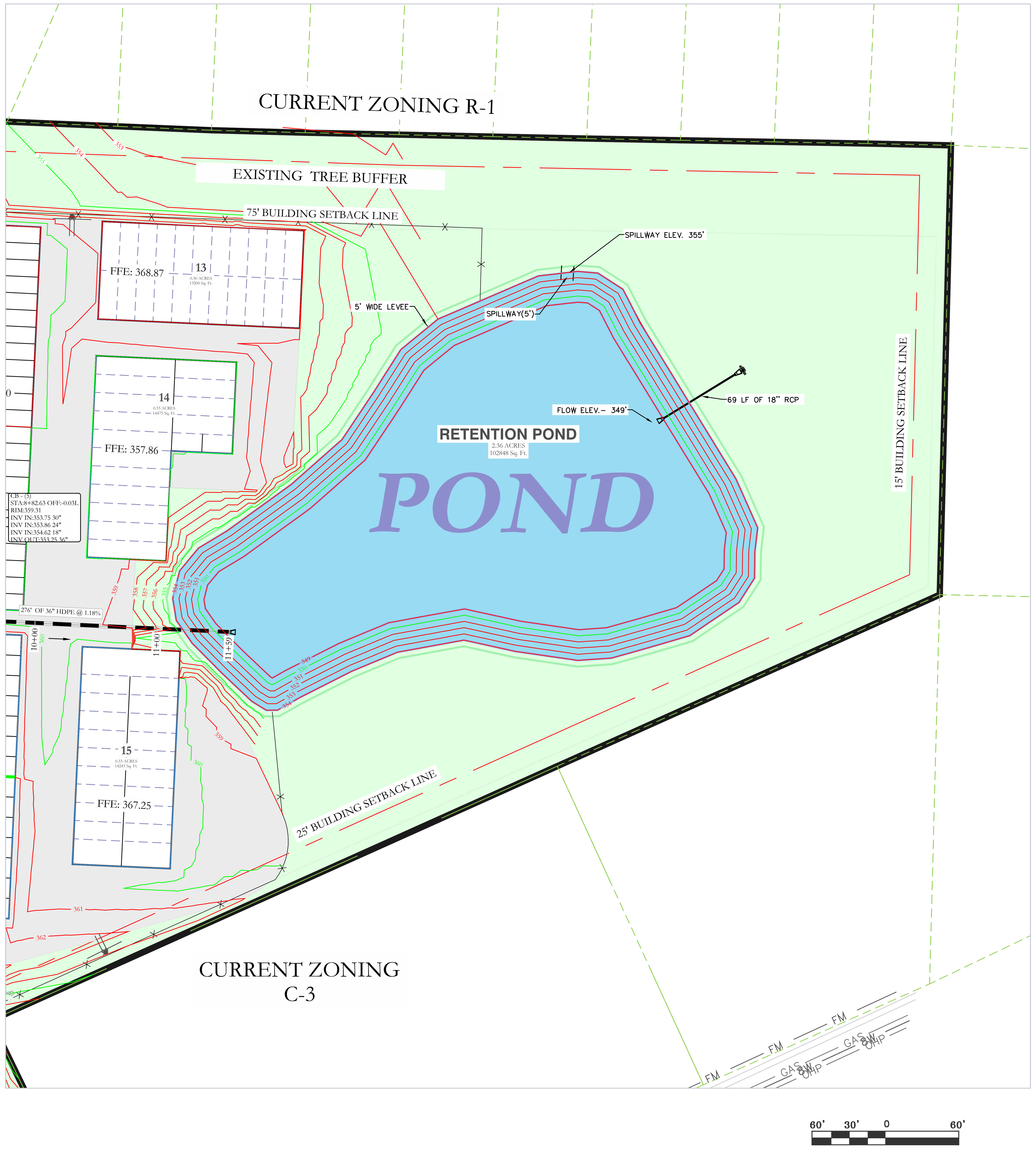
	[A]	[B]	[C]	[D]
Crest Len (ft)	= 5.00	0.00	0.00	0.00
Crest El. (ft)	= 355.00	0.00	0.00	0.00
Weir Coeff.	= 3.33	3.33	3.33	3.33
Weir Type	= Rect	---	---	---
Multi-Stage	= No	No	No	No

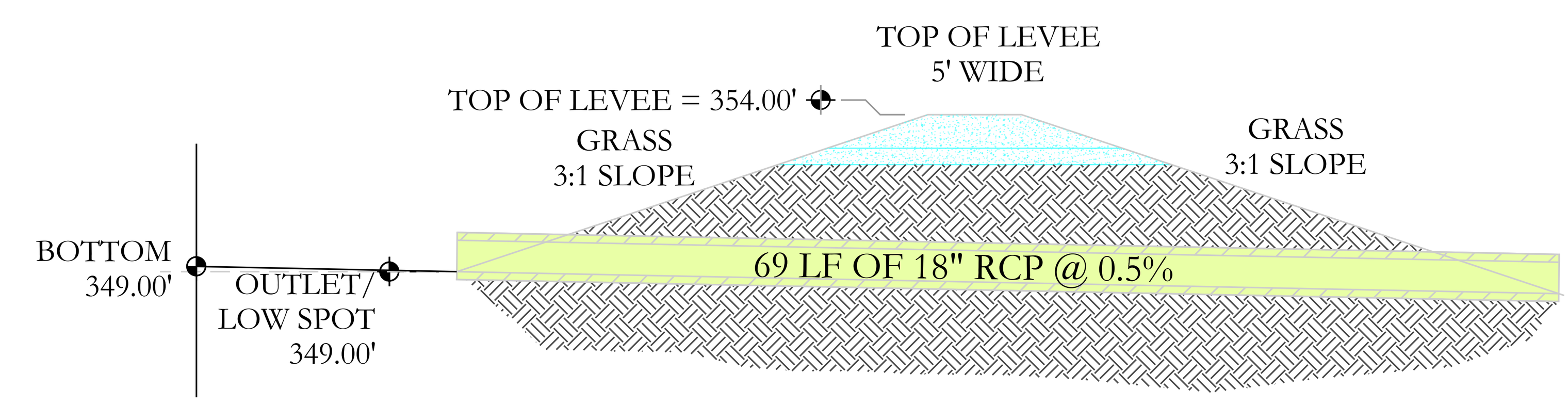
Exfil.(in/hr) = 0.000 (by Wet area)

TW Elev. (ft) = 0.00

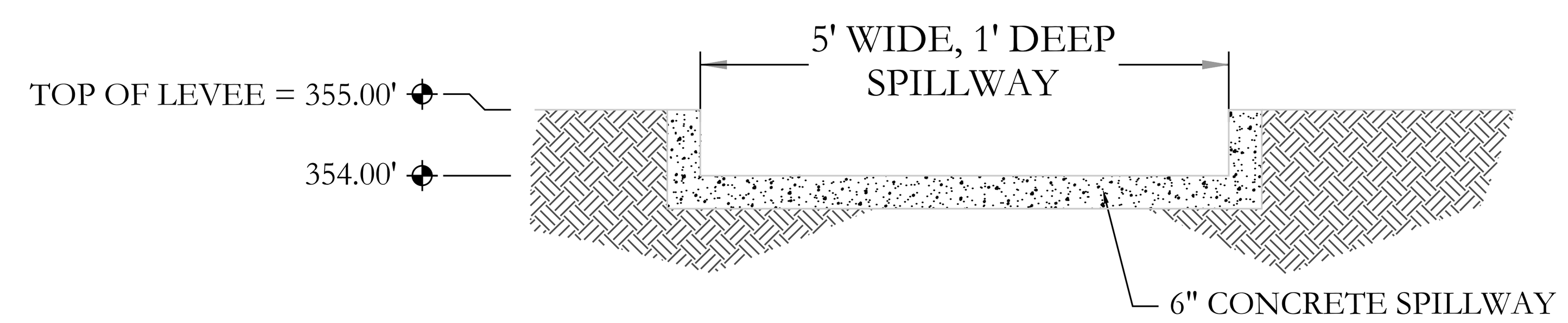
Note: Culvert/Orifice outflows are analyzed under inlet (ic) and outlet (oc) control. Weir risers checked for orifice conditions (ic) and submergence (s).





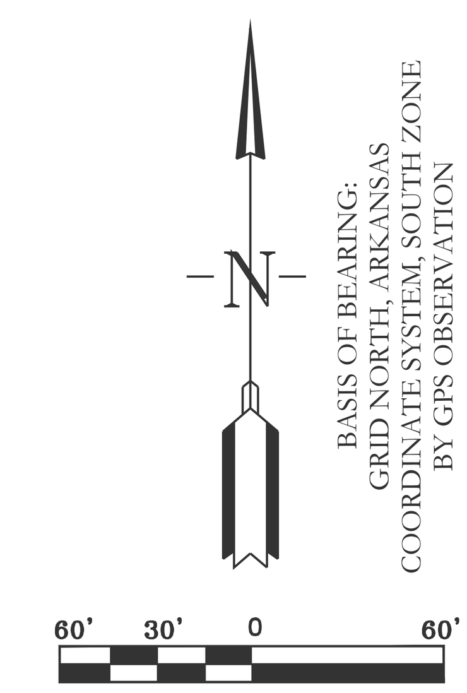


OUTLET SECTION
NTS



SPILLWAY END VIEW
NTS

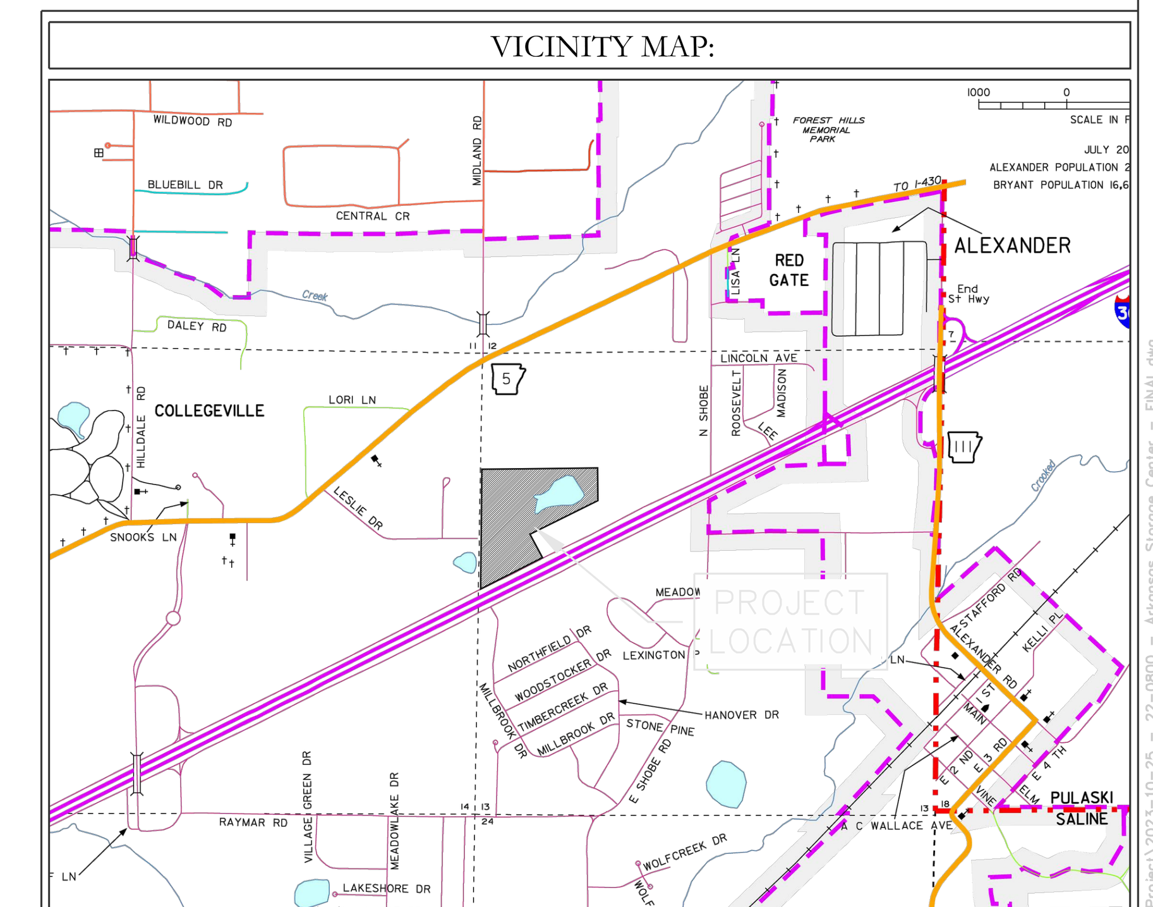
CERTIFICATE OF AUTHORIZATION
HOPE CONSULTING, INC.
No. 1931
ARKANSAS



LEGEND

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

VICINITY MAP:



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.

HOPE CONSULTING
ENGINEERS • SURVEYORS
129 N. Main Street,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

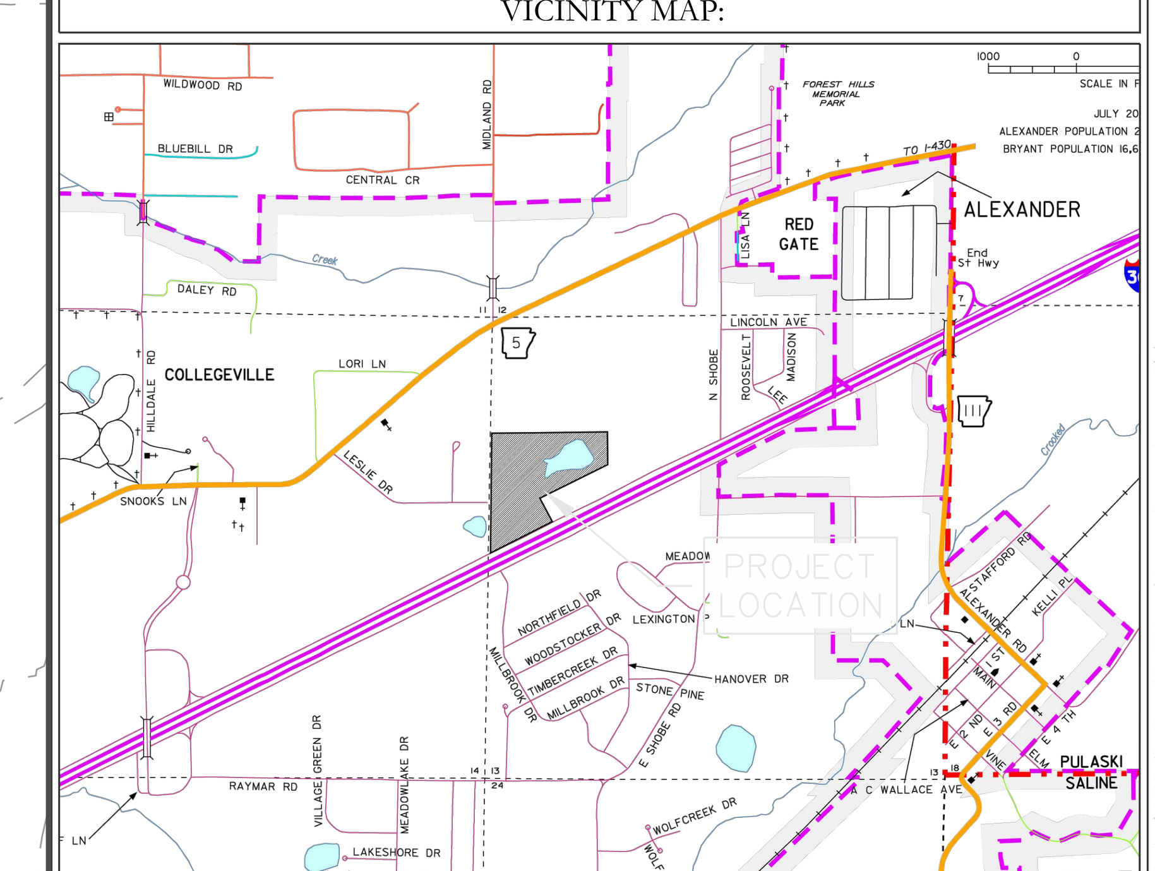
FOR USE AND BENEFIT OF:
STUART FINLEY

ARKANSAS STORAGE CENTER
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

	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**	

VICINITY MAP:



HOPE CONSULTING
ENGINEERS - SURVEYORS
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

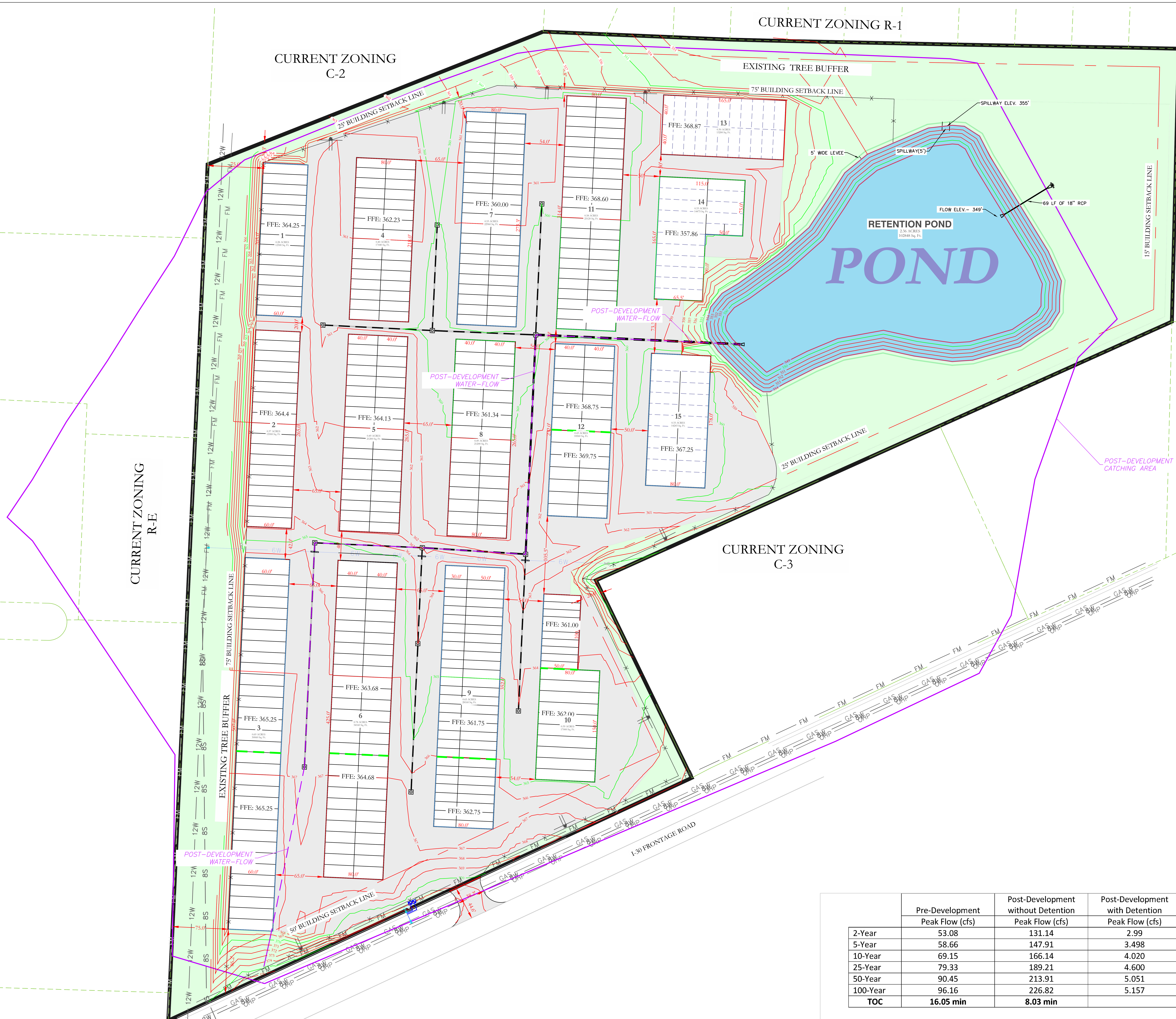
ARKANSAS STORAGE CENTER

PRE-DEVELOPMENT FLOW

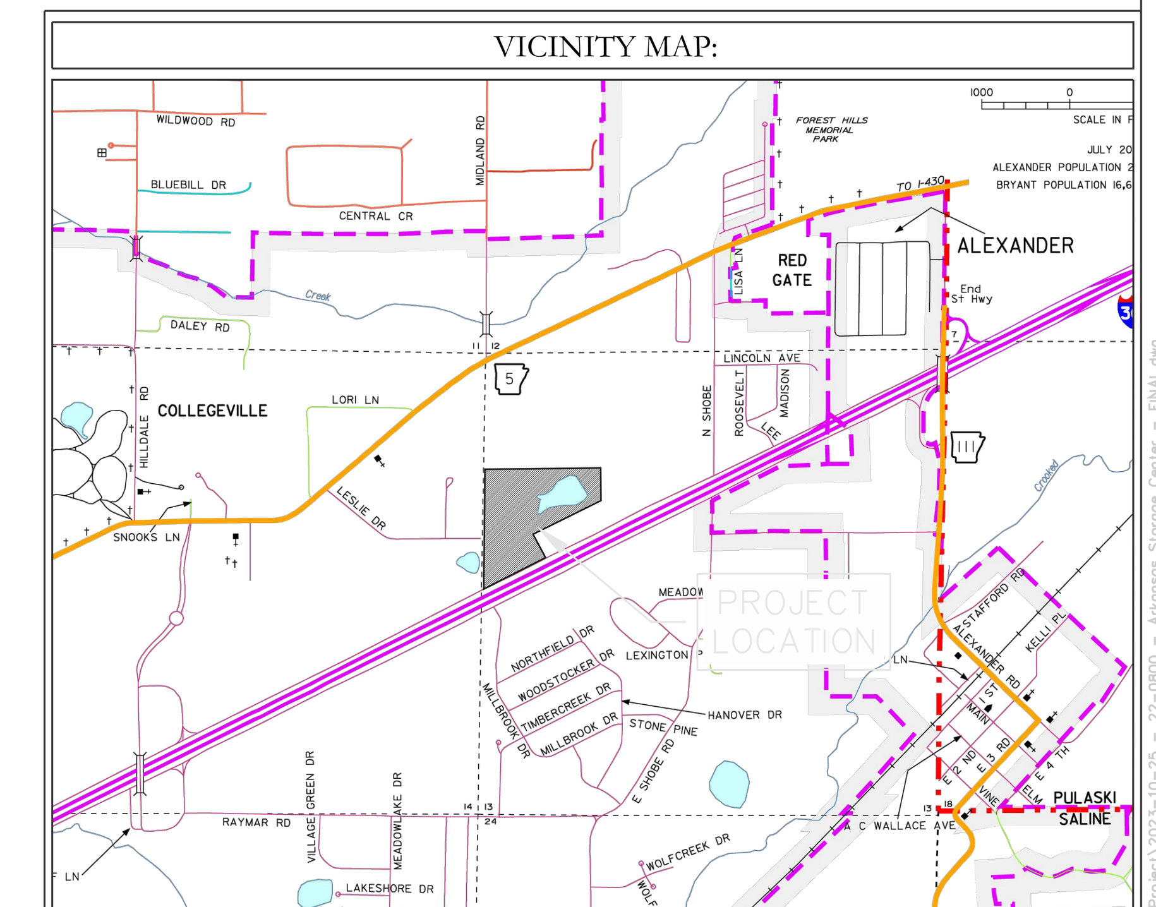
BRYANT, SALINE COUNTY, ARKANSAS

DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:
REVISED:	CHECKED BY:	22-0800
SHEET: C-4.5	SCALE: 1" = 60'	

500	01S	14W	0	21	300	62	1762



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**	

HOPE CONSULTING
ENGINEERS - SURVEYORS
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

POST-DEVELOPMENT FLOW

BRYANT, SALINE COUNTY, ARKANSAS

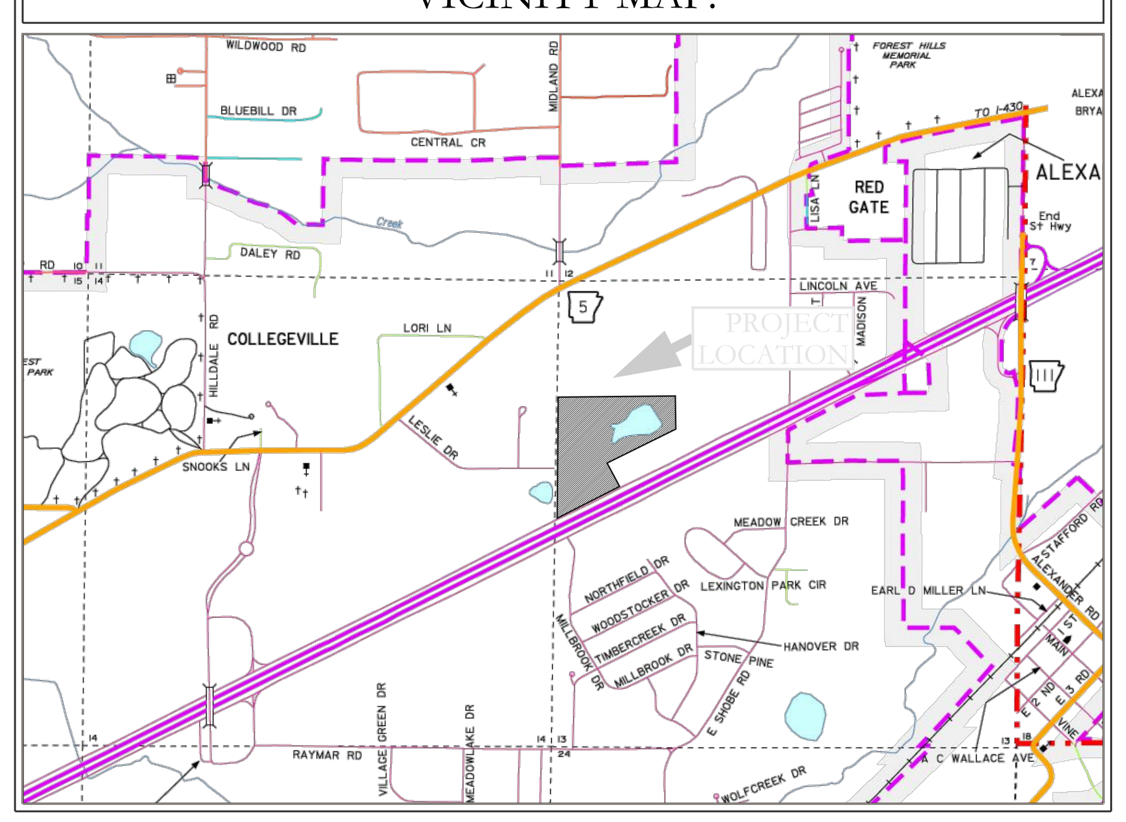
DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER: 22-0800	
REVISED:	CHECKED BY:		
SHEET: C-4.6	SCALE: 1" = 60'		

500	01S	14W	0	21	300	62	1762

CONSTRUCTION PLANS
ARKANSAS STORAGE CENTER

BRYANT, AR

VICINITY MAP:

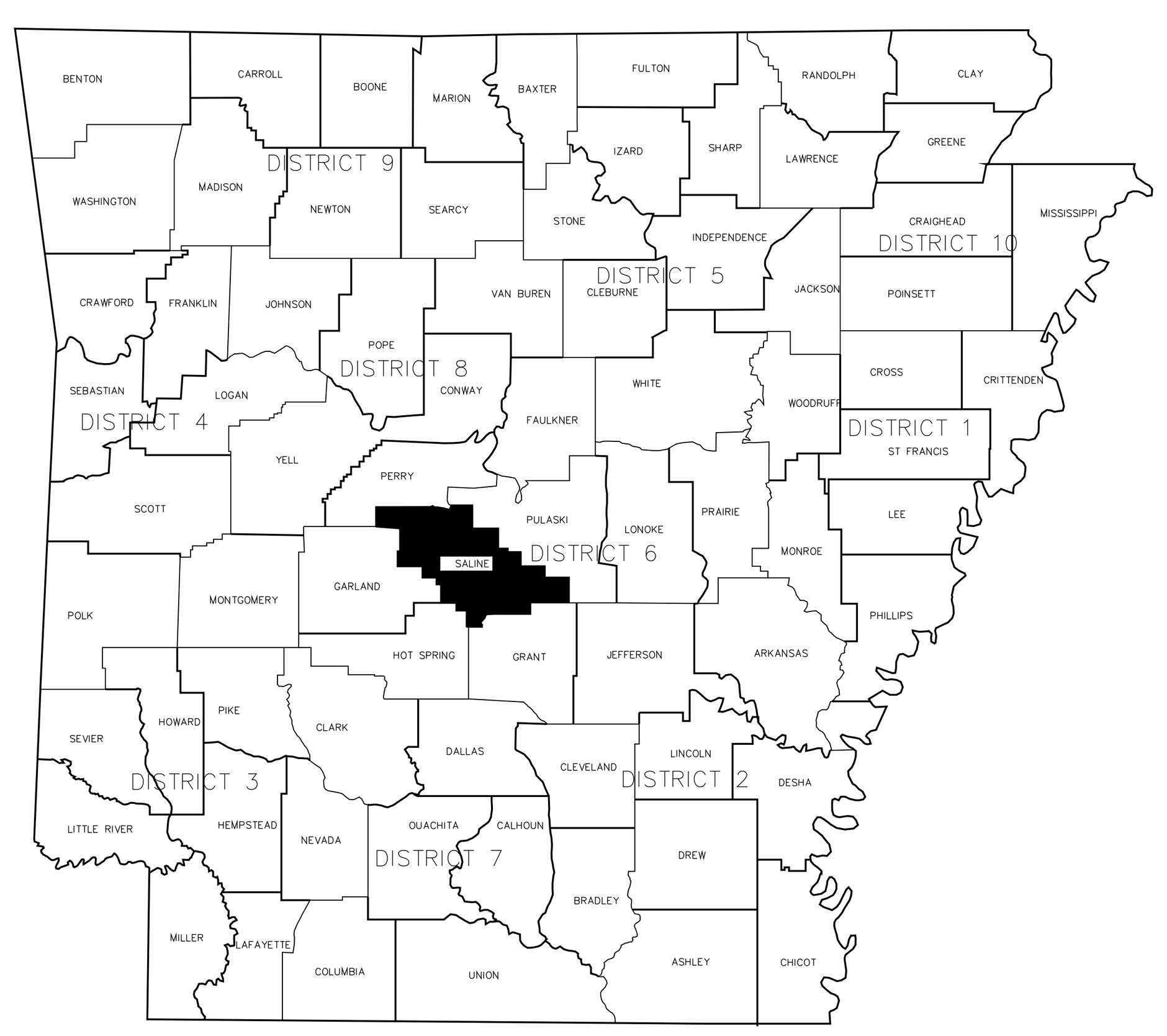


PREPARED BY:

HOPE CONSULTING
ENGINEERS - SURVEYORS

129 North Main St,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

DRAWING INDEX



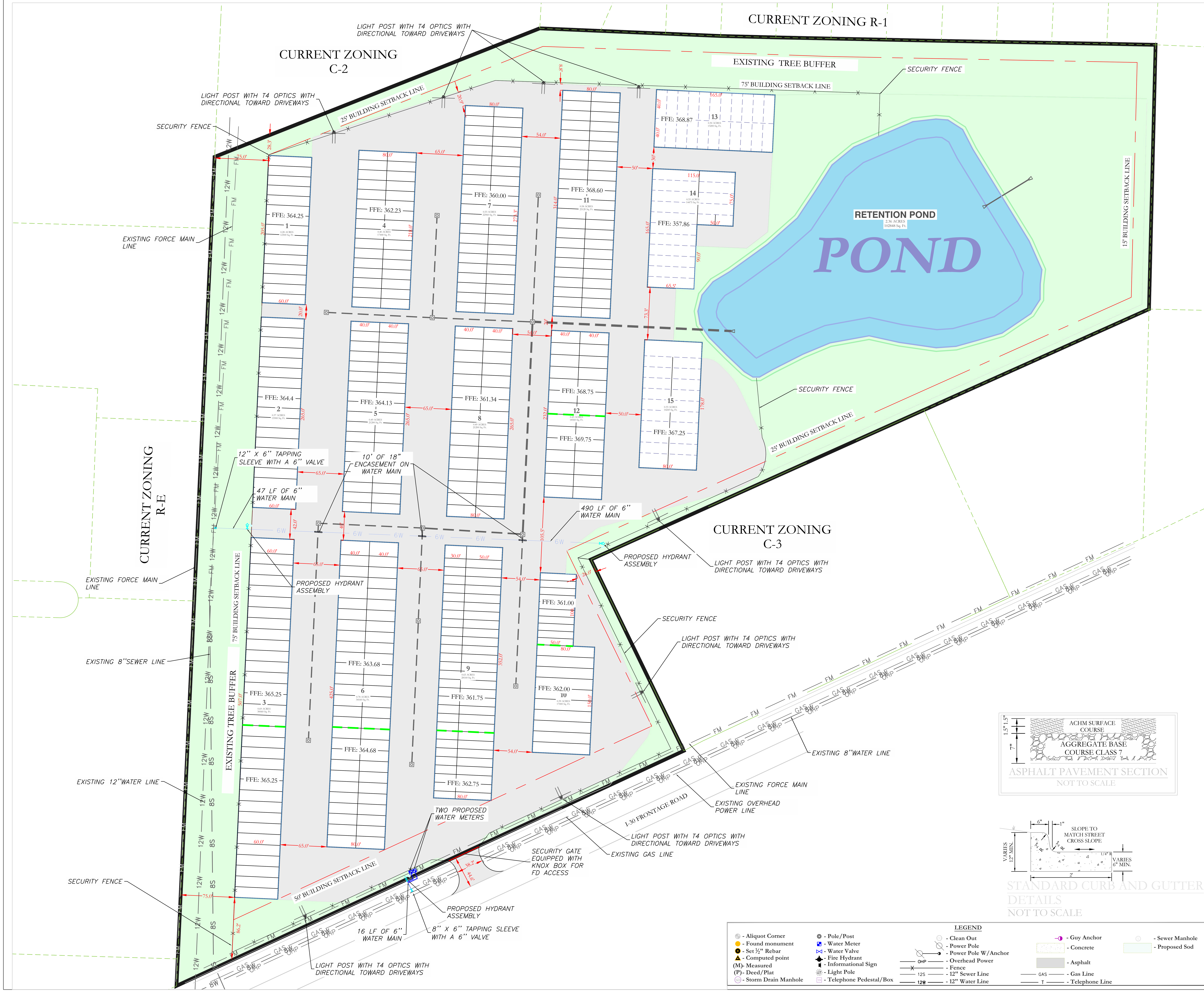
CIVIL ENGINEER
HOPE CONSULTING INC
129 NORTH MAIN STREET
BENTON, AR 72015

HOPE CONSULTING
ENGINEERS - SURVEYORS
129 North Main St,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

FOR USE AND BENEFIT OF:
STUART FINLEY

ARKANSAS STORAGE CENTER
BRYANT, SALINE COUNTY, ARKANSAS

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

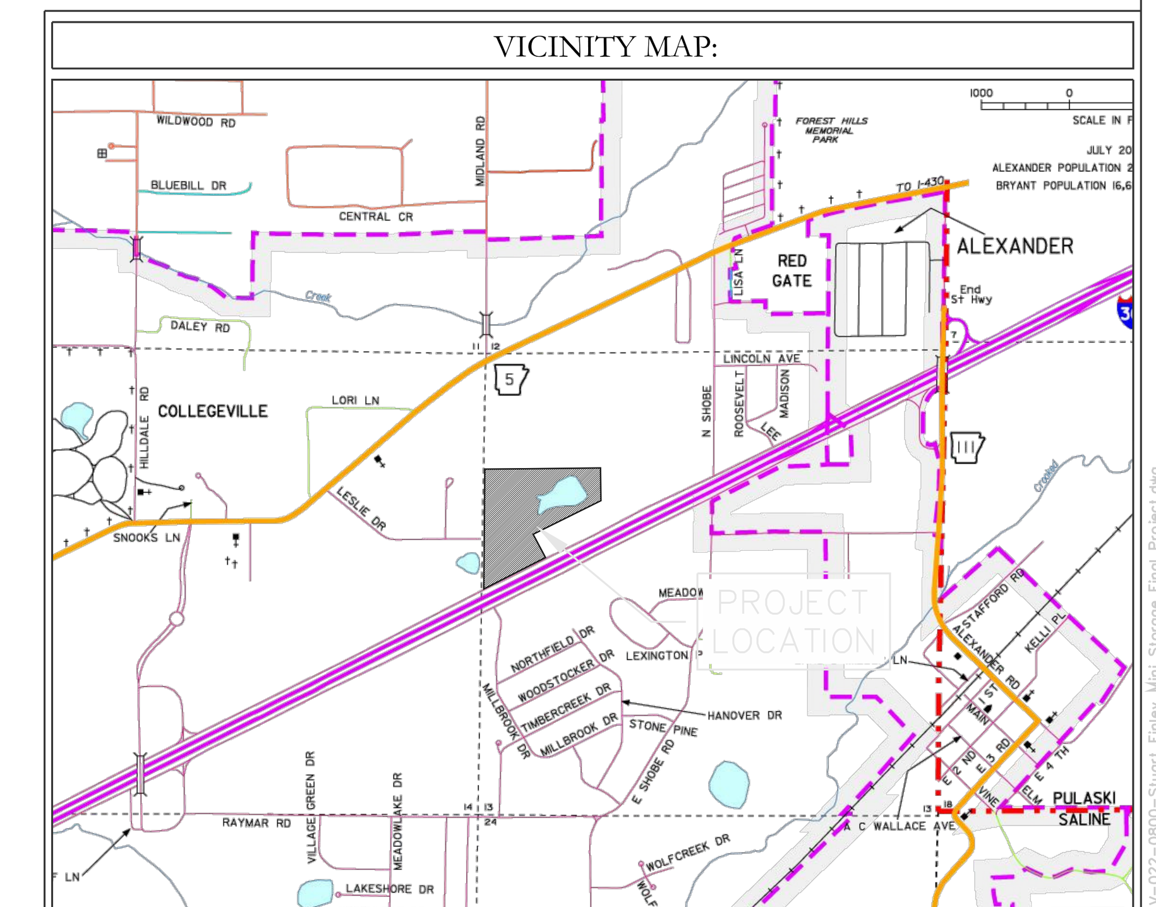

CURRENT ZONING R-1
CURRENT ZONING C-2
CURRENT ZONING R-E
CURRENT ZONING C-3
EXISTING TREE BUFFER
75' BUILDING SETBACK LINE
25' BUILDING SETBACK LINE
15' BUILDING SETBACK LINE
50' BUILDING SETBACK LINE
SECURITY FENCE
LIGHT POST WITH T4 OPTICS WITH DIRECTIONAL TOWARD DRIVEWAYS
EXISTING FORCE MAIN LINE
EXISTING 8"SEWER LINE
EXISTING 12"WATER LINE
EXISTING 8"WATER LINE
EXISTING OVERHEAD POWER LINE
EXISTING GAS LINE
12" X 6" TAPPING SLEEVE WITH A 6" VALVE
47 LF OF 6" WATER MAIN
10' OF 18" ENCASEMENT ON WATER MAIN
490 LF OF 6" WATER MAIN
PROPOSED HYDRANT ASSEMBLY
TWO PROPOSED WATER METERS
16 LF OF 6" WATER MAIN
8" X 6" TAPPING SLEEVE WITH A 6" VALVE
SECURITY GATE EQUIPPED WITH KNOX BOX FOR FD ACCESS
I-30 FRONTAGE ROAD
RETENTION POND
POND
FFE: 364.25
FFE: 362.23
FFE: 360.00
FFE: 368.60
FFE: 368.87
FFE: 357.86
FFE: 364.4
FFE: 364.13
FFE: 361.34
FFE: 368.75
FFE: 369.75
FFE: 367.25
FFE: 361.00
FFE: 362.00
FFE: 363.68
FFE: 364.68
FFE: 361.75
FFE: 362.75
FFE: 365.25
FFE: 365.25
ACHM SURFACE COURSE
AGGREGATE BASE COURSE CLASS 7
ASPHALT PAVEMENT SECTION
NOT TO SCALE
SLOPE TO MATCH STREET CROSS SLOPE
STANDARD CURB AND GUTTER DETAILS
NOT TO SCALE
LEGEND
- Aliquot Corner
- Found monument
- Set ½" Rebar
- Computed point
(M)- Measured
(P)- Deed/Plat
- Storm Drain Manhole
- Pole/Post
- Water Meter
- Water Valve
- Fire Hydrant
- Informational Sign
- Light Pole
- Telephone Pedestal/Box
- Clean Out
- Power Pole
- Power Pole W/Anchor
- Overhead Power
- Fence
- 12" Sewer Line
- 12" Water Line
- Guy Anchor
- Concrete
- Asphalt
- Gas Line
- Telephone Line
- Sewer Manhole
- Proposed Sod

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	305,978/1059263.30=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

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

VICINITY MAP:



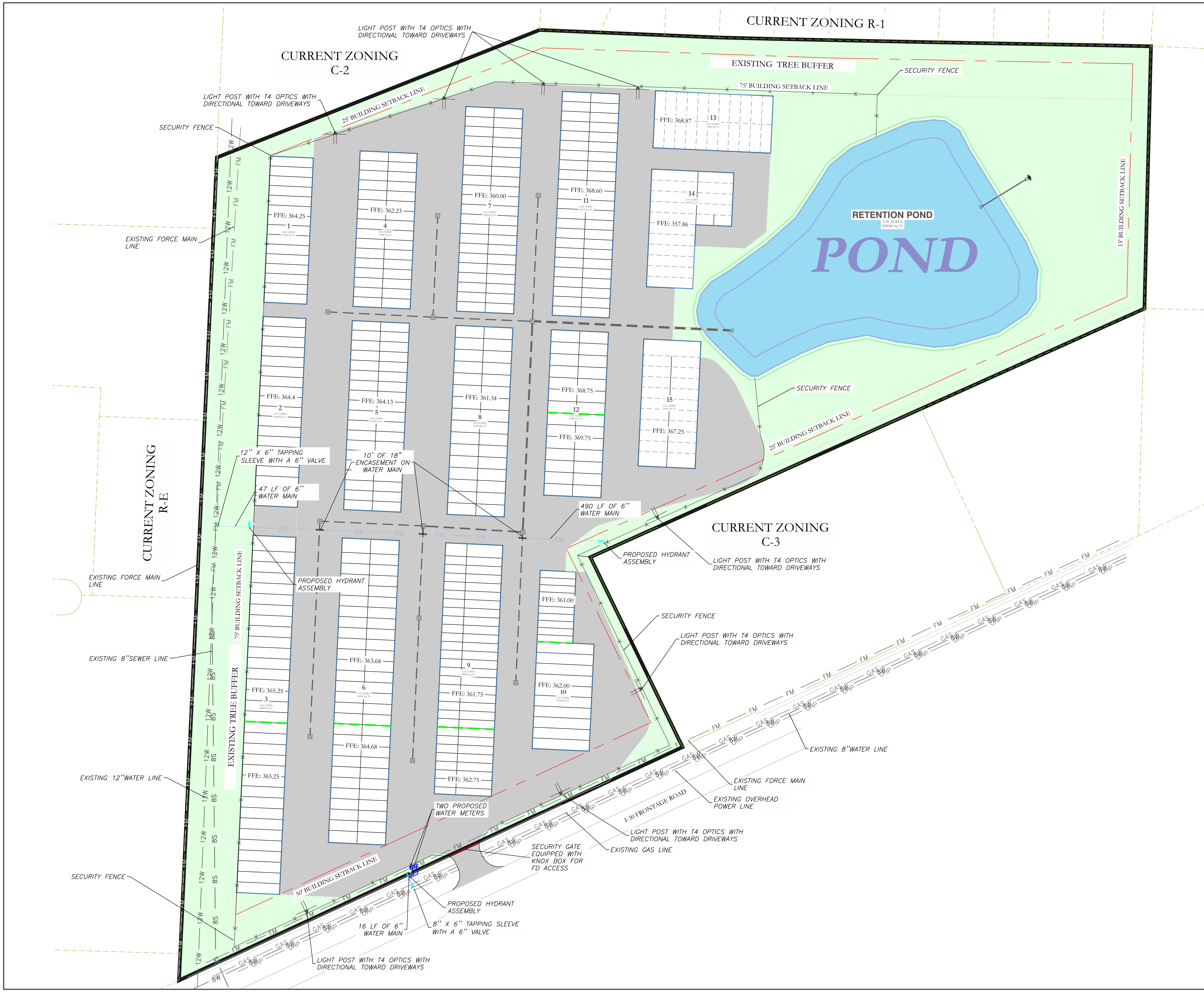
HOPE CONSULTING ENGINEERS - SURVEYORS
129 N. Main Street,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

FOR USE AND BENEFIT OF:
STUART FINLEY

ARKANSAS STORAGE CENTER
SITE PLAN
BRYANT, SALINE COUNTY, ARKANSAS

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 ENCASEMENT PIPE. THE STEEL ENCASEMENT 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 PLAT.
5. CASING SPACERS: SHALL BE STAINLESS STEEL, CASCADE MODEL CCS AS MANUFACTURED BY CASCADE WATER MFG. CO., OR APPROVED EQUAL.

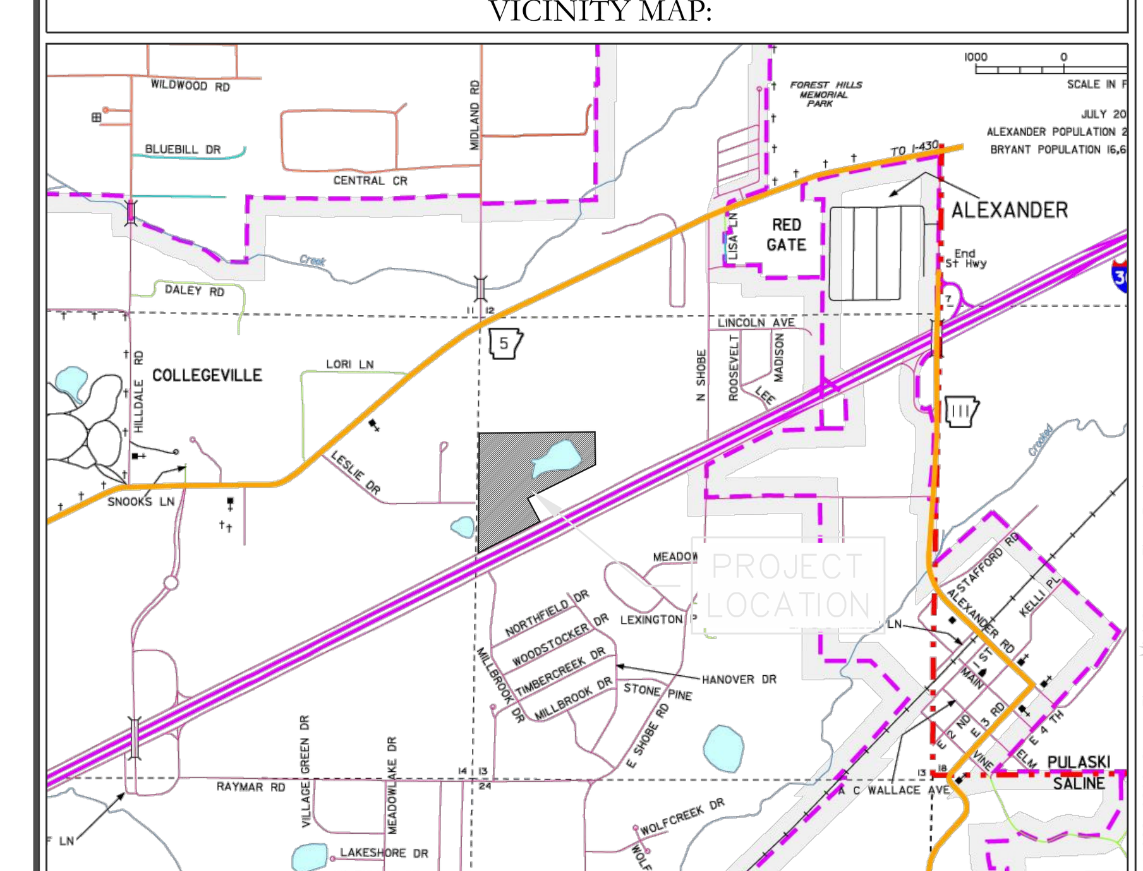
CERTIFICATE OF AUTHORIZATION
HOPE CONSULTING, INC.
No. 1931
ARKANSAS

N

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

60' 30' 0 60'

VICINITY MAP:



HOPE CONSULTING
ENGINEERS - SURVEYORS

129 N. Main Street,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

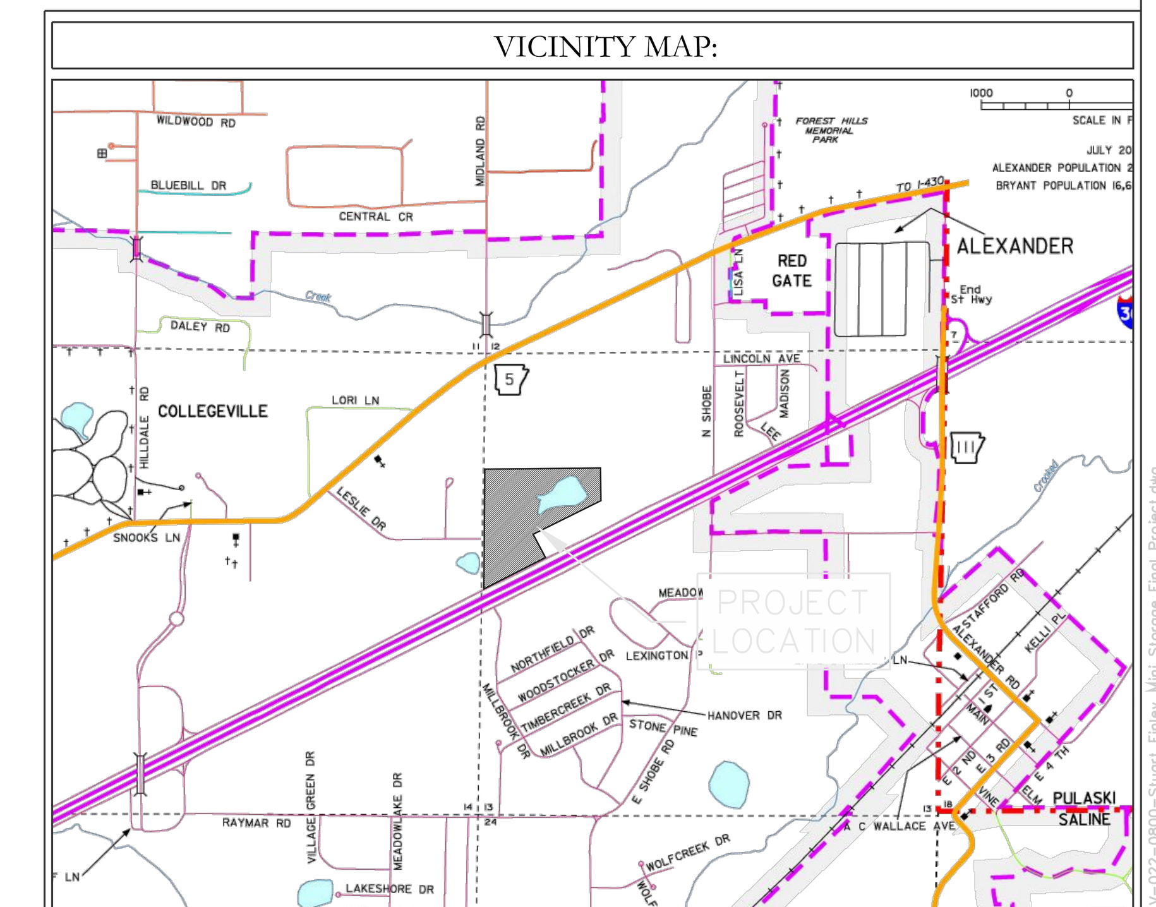
FOR USE AND BENEFIT OF:
STUART FINLEY

ARKANSAS STORAGE CENTER
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

VICINITY MAP:



HOPE CONSULTING
ENGINEERS • SURVEYORS

129 N. Main Street,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

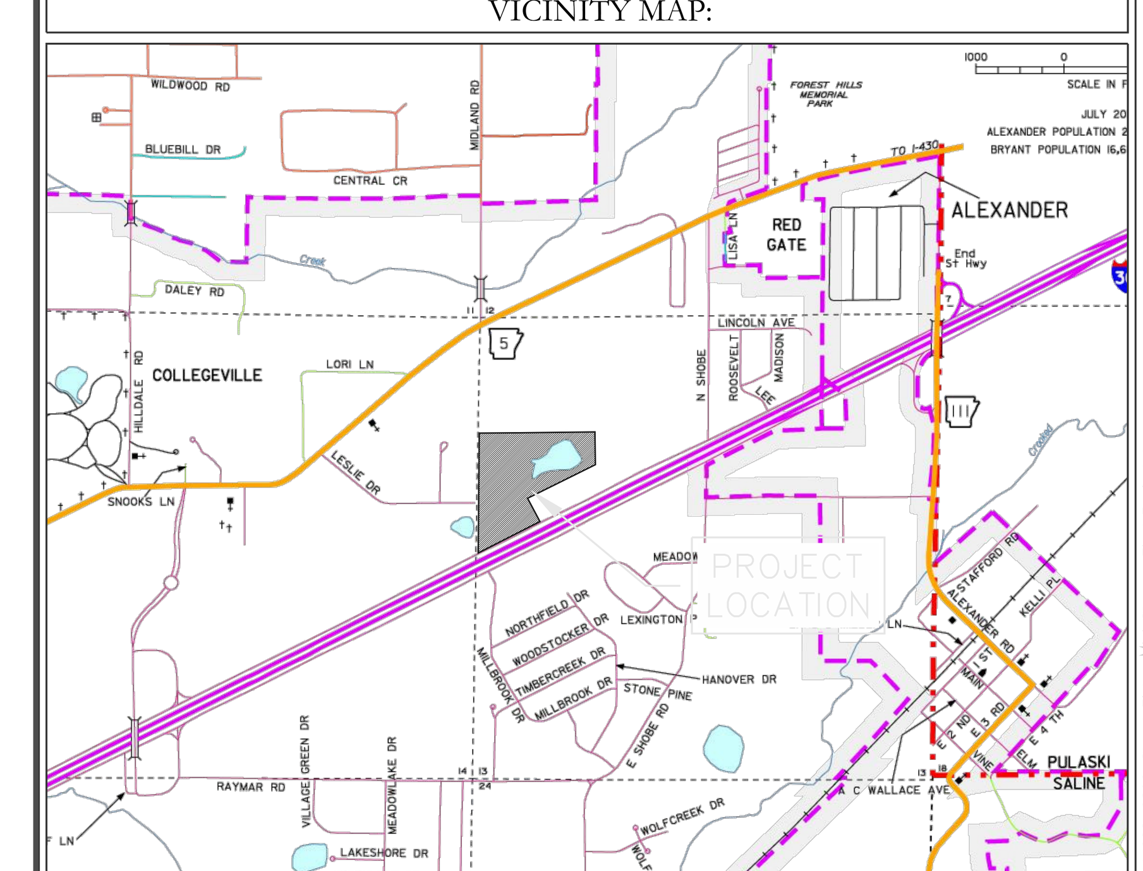
FOR USE AND BENEFIT OF:
STUART FINLEY

ARKANSAS STORAGE CENTER
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'		

500	01S	14W	0	21	300	62	1762

VICINITY MAP:



HOPE CONSULTING ENGINEERS • SURVEYORS

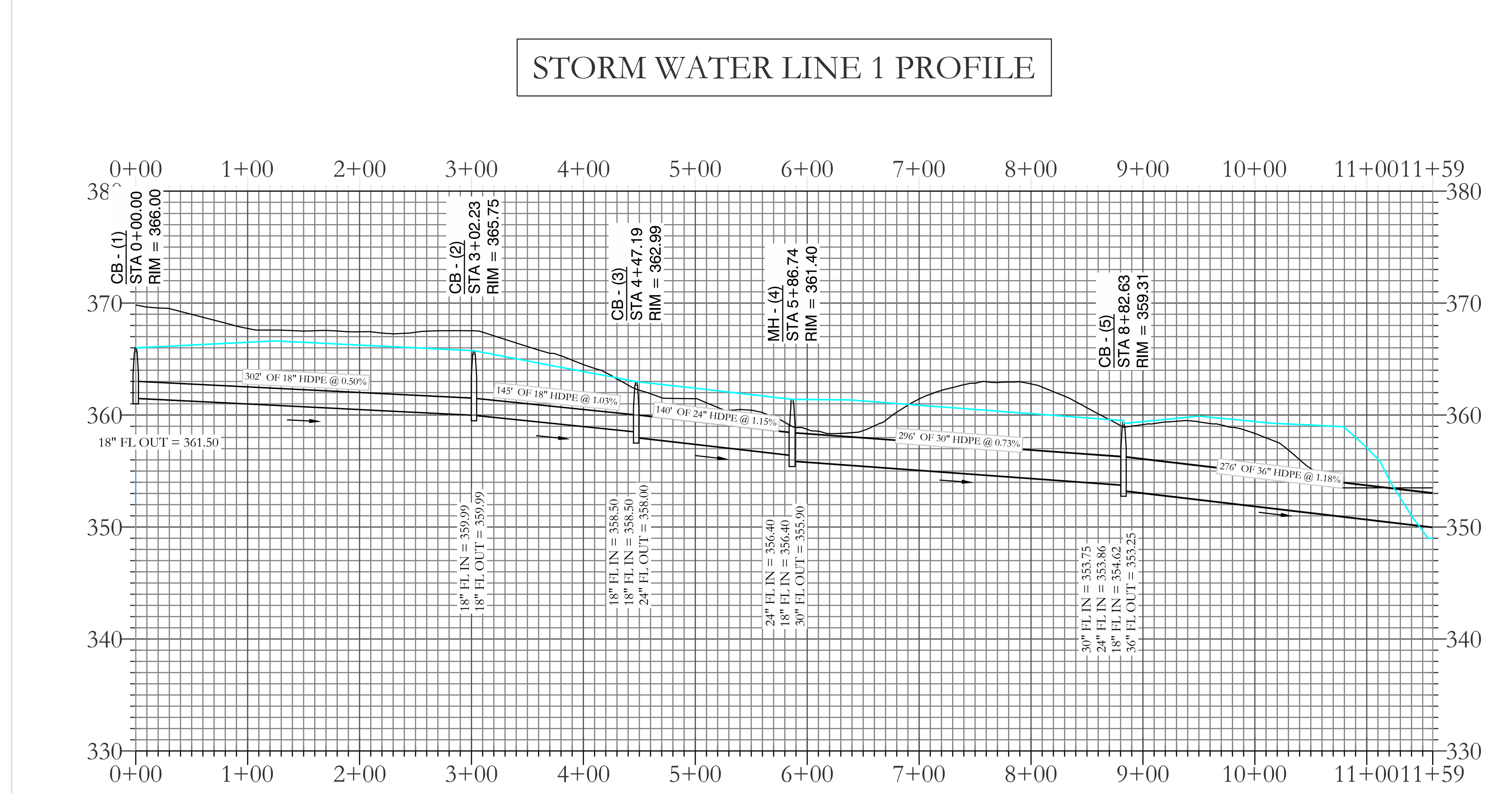
129 N. Main Street,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

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:	
REVISED:	CHECKED BY:	22-0800	
SHEET: C-4.0	SCALE: 1" = 60'		
500 01S	14W 0 21	300 62	1762

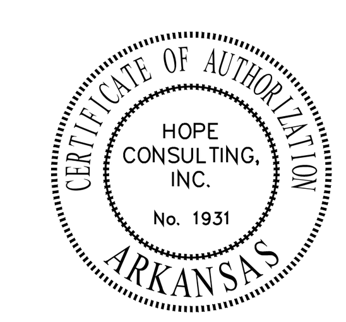

60' 30' 0 60'



100' 50' 0 100'

LEGEND

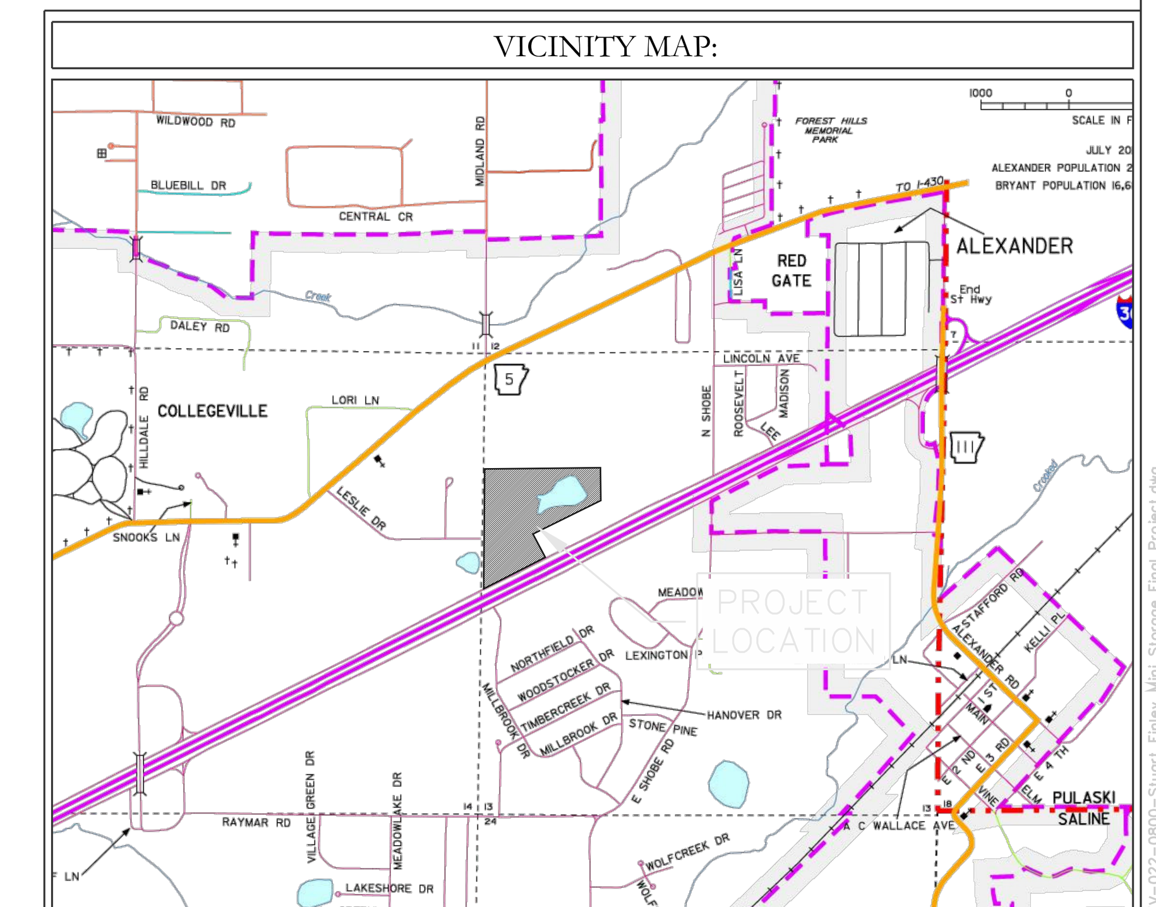
EXISTING CONTOUR LINE	363
PROPOSED CONTOUR LINE	363
PROPOSED HDPE STORM PIPE	
PROPOSED RCP STORM PIPE	



N

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

VICINITY MAP:



HOPE CONSULTING ENGINEERS • SURVEYORS

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

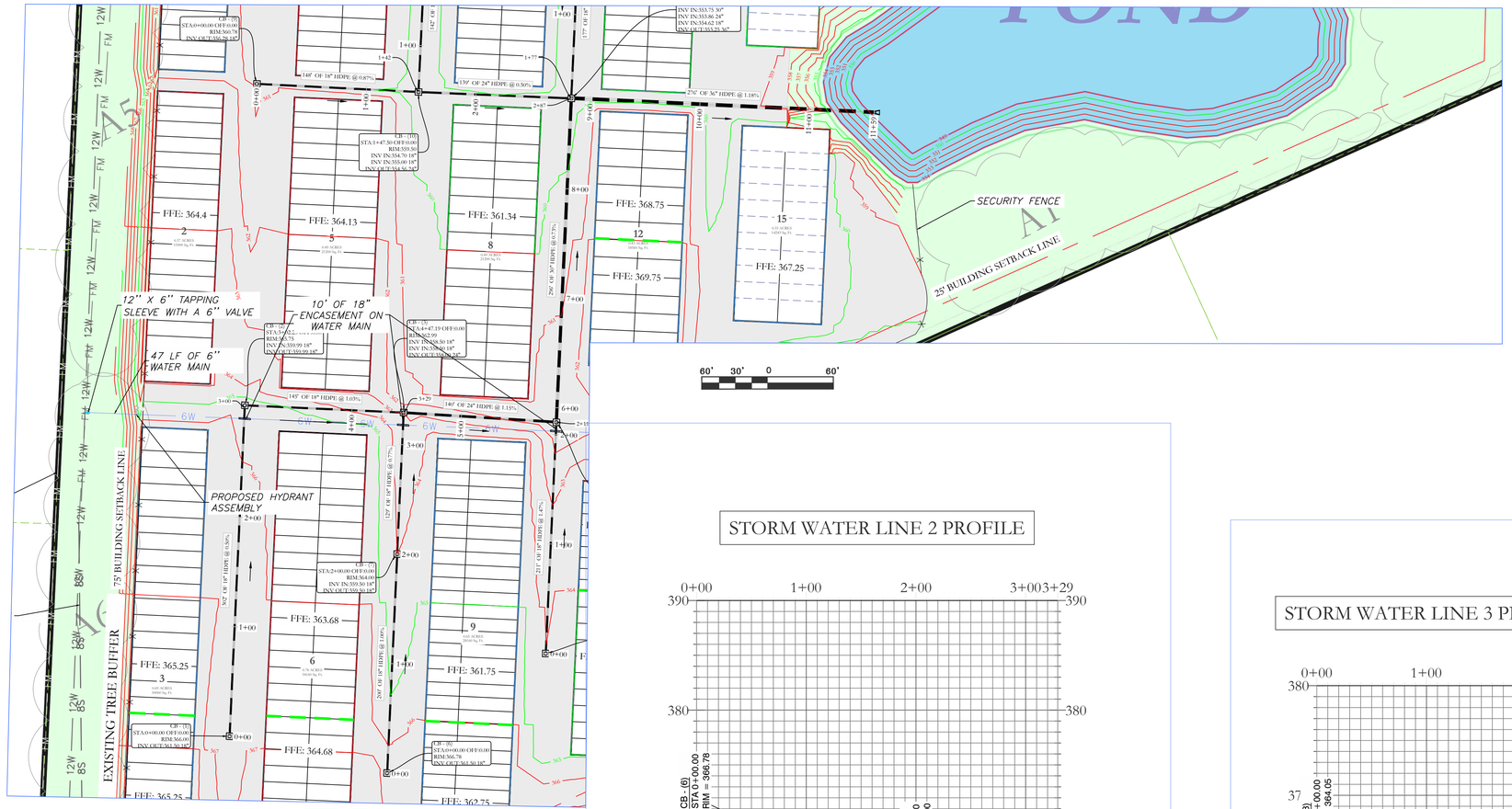
ARKANSAS STORAGE CENTER

DRAINAGE PLAN

BRYANT, SALINE COUNTY, ARKANSAS

DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:
REVISED:	CHECKED BY:	22-0800
SHEET: C-4.1	SCALE:	

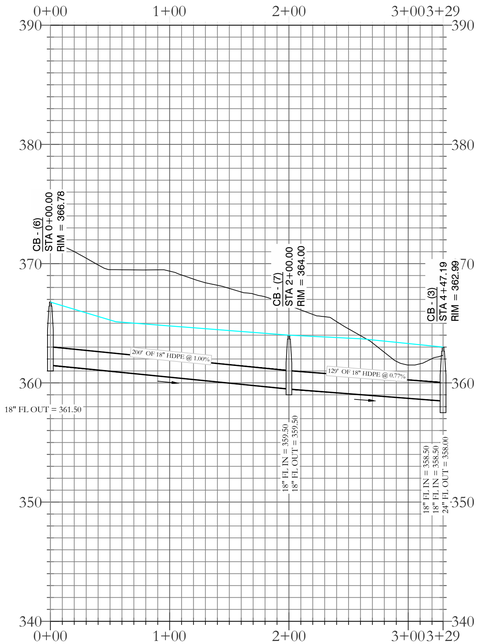
500	01S	14W	0	21	300	62	1762



LEGEND

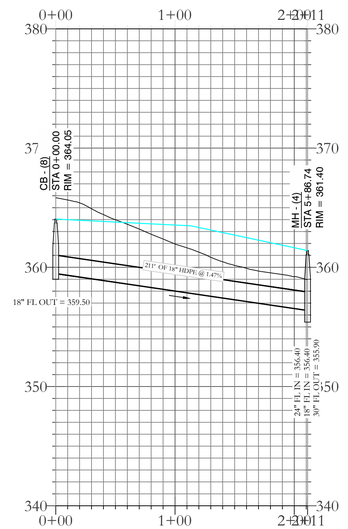
EXISTING CONTOUR LINE — 363 —
PROPOSED CONTOUR LINE — 363 —
PROPOSED HDPE STORM PIPE
PROPOSED RCP STORM PIPE

STORM WATER LINE 2 PROFILE

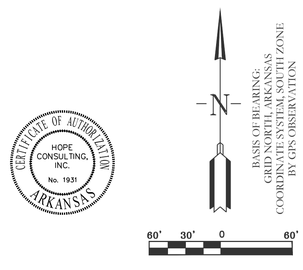


60' 30' 0 60'

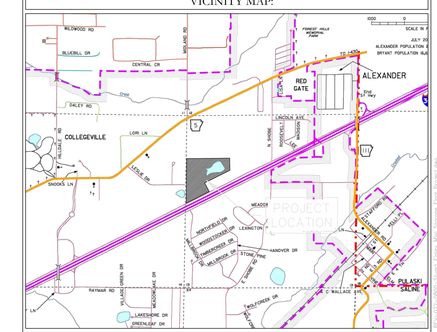
STORM WATER LINE 3 PROFILE



60' 30' 0 60'



VICINITY MAP:



HOPE CONSULTING
ENGINEERS - SURVEYORS
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

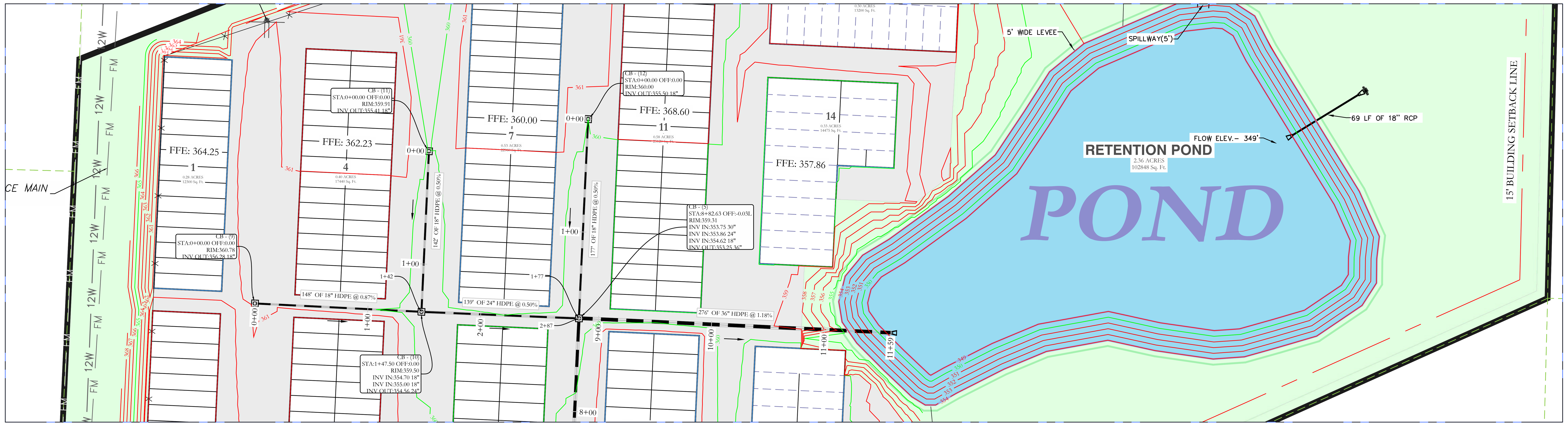
ARKANSAS STORAGE CENTER

DRAINAGE PLAN

BRYANT, SALINE COUNTY, ARKANSAS

DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:	
REVISED:	CHECKED BY:	22-0800	
SHEET: C-4.2	SCALE:		

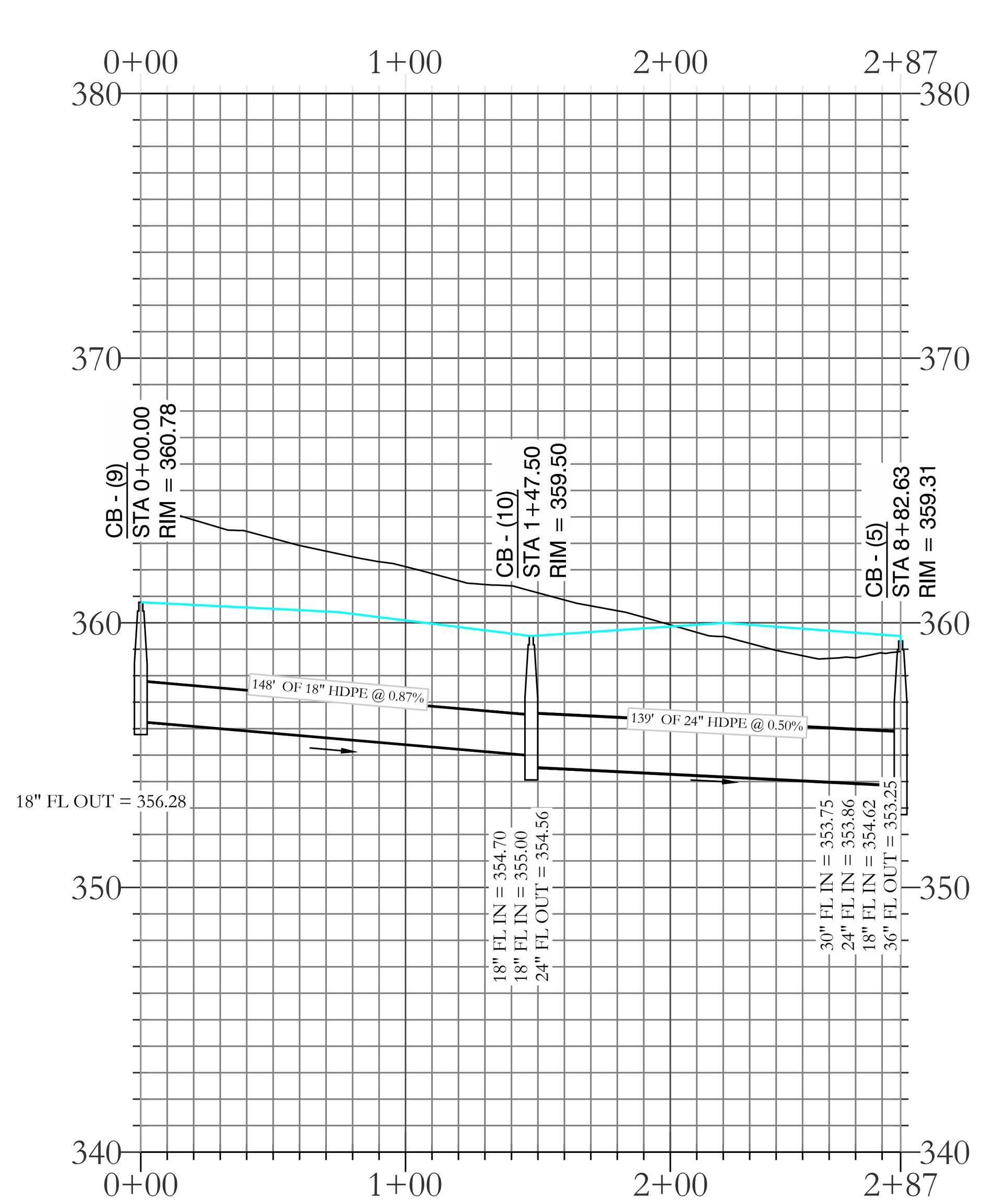
500	01S	14W	0	21	300	62	1762



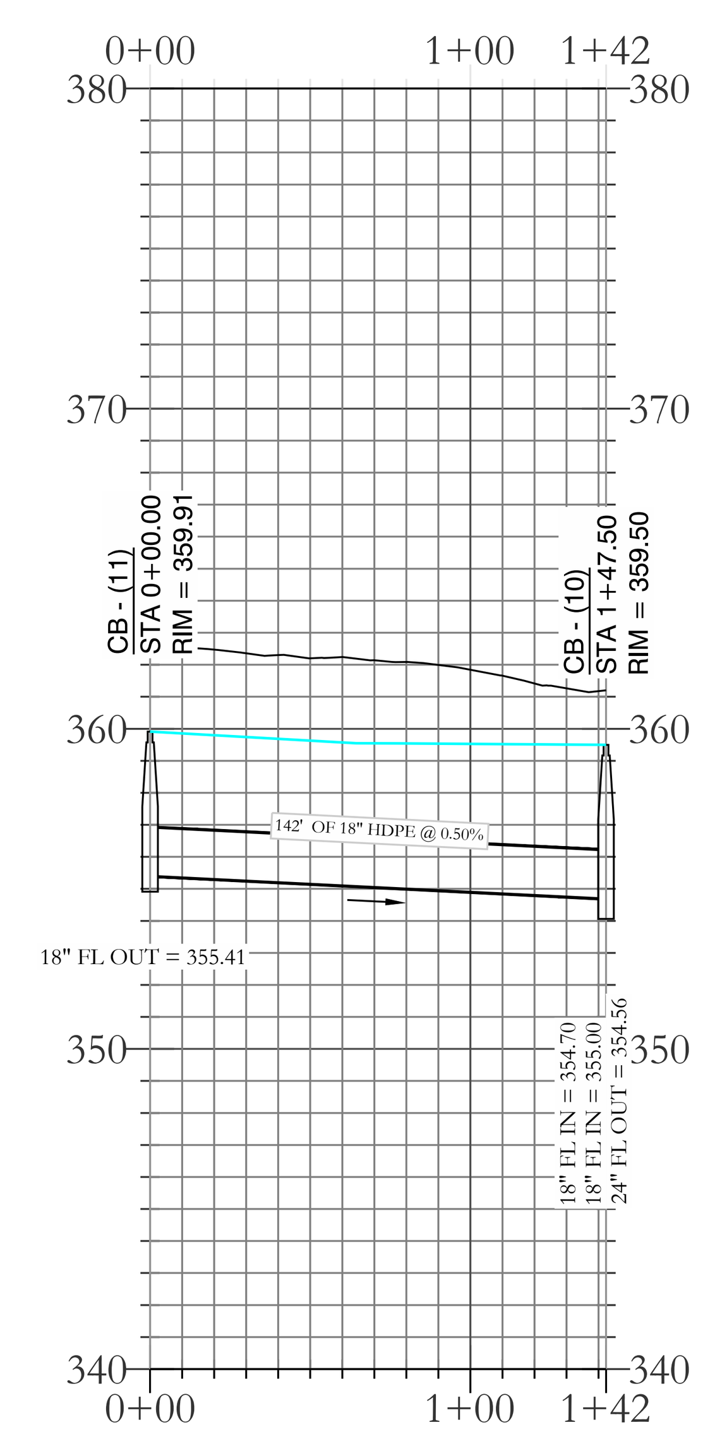
LEGEND

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

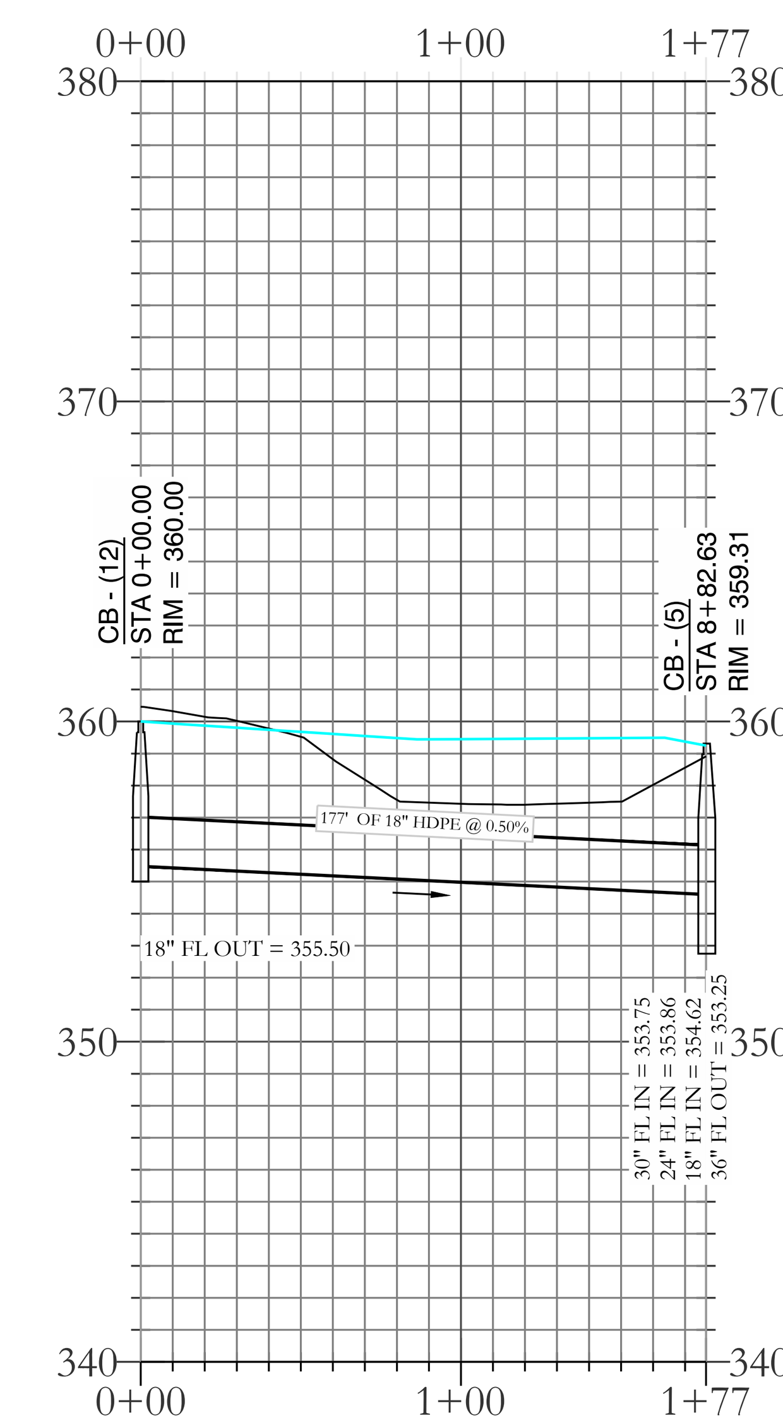
STORM WATER LINE 4 PROFILE

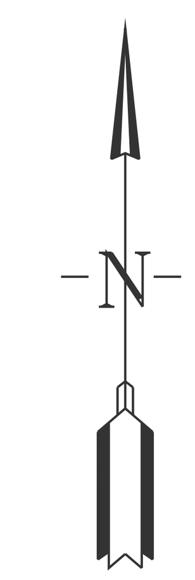


STORM WATER LINE 5 PROFILE



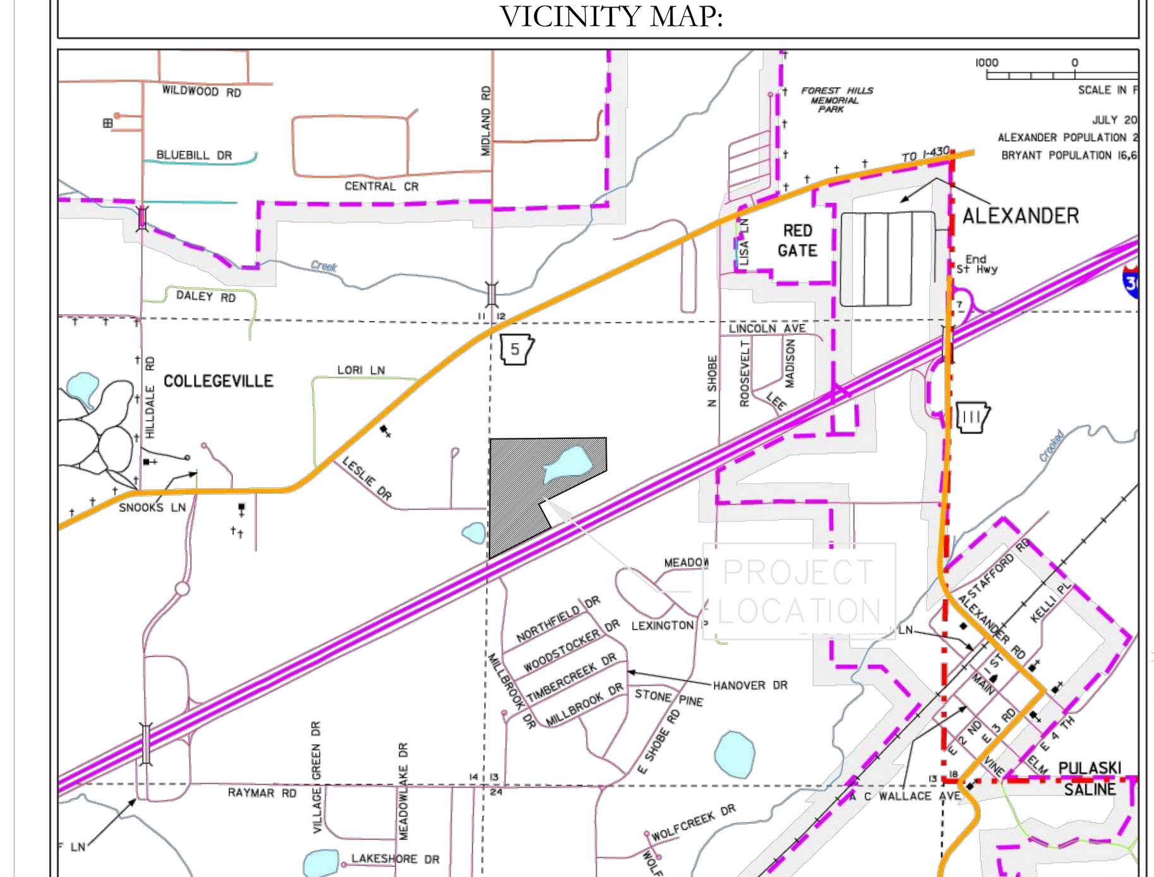
STORM WATER LINE 6 PROFILE





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

VICINITY MAP:



HOPE CONSULTING
ENGINEERS • SURVEYORS
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

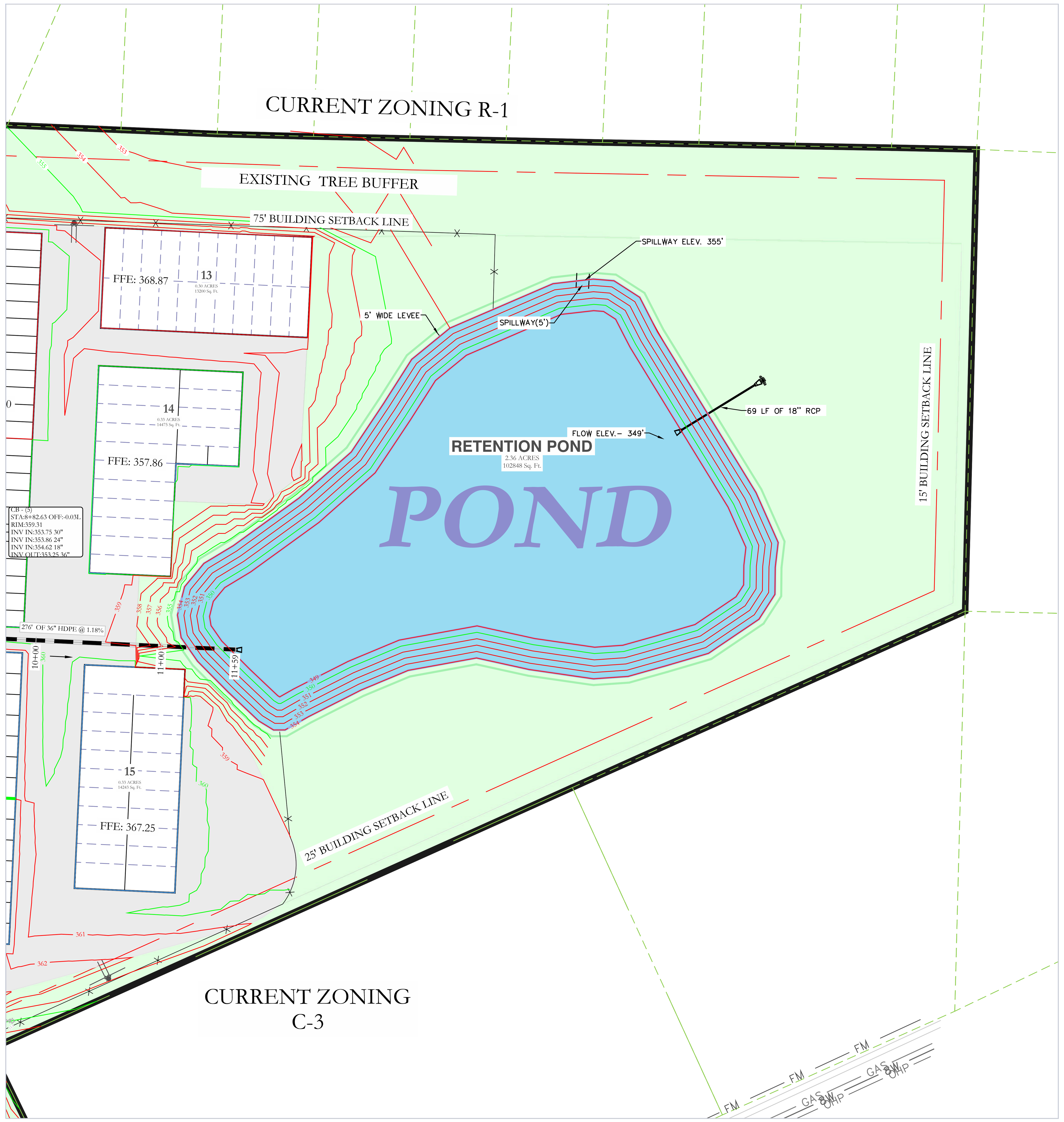
ARKANSAS STORAGE CENTER

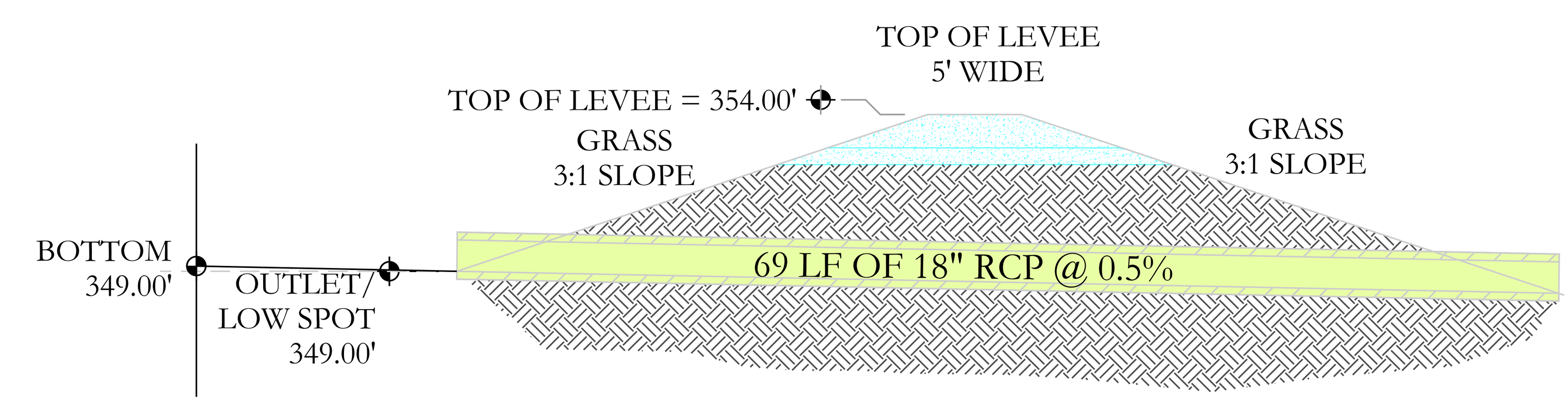
DRAINAGE PLAN

BRYANT, SALINE COUNTY, ARKANSAS

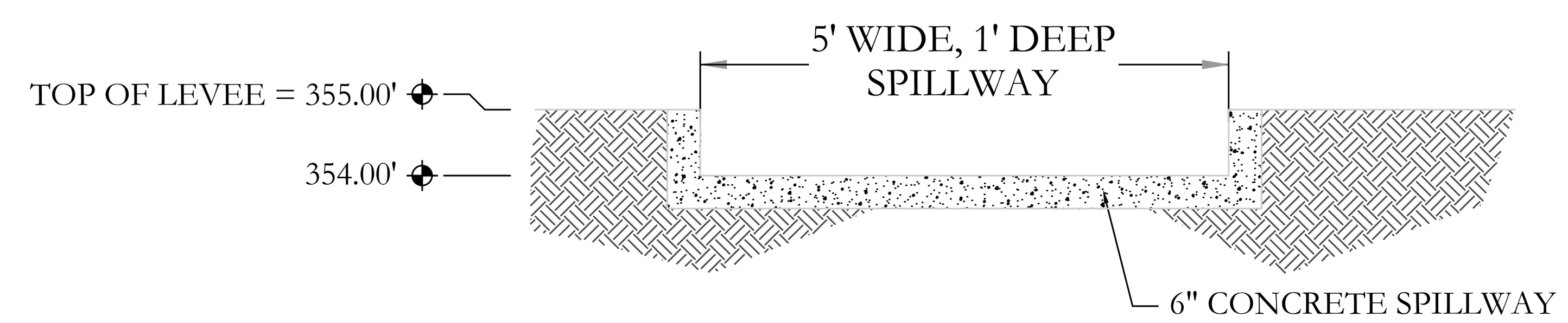
DATE: 10-25-2023	C.A.D. BY:	DRAWING NUMBER:	
REVISED:	CHECKED BY:	22-0800	
SHEET: C-4.3	SCALE:		

500	01S	14W	0	21	300	62	1762

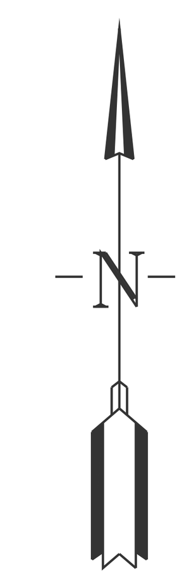




OUTLET SECTION
NTS



SPILLWAY END VIEW
NTS



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

60' 30' 0 60'

LEGEND

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

60' 30' 0 60'

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:

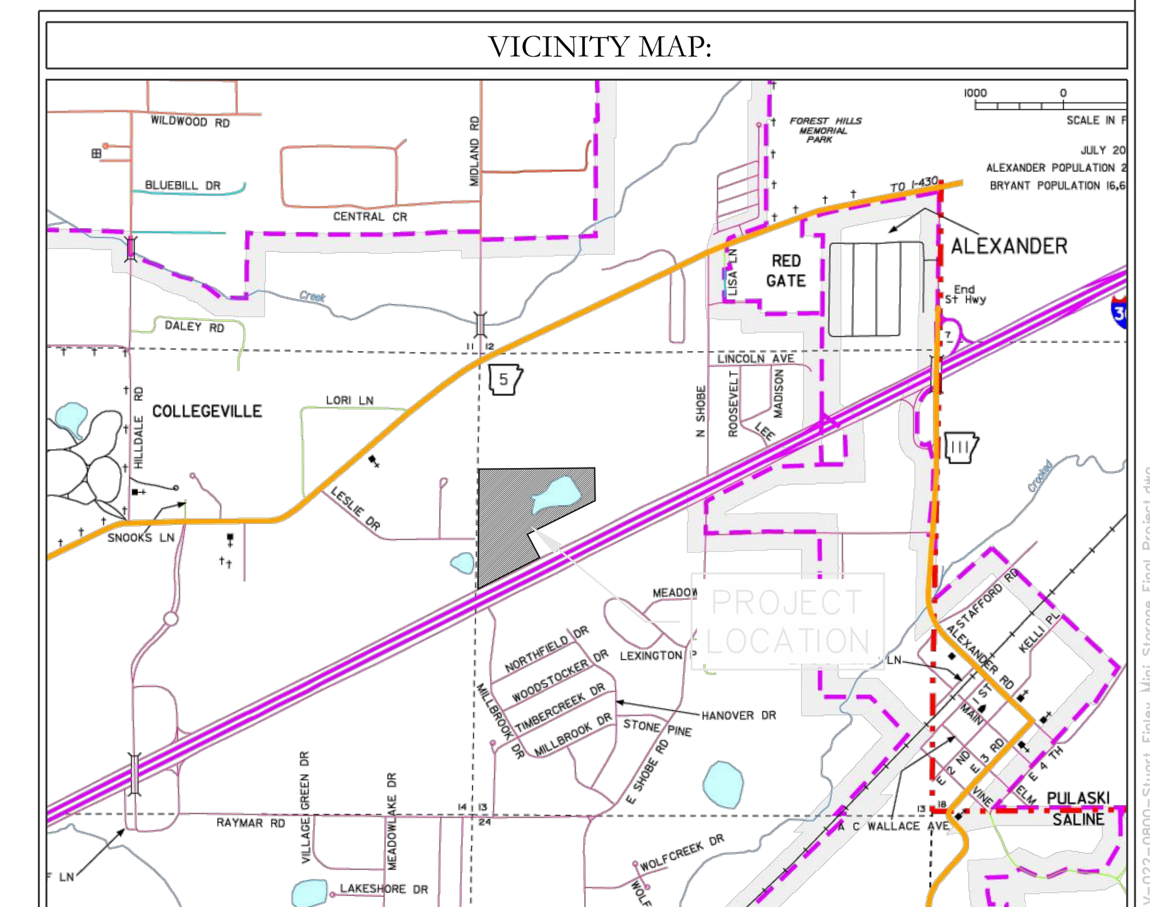
-Re-growth of trees on or around the pond bank. These should be cut and removed from the pond area.

-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.

VICINITY MAP:



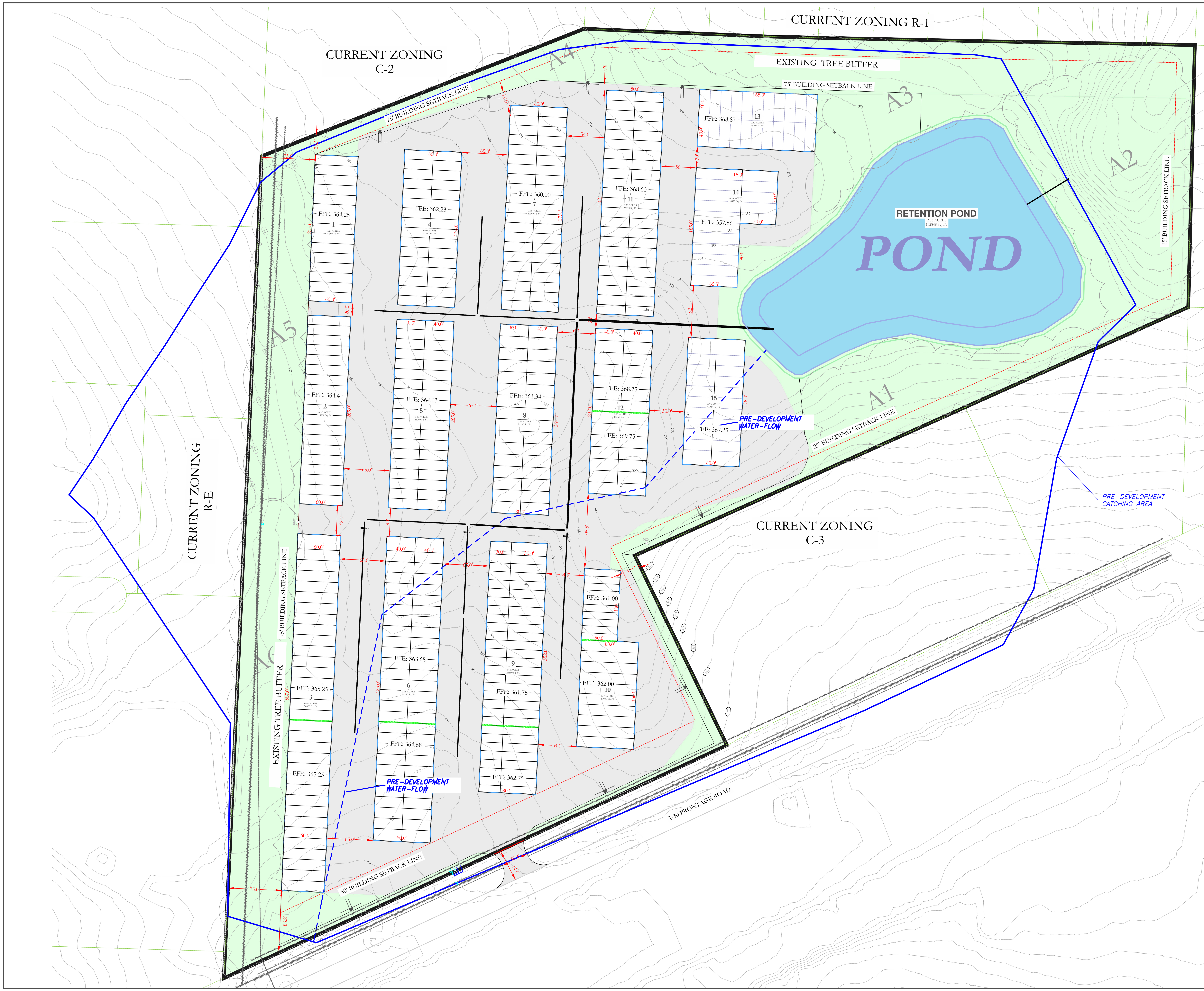
HOPE CONSULTING
ENGINEERS • SURVEYORS
129 N. Main Street,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

FOR USE AND BENEFIT OF:
STUART FINLEY

ARKANSAS STORAGE CENTER
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

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

60' 30' 0 60'

VICINITY MAP:

HOPE CONSULTING
ENGINEERS • SURVEYORS
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
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" = 60'		

500	01S	14W	0	21	300	62	1762

CURRENT ZONING R-1

CURRENT ZONING C-2

CURRENT ZONING R-E

CURRENT ZONING C-3

EXISTING TREE BUFFER

25' BUILDING SETBACK LINE

75' BUILDING SETBACK LINE

50' BUILDING SETBACK LINE

15' BUILDING SETBACK LINE

EXISTING TREE BUFFER

I-30 FRONTAGE ROAD

5' WIDE LEVEE

SPILLWAY ELEV. 355'

SPILLWAY(5')

69 LF OF 18" RCP

FLOW ELEV.= 349'

RETENTION POND
2.36 ACRES
102848 Sq. Ft.

POND

POST-DEVELOPMENT WATER-FLOW

POST-DEVELOPMENT CATCHING AREA

A1

A2

A3

A4

A5

A6

1	FFE: 364.25	0.66 ACRES 28566 Sq. Ft.	
2	FFE: 364.4	0.57 ACRES 25000 Sq. Ft.	
3	FFE: 365.25	0.67 ACRES 29000 Sq. Ft.	
4	FFE: 362.23	0.66 ACRES 28566 Sq. Ft.	
5	FFE: 364.13	0.65 ACRES 28200 Sq. Ft.	
6	FFE: 364.68	0.76 ACRES 33000 Sq. Ft.	
7	FFE: 360.00	0.53 ACRES 23000 Sq. Ft.	
8	FFE: 361.34	0.49 ACRES 21300 Sq. Ft.	
9	FFE: 361.75	0.81 ACRES 35000 Sq. Ft.	
10	FFE: 362.00	0.40 ACRES 17000 Sq. Ft.	
11	FFE: 368.60	0.56 ACRES	
12	FFE: 368.75	0.63 ACRES 27500 Sq. Ft.	
13	FFE: 368.87	0.56 ACRES 13200 Sq. Ft.	
14	FFE: 357.86	0.33 ACRES 14375 Sq. Ft.	
15	FFE: 367.25	0.33 ACRES 14374 Sq. Ft.	

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

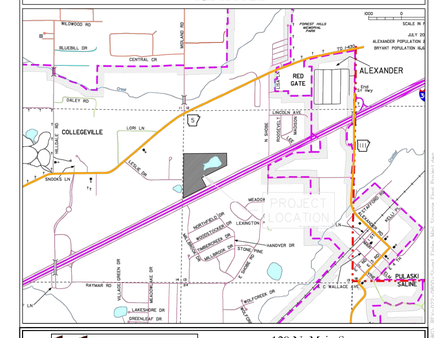
CERTIFICATE OF AUTHORIZATION
HOPE CONSULTING, INC.
No. 1931
ARKANSAS

N

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

60' 30' 0 60'

VICINITY MAP:



HOPE CONSULTING
ENGINEERS - SURVEYORS

129 N. Main Street,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

FOR USE AND BENEFIT OF:

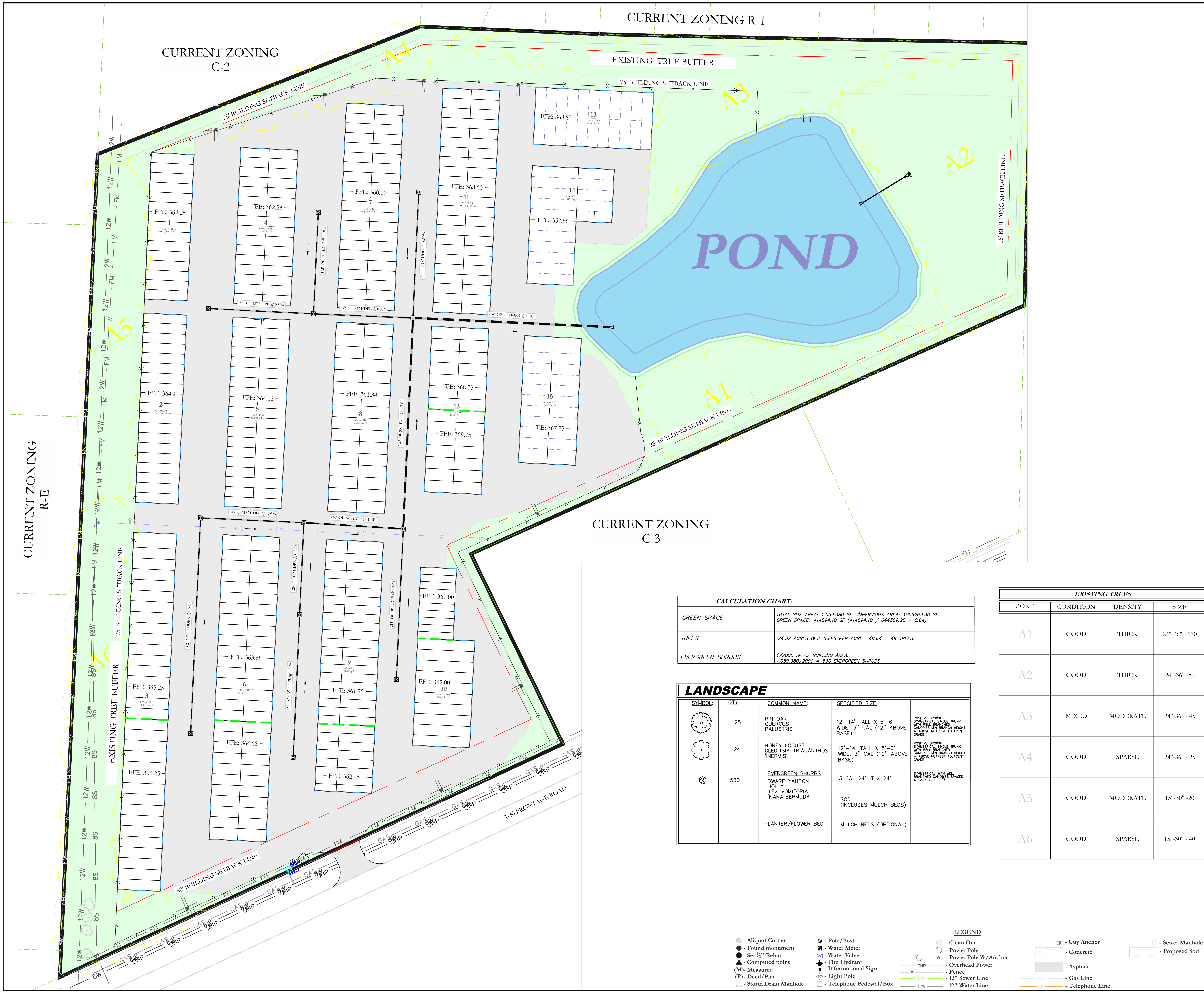
STUART FINLEY

ARKANSAS STORAGE CENTER

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'						
500	01S	14W	0	21	300	62	1762



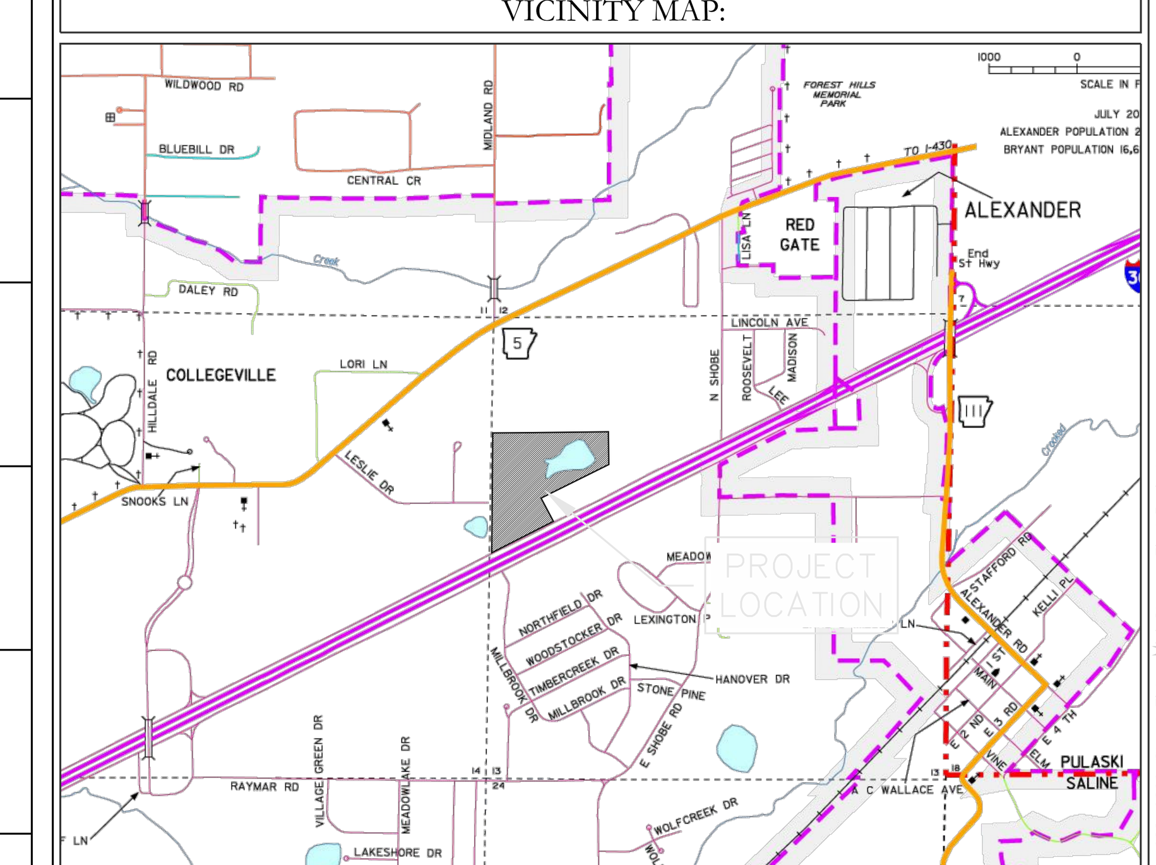
CALCULATION CHART:	
GREEN SPACE	TOTAL SITE AREA: 1,059,380 SF IMPERVIOUS AREA: 1059263.30 SF GREEN SPACE: 414894.10 SF (414894.10 / 644369.20 = 0.64)
TREES	24.32 ACRES @ 2 TREES PER ACRE =48.64 = 49 TREES.
EVERGREEN SHRUBS	1/2000 SF OF BUILDING AREA. 1,059,380/2000 = 530 EVERGREEN SHRUBS

LANDSCAPE

SYMBOL:	QTY:	COMMON NAME:	SPECIFIED SIZE:	
	25	PIN OAK QUERCUS PALUSTRIS	12'–14' TALL X 5'–6' WIDE, 3" CAL (12" ABOVE BASE)	POSITIVE GROWTH, SYMMETRICAL SINGLE TRUNK WITH WELL BRANCHED CANOPIES MIN BRANCH HEIGHT 4' ABOVE NEAREST ADJACENT GRADE
	24	HONEY LOCUST GLEDITSIA TRIACANTHOS 'INERMIS'	12'–14' TALL X 5'–6' WIDE, 3" CAL (12" ABOVE BASE)	POSITIVE GROWTH, SYMMETRICAL SINGLE TRUNK WITH WELL BRANCHED CANOPIES MIN BRANCH HEIGHT 4' ABOVE NEAREST ADJACENT GRADE
	530	EVERGREEN SHURBS DWARF YAUPON HOLLY ILEX VOMITORIA 'NANA'	3 GAL 24" T X 24"	SYMMETRICAL WITH WELL BRANCHED CANOPIES SPACED AT 2-3' O.C.
		BERMUDA	SOD (INCLUDES MULCH BEDS)	
		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

VICINITY MAP:



HOPE CONSULTING
ENGINEERS - SURVEYORS

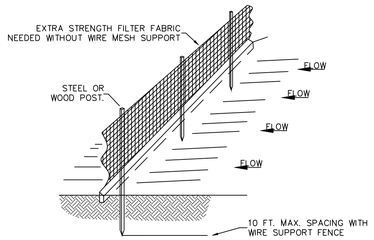
129 N. Main Street,
Benton, Arkansas 72015
PH. (501)315-2626
FAX (501) 315-0024
www.hopeconsulting.com

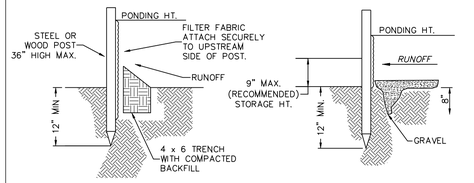
FOR USE AND BENEFIT OF:
STUART FINLEY

ARKANSAS STORAGE CENTER
LANDSCAPE PLAN
BRYANT, SALINE COUNTY, ARKANSAS

DATE:	10-25-2023	C.A.D. BY:	DRAWING NUMBER: 22-0800
REVISED:		CHECKED BY:	
SHEET:	C-5.0	SCALE: 1" = 60'	

500	01S	14W	0	21	300	62	1762





STANDARD DETAIL
TRENCH WITH NATIVE BACKFILL

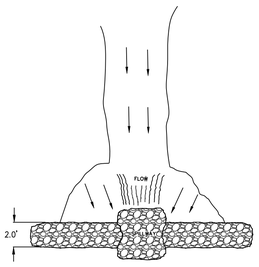
ALTERNATE DETAIL
TRENCH WITH GRAVEL

NOTE:
1.) INSPECT AND REPAIR FENCE AFTER EACH STORM EVENT AND REMOVE SEDIMENT WHEN NECESSARY.

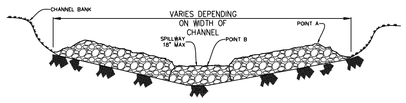
2.) REMOVED SEDIMENT SHALL BE DEPOSITED TO AN AREA THAT WILL NOT CONTRIBUTE SEDIMENT OFF-SITE AND CAN BE PERMANENTLY STABILIZED.

3.) SILT FENCE SHALL BE PLACED ON SLOPE CONTOURS TO MAXIMIZE PONDING EFFICIENCY.

SILT FENCE



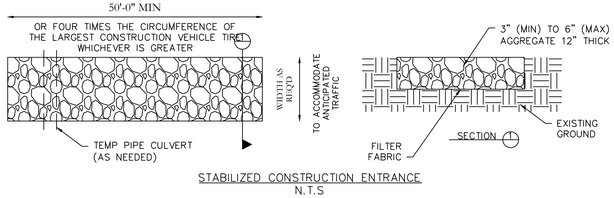
PLAN



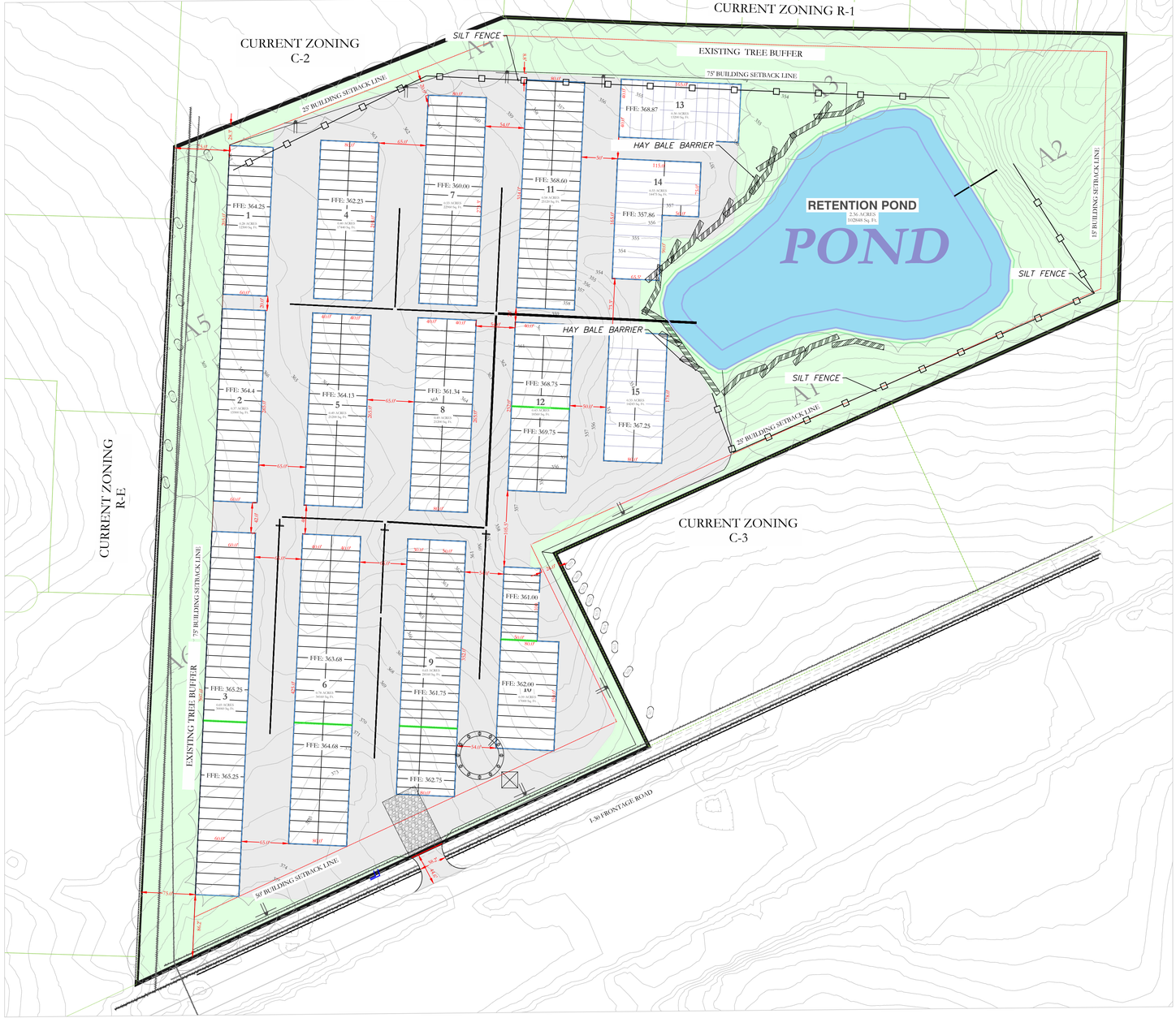
VIEW LOOKING UPSTREAM

NOTES:
1.) POINT 'A' MUST BE HIGHER THAN POINT 'B' (SPILLWAY HEIGHT).
2.) PLACE RIP-RAP BARRIER PERPENDICULAR TO THE FLOW WITH TIGHT GROUPING. USE STRAW, ROCKS, OR FILTER FABRIC TO FILL ANY GAPS AND TAMP BACKFILL MATERIAL TO PREVENT EROSION OR FLOW AROUND THE DAM.
3.) SPILLWAY HEIGHT SHALL NOT EXEED 18"-24"
4.) INSPECT AFTER EACH SIGNIFICANT STORM, MAINTAIN AND REPAIR PROMPTLY.

RIP-RAP
CHECK DAM



STABILIZED CONSTRUCTION ENTRANCE
N.T.S



ERC LEGEND

- SITE POSTING
- CONC. WASHOUT DETENTION AREA
- SILT FENCE
- RIP RAP CHECK DAM
- CONSTRUCTION ENTRANCE
- DISTURBED AREA

BASIS OF BEARING:
GRID NORTH AS ESTABLISHED
COORDINATE SYSTEM SOUTH ZONE
BY GPS OBSERVATION

80' 40' 0 80'

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

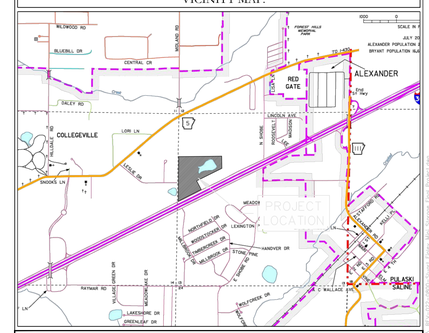
CONTRACTOR SHOULD WORK WITH ENGINEER TO ESTABLISH EFFECTIVE AND EFFICIENT PLAN TO PREVENT SEDIMENT RUNOFF BY DETERMINING WHERE SILT FENCING OR OTHER TYPES OF CONTROLS ARE NECESSARY

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

VICINITY MAP:



HOPE CONSULTING
ENGINEERS - SURVEYORS
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

EROSION CONTROL PLAN

BRYANT, SALINE COUNTY, ARKANSAS

DATE:	10-25-2023	C.A.D. BY:	DRAWING NUMBER:
REVISED:		CHECKED BY:	22-0800
SHEET:	C-6.0	SCALE: 1" = 80'	

500	01S	14W	0	21	300	62	1762

Seiz Sign Company

1231 Central Avenue
Hot Springs, AR 71901

(501) 623-3181 seizsigns.com

Job Info

Job Number: 4623 **Start Date:** 6/14/2023
Rep: Scott
Email: scott@seizsigns.com

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

Production

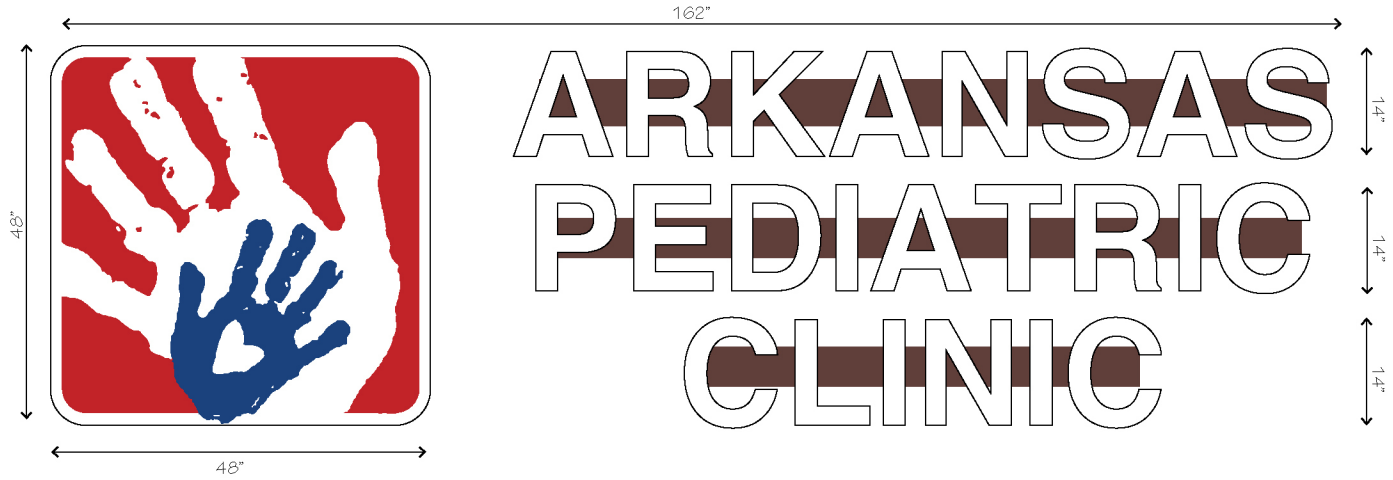
Designer: Scott Telfer
Email: scott@seizsigns.com
Substrate:
Quantity: 1 SF
Notes:

Specifications

Fonts:

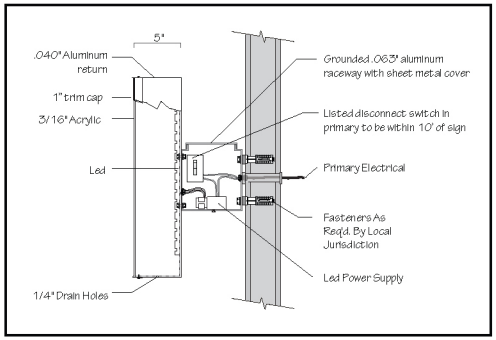
Client Approval

1. The client is responsible for content accuracy. Please proof the text, dimensions, and layout carefully.
2. Colors are representative only. There are variations in color between sign printing and paper printers.
3. All designs presented are the sole property of Seiz Sign Company, and may not be reproduced in part or whole without written permission from Seiz Sign Company.
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.

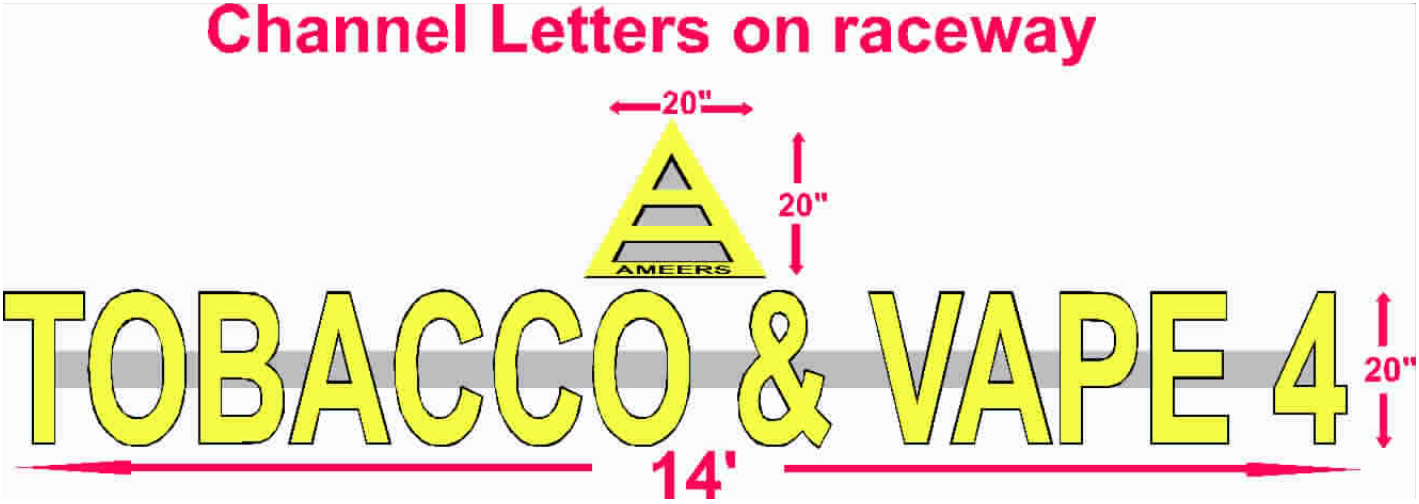
Letters are 14" tall, remote channel logo is 48"x48"



Signature: **Option:** **Date:**


14'
20'
TOBACCO & VAPE 4
20'
25'
16'
19'
Dash
DAYCARE
DAYCARE
340
For Lease
For Lease

Channel Letters on raceway



LANDLORD APPROVAL

_____

_____ **DATE:**

ARKANSAS SIGN & NEON
8525 DISTRIBUTION DR.
LITTLE ROCK, AR 72209
501.562.3942 (P)
501.562.6651 (F)
arkansassign.com

REPRESENTATIVE: KEVIN HONEA

DATE/DWG: 09/26/23 - DWG1

DESIGNER: LORA RAND

DELIVERY TIMES VARY PER SCOPE OF WORK. TYPICAL DELIVERY TIME FROM ACCEPTANCE AND PERMITTING ARE 4-8 WEEKS. OUR GOALS IS TO DELIVER IN A TIMELY MANOR BARRING UNFORSEEN CIRCUMSTANCES.

CUSTOMERS IS RESPONSIBLE TO OBTAIN ANY/ALL LANDLORD APPROVALS IF APPLICABLE.

UL Listed

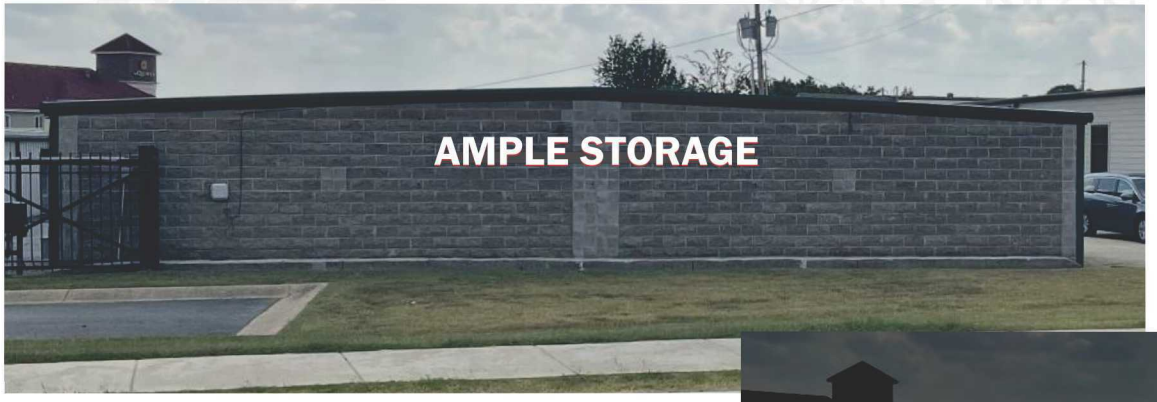
CLIENT: AMPLE STORAGE
LOCATION: 5210 AR-5 North, Bryant, AR 72022

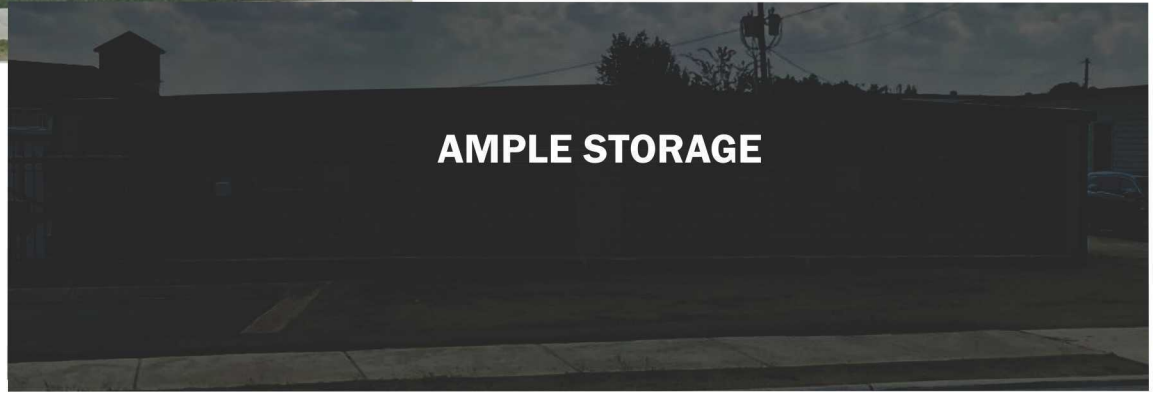
SIGNATURE OF APPROVAL REQUIRED FOR PRODUCTION

AMPLE STORAGE

RACEWAY COOL GRAY 11C MATTE

specs:
(1) set of l.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

File Name
Shelter Insurance - Matt Steele.fs

Job Number
30882

QTY: 1 Set of Channel Letters

Description
QTY: In File

ACTION SIGNS
SIGNS WITH DIRECTION

P. O. Box 188
Jacksonville, AR 72076
2700 John Harden Dr.
Jacksonville, AR 72076

Ph 501-457-7391
Ph/Text 501-712-0012
Fax 501-457-7393

ARTWORK APPROVAL **MUST** BE MADE IN WRITING.
THIS CAN BE DONE BY A SIMPLE EMAIL, TEXT, OR FAX
WITH THE APPROVED ARTWORK ATTACHED.
PRODUCTION WILL NOT START OTHERWISE.

Customer	Name	Design Time
Shelter Insurance	Beth	
Phone	**Email**	**Date**
954-3022	msteele@shelterinsurance.com, belliott@shelterinsurance.com	10/25/2023

Minutes

Design Time Pricing
Design time is at a rate of $60 per hour, in 15 minute increments. Your first 15 minutes is *FREE*.

COLORS SHOWN ARE FOR REFERENCE ONLY. COLORS MAY VARY.