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

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	
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: _Giron Builders, Inc	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:
3420 Hilldale Road	
City: <u>Alexander</u> State: <u>Arkansas</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Lot 12 Jacob's Corner	ber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: $\Box N$	AD 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: <u>1A</u>	
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 a Non-engineered flood openings: Engineered flood openings: 	
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 Instruction	ns): 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 to the strain the attached garage within 1.0 foot above adjacent to the strain term of ter	cent grade:
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 Instruction	ns): 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) INFOR	RMATION
B1.a. NFIP Community Name: <u>Saline County</u> B1.b. NFIP Community Ide	ntification Number: 050191
B2. County Name: Saline B3. State: Arkansa: B4. Map/Panel No.:	05125C0240 B5. Suffix: E
B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-20	020
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	Base Flood Depth): <u>403.0</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:	
B11. Indicate elevation datum used for BFE in Item B9: Second Se	Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation	cted Area (OPA)?
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

	S ON PAGES	§ 9-19	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and 3420 Hilldale Road	FOR INSURAN	ICE COMPANY USE	
City: Alexander State: Arkansas ZIP Code: 7200	Policy Number:		
		Company NAIC	Number:
SECTION C – BUILDING ELEVATION INFORMATION	(SURVEY	REQUIRED)	
C1. Building elevations are based on: Construction Drawings* Building Under *A new Elevation Certificate will be required when construction of the building is con-		on* D Finished	Construction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE) A99. Complete Items C2.a–h below according to the Building Diagram specified in Benchmark Utilized: <u>ArDOT GPS Network</u> Vertical Datum: <u>V</u>	Item A7. In P		
Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988			
Datum used for building elevations must be the same as that used for the BFE. Convers If Yes, describe the source of the conversion factor in the Section D Comments area.	sion factor us		■No ne measurement used:
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	405.0	v 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
 Finished LAG at lowest elevation of attached deck or stairs, including structural support: 	405.0	feet	• meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHIT	ECT CERT	IFICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or architect at I certify that the information on this Certificate represents my best efforts to interpret the statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 100	data availabi		
Were latitude and longitude in Section A provided by a licensed land surveyor?	s 🔲No		
Check here if attachments and describe in the Comments area.			
Certifier's Name: <u>Kazi Islam, PE</u> License Number: <u>20876</u>		1000	NUD DOGO
Title: _Civil Enginner, PE		AR	KANSAS
Company Name: Hope Consulting			* * *
Address: <u>129 North Main Street</u>		LI	CENSED
City: <u>Benton</u> State: <u>Arkansas</u> ZIP Code:	72015	EN EN	IGINEER
Date:		- NA	MZIDUL
Telephone: Ext.: Email: Copy all pages of this Elevation Certificate and all attachments for (1) community official owner. owner. Comments (including source of conversion factor in C2; type of equipment and location			
	- 0. 02.0, um		, <u>skeonnono</u>).

IMPORTANT: MUS	T FOLLOW THE INST	RUCTION	IS ON PAGES		
Building Street Address (including Apt., Unit, Suite, an 3420 Hilldale Road	d/or Bldg. No.) or P.O.	Route an	d Box No.:	FOR INSURA	NCE COMPANY USE
				Policy Number	:
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72015</u>				Company NAI	C Number:
SECTION E – BUILDING MEA FOR ZONE AO, 2	ASUREMENT INFOF ZONE AR/AO, AND		•		D)
For Zones AO, AR/AO, and A (without BFE), complete intended to support a Letter of Map Change request, o enter meters.					
Building measurements are based on: Constructive *A new Elevation Certificate will be required when con	on Drawings* Buil Buil Building	•		* D Finished	Construction
E1. Provide measurements (C.2.a in applicable Buildi measurement is above or below the natural HAG		lowing an	d check the ap	propriate boxes	to show whether the
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 S	ection A I	tems 8 and/or	9 (see pages 1–2	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	Delow 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 availab floodplain management ordinance?	ole, is the top of the bot				e community's ormation in Section G.
SECTION F - PROPERTY OWNER (O	R OWNER'S AUTH	ORIZED	REPRESEN	TATIVE) CERT	IFICATION
The property owner or owner's authorized representation sign here. The statements in Sections A, B, and E are				ne A (without BF	E) or Zone AO must
Check here if attachments and describe in the Com		,	-9-		
Property Owner or Owner's Authorized Representative	e Name:				
Address:					
City:			State:	ZIP Code:	
		Date:			
Telephone: Ext.: E	Email:				
Comments:					

	ELEVATION CERTIFICATE
IMPORTANT: N	IUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Buildir	ng Street Address (i	ncluding A	pt., Unit, Sui	te, and/or Bldg. No.)	or P.O. Route and	Box No.:	FOR INS	URANCE COMPANY USE
3420	3420 Hilldale Road				Policy Nu	Policy Number:		
City:	ity: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>						- Company	NAIC Number:
	SECTION G - C	OMMUN	ITY INFOR	MATION (RECOM		COMMUN		AL COMPLETION)
				nance to administer t ficate. Complete the				dinance can complete
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.	2.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 c	ompleted	Section H for	insurance purposes.				
G3.	In the Comment	ts area of S	Section G, th	e local official describ	oes specific correc	ctions to the	information ir	n Sections A, B, E and H.
G4.	The following in	formation	(Items G5–G	11) is provided for co	mmunity floodpla	in managen	nent purposes	i.
G5.	Permit Number:			G6. Date Per	rmit Issued:			
G7.	Date Certificate of	^f Complian	ice/Occupano	cy Issued:				
G8.	This permit has be	een issued	for:	w Construction	ubstantial Improve	ement		
G9.a.	Elevation of as-bu building:	ilt lowest f	loor (includin	g basement) of the		feet	D _{meters}	Datum:
G9.b.	Elevation of bottor member:	m of as-bu	ilt lowest hor	izontal structural		feet	D _{meters}	Datum:
G10.a	. BFE (or depth in Z	Zone AO) o	of flooding at	the building site:		Dfeet	D _{meters}	Datum:
G10.b	 Community's minit requirement for the member: 			h in Zone AO) horizontal structural			_	
G11.	Variance issued?	Yes		waa attaab dagumaa		feet		Datum:
				yes, attach documer				
				ction G must sign her e, I have also provide				ion G and certify that it is a of this section.
Local	Official's Name:				Title:			_
NFIP (Community Name:							
Telepł	ione:		Ext.:	Email:				
Addres	ss:							
City:						State:	ZIP C	Code:
					Date:			
Comm	ents (including type	e of equipn	nent and loca	ation, per C2.e; descr	iption of any attac	hments; an	d corrections	to specific information in
Sectio	ns A, B, D, E, or H):	:						

	-	NUST FOLLOW TH			500 1	ISURANCE COMPANY USE
Building Street Address (inclue 3420 Hilldale Road	ding Apt., Unit, Suite	, and/or Bldg. No.) c	or P.O. Route ar	nd Box No.:		
City: Alexander	Alexander State: Arkansas ZIP Code: 72015				Policy Number: Company NAIC Number:	
SECTIO	N H – BUILDING' (SURVEY NOT F	'S FIRST FLOOR REQUIRED) (FOR				ZONES
The property owner, owner's a to determine the building's firs nearest tenth of a foot (neares <i>Instructions) and the approp</i>	t floor height for insu st tenth of a meter in	irance purposes. Se Puerto Rico). Refer	ctions A, B, and rence the Found	l I must also dation Typ	o be complete e Diagrams (d. Enter heights to the ′at the end of Section H
H1. Provide the height of the	top of the floor (as in	ndicated in Foundati	on Type Diagrar	ns) above t	the Lowest Ad	ljacent Grade (LAG):
a) For Building Diagran floor (include above-grade subgrade crawlspaces or	e floors only for build	dings with		_ D feet	D _{meters}	above the LAG
 b) For Building Diagran higher floor (i.e., the floor enclosure floor) is: 				_ D feet	D _{meters}	above the LAG
H2. Is all Machinery and Equi H2 arrow (shown in the F						
SECTION I - PR	OPERTY OWNER	OR OWNER'S A	UTHORIZED	REPRES	ENTATIVE)	CERTIFICATION
Check here if attachments a Property Owner or Owner's Au Address:		ative Name:				nments area.
				State:	ZIP	Code:
			Data			
Telephone:	Ext.:	Email:	Date: _			
Comments:						

See Instructions for Item A6.

		-	
	ite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE
3420 Hilldale Road		Policy Number:	
City: <u>Alexander</u>	State: Arkansas ZIP Code: 72002	Company NAIC N	umber:
to take front and back pictures of townhouses/ro	possible four photographs showing each side of the lowhouses). Identify all photographs with the date take take must show the foundation. When flood openings or vents, as indicated in Sections A8 and A9.	n and "Front View,"	"Rear View,"
	Photo One		
Photo One Caption:			Clear Photo One
	Photo Two		
Photo Two Caption:			Clear Photo Two

Continuation Page

	including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE		
3420 Hilldale Road		Policy Number:		
City: Alexander	Alexander State: Arkansas ZIP Code: 72002 Company N			
	photographs below. Identify all photographs with the date taken and "Front n flood openings are present, include at least one close-up photograph of re 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

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	
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: _Giron Builders, Inc	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:
3420 Hilldale Road	
City: <u>Alexander</u> State: <u>Arkansas</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Lot 11 Jacob's Corner	ber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: D /	AD 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: <u>1A</u>	
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 a Non-engineered flood openings: Engineered flood openings: 	• •
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 Instruction	ns): 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 ØN/A
 c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent to the structure of the structu	cent grade:
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 Instruction	ns): 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) INFOR	RMATION
B1.a. NFIP Community Name: Saline County B1.b. NFIP Community Iden	ntification Number: 050191
B2. County Name: <u>Saline</u> B3. State: <u>Arkansa</u> : B4. Map/Panel No.: (D5125C0240 B5. Suffix: E
B6. FIRM Index Date: <u>06-05-2020</u> B7. FIRM Panel Effective/Revised Date: <u>06-05-20</u>	20
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	ase Flood Depth): <u>402.8</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:	
B11. Indicate elevation datum used for BFE in Item B9: Second Se	Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protection CBRS _OPA	cted Area (OPA)? □Yes ☑No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

IMPORTANT: MUST FOLLOW TH	HE INSTRUCTIONS	ON PAGES	9-19	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 3420 Hilldale Road	FOR INSURA	ANCE COMPANY USE		
City: Alexander State: Arkansas	Policy Number			
			Company NAI	C Number:
SECTION C – BUILDING ELEVATION		SURVEY I	REQUIRED)	
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of	Building Under		n* D Finishe	d Construction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1- A99. Complete Items C2.a–h below according to the Building Di Benchmark Utilized: <u>ArDOT GPS Network</u>		em A7. In Pi		
Indicate elevation datum used for the elevations in items a) through h	n) below.			
Datum used for building elevations must be the same as that used for If Yes, describe the source of the conversion factor in the Section D		on factor use		■No the measurement used:
a) Top of bottom floor (including basement, crawlspace, or encl	osure floor):	404.8		
b) Top of the next higher floor (see Instructions):		N/A		t D meters
c) Bottom of the lowest horizontal structural member (see Instru	ictions):	N/A	D fee	t D meters
d) Attached garage (top of slab):		404.8	🔽 fee	t D meters
 e) Lowest elevation of Machinery and Equipment (M&E) servicin (describe type of M&E and location in Section D Comments a 		404.8	fee	t D meters
f) Lowest Adjacent Grade (LAG) next to building:	Finished	404.8	🔽 fee	t D meters
g) Highest Adjacent Grade (HAG) next to building: Natural	Finished	N/A	D fee	t 🔲 meters
 h) Finished LAG at lowest elevation of attached deck or stairs, i support: 	ncluding structural	404.8	fee	t D meters
SECTION D – SURVEYOR, ENGINE	ER, OR ARCHITE		FICATION	
This certification is to be signed and sealed by a land surveyor, engir I certify that the information on this Certificate represents my best eff statement may be punishable by fine or imprisonment under 18 U.S.	orts to interpret the a	lata available		
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 Licens	se Number: <u>20876</u>			DISSING CONTRACTOR
Title: Civil Enginner, PE			APPERA	RKANSAS
Company Name: <u>Hope Consulting</u>				***
Address: 129 North Main Street			_ I PRC	JCENSED FESSIONAL
City: <u>Benton</u> State: <u>Ark</u>	ansas ZIP Code:	72015	E	NGINEER
	Date:		_	NO. 20876
Telephone: Ext.: Email: Copy all pages of this Elevation Certificate and all attachments for (1 owner. Commonts (including source of conversion factor in C2) type of equility				
Comments (including source of conversion factor in C2; type of equip	pment and location p	er uz.e; and	a description of a	any allachments):

IMPORTANT: MUS	T FOLLOW THE INST	RUCTION	IS ON PAGES		
Building Street Address (including Apt., Unit, Suite, an 3420 Hilldale Road	d/or Bldg. No.) or P.O.	Route an	d Box No.:	FOR INSURA	NCE COMPANY USE
				Policy Number	:
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72015</u>				Company NAI	C Number:
SECTION E – BUILDING MEA FOR ZONE AO, 2	ASUREMENT INFOF ZONE AR/AO, AND		•		D)
For Zones AO, AR/AO, and A (without BFE), complete intended to support a Letter of Map Change request, o enter meters.					
Building measurements are based on: Constructive *A new Elevation Certificate will be required when con	on Drawings* Buil Buil Building	•		* D Finished	Construction
E1. Provide measurements (C.2.a in applicable Buildi measurement is above or below the natural HAG		lowing an	d check the ap	propriate boxes	to show whether the
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 S	ection A I	tems 8 and/or	9 (see pages 1–2	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	Delow 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 availab floodplain management ordinance?	ole, is the top of the bot				e community's ormation in Section G.
SECTION F - PROPERTY OWNER (O	R OWNER'S AUTH	ORIZED	REPRESEN	TATIVE) CERT	IFICATION
The property owner or owner's authorized representation sign here. The statements in Sections A, B, and E are				ne A (without BF	E) or Zone AO must
Check here if attachments and describe in the Com		,	-9-		
Property Owner or Owner's Authorized Representative	e Name:				
Address:					
City:			State:	ZIP Code:	
		Date:			
Telephone: Ext.: E	Email:				
Comments:					

	ELEVATION CERTIFICATE
IMPORTANT: N	IUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Buildir	uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:						FOR INSURANCE COMPANY USE				
3420	Hilldale Road						Policy Nu	Policy Number:			
City:	Alexander			State: Arkansas	ZIP Code: 7200)2	- Company	Company NAIC Number:			
	SECTION G - C	OMMUN	ITY INFOR	MATION (RECOM		COMMUN		AL COMPLETION)			
				nance to administer t ficate. Complete the				dinance can complete			
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.	2.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 c	ompleted	Section H for	insurance purposes.							
G3.	In the Comment	ts area of S	Section G, th	e local official describ	oes specific correc	ctions to the	information ir	n Sections A, B, E and H.			
G4.	The following in	formation	(Items G5–G	11) is provided for co	mmunity floodpla	in managen	nent purposes	i.			
G5.	Permit Number:			G6. Date Per	rmit Issued:						
G7.	Date Certificate of	^f Complian	ice/Occupano	cy Issued:							
G8.	This permit has be	een issued	for:	w Construction	ubstantial Improve	ement					
G9.a.	Elevation of as-bu building:	ilt lowest f	loor (includin	g basement) of the		feet	D _{meters}	Datum:			
G9.b.	Elevation of bottor member:	m of as-bu	ilt lowest hor	izontal structural		feet	D _{meters}	Datum:			
G10.a	. BFE (or depth in Z	Zone AO) o	of flooding at	the building site:		Dfeet	D _{meters}	Datum:			
G10.b	 Community's minit requirement for the member: 			h in Zone AO) horizontal structural			_				
G11.	Variance issued?	Yes		waa attaab dagumaa		feet		Datum:			
				yes, attach documer							
				ction G must sign her e, I have also provide				ion G and certify that it is a of this section.			
Local	Official's Name:				Title:			_			
NFIP (Community Name:										
Telepł	ione:		Ext.:	Email:							
Addres	ss:										
City:						State:	ZIP C	Code:			
					Date:						
Comm	ents (including type	e of equipn	nent and loca	ation, per C2.e; descr	iption of any attac	hments; an	d corrections	to specific information in			
Sectio	ns A, B, D, E, or H):	:									

	-	NUST FOLLOW TH			500 1	ISURANCE COMPANY USE		
Building Street Address (inclue 3420 Hilldale Road	ding Apt., Unit, Suite	, and/or Bldg. No.) c	or P.O. Route ar	nd Box No.:				
City: Alexander		State: Arkansas	ZIP Code: 720	15		Policy Number: Company NAIC Number:		
SECTIO	N H – BUILDING' (SURVEY NOT F	'S FIRST FLOOR REQUIRED) (FOR				ZONES		
The property owner, owner's a to determine the building's firs nearest tenth of a foot (neares <i>Instructions) and the approp</i>	t floor height for insu st tenth of a meter in	irance purposes. Se Puerto Rico). Refer	ctions A, B, and rence the Found	l I must also dation Typ	o be complete e Diagrams (d. Enter heights to the ′at the end of Section H		
H1. Provide the height of the	top of the floor (as in	ndicated in Foundati	on Type Diagrar	ns) above t	the Lowest Ad	ljacent Grade (LAG):		
a) For Building Diagran floor (include above-grade subgrade crawlspaces or	e floors only for build	dings with		_ D feet	D _{meters}	above the LAG		
 b) For Building Diagran higher floor (i.e., the floor enclosure floor) is: 				_ D feet	D _{meters}	above the LAG		
H2. Is all Machinery and Equi H2 arrow (shown in the F								
SECTION I - PR	OPERTY OWNER	OR OWNER'S A	UTHORIZED	REPRES	ENTATIVE)	CERTIFICATION		
Check here if attachments a Property Owner or Owner's Au Address:		ative Name:				nments area.		
				State:	ZIP	Code:		
			Data					
Telephone:	Ext.:	Email:	Date: _					
Comments:								

See Instructions for Item A6.

		-	
	ite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE
3420 Hilldale Road		Policy Number:	
City: <u>Alexander</u>	State: Arkansas ZIP Code: 72002	Company NAIC N	umber:
to take front and back pictures of townhouses/ro	possible four photographs showing each side of the lowhouses). Identify all photographs with the date take take must show the foundation. When flood openings or vents, as indicated in Sections A8 and A9.	n and "Front View,"	"Rear View,"
	Photo One		
Photo One Caption:			Clear Photo One
	Photo Two		
Photo Two Caption:			Clear Photo Two

Continuation Page

	including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
3420 Hilldale Road		Policy Number:
City: Alexander	State: Arkansas ZIP Code: 72002	Company NAIC Number:
	photographs below. Identify all photographs with the date taken and "Front n flood openings are present, include at least one close-up photograph of re 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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance	agent/company, and (3) building owner.
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: Giron Builders, Inc	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:
3420 Hilldale Road	
City: <u>Alexander</u> State: <u>Arkansas</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Lot 9 Jacob's Corner	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum:	AD 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: <u>1A</u>	
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 ØN/A
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot a Non-engineered flood openings: Engineered flood openings: 	bove adjacent grade:
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 Instruction	ns): sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions):sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: <u>500.00</u> sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage?	∎Yes ∎No ØN/A
 c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent to the stacked garage withi	cent grade:
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 Instruction	ns): 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) INFOR	RMATION
B1.a. NFIP Community Name: Saline County B1.b. NFIP Community Idea	ntification Number: 050191
B2. County Name: Saline B3. State: Arkansa: B4. Map/Panel No.:	05125C0240 B5. Suffix: E
B6. FIRM Index Date: 06-05-2020 B7. FIRM Panel Effective/Revised Date: 06-05-20	020
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	ase Flood Depth): <u>401.5</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:	
B11. Indicate elevation datum used for BFE in Item B9: ONGVD 1929 ANAVD 1988	Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation	cted Area (OPA)?
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

IMPORTANT: MUST FOLLOW TH	E INSTRUCTIONS	ON PAGES	9-19			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 3420 Hilldale Road	FOR INSUR	FOR INSURANCE COMPANY USE				
City: Alexander State: Arkansas	Policy Number:					
	Company NAI	C Number:				
SECTION C – BUILDING ELEVATION	INFORMATION (SURVEY F	REQUIRED)			
C1. Building elevations are based on: ☑Construction Drawings*						
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 INGVD 1929 VNAVD 1988 Other:) below.					
Datum used for building elevations must be the same as that used for If Yes, describe the source of the conversion factor in the Section D C		on factor use		■No the measurement used:		
a) Top of bottom floor (including basement, crawlspace, or enclo	osure floor):	403.5	fee			
b) Top of the next higher floor (see Instructions):		N/A	fee	t D meters		
c) Bottom of the lowest horizontal structural member (see Instruc	ctions):	N/A	fee	t D meters		
d) Attached garage (top of slab):		403.5	🔽 fee	t D meters		
 e) Lowest elevation of Machinery and Equipment (M&E) servicin (describe type of M&E and location in Section D Comments a 		403.5	fee	t D meters		
f) Lowest Adjacent Grade (LAG) next to building: Natural	Finished	403.5	🔽 fee	t D meters		
g) Highest Adjacent Grade (HAG) next to building: 🔲 Natural	Finished	N/A	D fee	t 🔲 meters		
 h) Finished LAG at lowest elevation of attached deck or stairs, ir support: 	ncluding structural	403.5	fee	t 🖸 meters		
SECTION D – SURVEYOR, ENGINE	ER, OR ARCHITE	CT CERTI	FICATION			
This certification is to be signed and sealed by a land surveyor, engin I certify that the information on this Certificate represents my best effore statement may be punishable by fine or imprisonment under 18 U.S.	orts to interpret the d	ata available				
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 Licens	e Number: <u>20876</u>			TATE OF		
Title: Civil Enginner, PE			- OBODA	RKANSAS		
Company Name: <u>Hope Consulting</u>				* * *		
Address: 129 North Main Street				JCENSED DFESSIONAL		
City: Benton State: Arka	ansas ZIP Code: <u>7</u>	2015	E	NGINEER * * *		
Date: NO. 20876						
Telephone: Ext.: Email: Copy all pages of this Elevation Certificate and all attachments for (1) owner. Owner.						
Comments (including source of conversion factor in C2; type of equip	ment and location pe	er C2.e; and	description of	any attachments):		

IMPORTANT: MUS	T FOLLOW THE INST	RUCTION	IS ON PAGES			
Building Street Address (including Apt., Unit, Suite, an 3420 Hilldale Road	FOR INSURANCE COMPANY USE					
	ty: Alexander State: Arkansas ZIP Code: 72015					
					C Number:	
SECTION E – BUILDING MEA FOR ZONE AO, 2	ASUREMENT INFOF ZONE AR/AO, AND		•		D)	
For Zones AO, AR/AO, and A (without BFE), complete intended to support a Letter of Map Change request, o enter meters.						
Building measurements are based on: Constructive *A new Elevation Certificate will be required when con	on Drawings* Buil Buil Building	•		* D Finished	Construction	
E1. Provide measurements (C.2.a in applicable Buildi measurement is above or below the natural HAG		lowing an	d check the ap	propriate boxes	to show whether the	
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 S	ection A I	tems 8 and/or	9 (see pages 1–2	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	Delow 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 availab floodplain management ordinance?	ole, is the top of the bot				e community's ormation in Section G.	
SECTION F - PROPERTY OWNER (O	R OWNER'S AUTH	ORIZED	REPRESEN	TATIVE) CERT	IFICATION	
The property owner or owner's authorized representation sign here. The statements in Sections A, B, and E are				ne A (without BF	E) or Zone AO must	
Check here if attachments and describe in the Com		,	-9-			
Property Owner or Owner's Authorized Representative	e Name:					
Address:						
City:			State:	ZIP Code:		
		Date:				
Telephone: Ext.: E	Email:					
Comments:						

	ELEVATION CERTIFICATE
IMPORTANT: N	IUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Buildir	uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:						FOR INSURANCE COMPANY USE				
3420	Hilldale Road						Policy Nu	Policy Number:			
City:	Alexander			State: Arkansas	ZIP Code: 7200)2	- Company	Company NAIC Number:			
	SECTION G - C	OMMUN	ITY INFOR	MATION (RECOM		COMMUN		AL COMPLETION)			
				nance to administer t ficate. Complete the				dinance can complete			
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.	2.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 c	ompleted	Section H for	insurance purposes.							
G3.	In the Comment	ts area of S	Section G, th	e local official describ	oes specific correc	ctions to the	information ir	n Sections A, B, E and H.			
G4.	The following in	formation	(Items G5–G	11) is provided for co	mmunity floodpla	in managen	nent purposes	i.			
G5.	Permit Number:			G6. Date Per	rmit Issued:						
G7.	Date Certificate of	^f Complian	ice/Occupano	cy Issued:							
G8.	This permit has be	een issued	for:	w Construction	ubstantial Improve	ement					
G9.a.	Elevation of as-bu building:	ilt lowest f	loor (includin	g basement) of the		feet	D _{meters}	Datum:			
G9.b.	Elevation of bottor member:	m of as-bu	ilt lowest hor	izontal structural		feet	D _{meters}	Datum:			
G10.a	. BFE (or depth in Z	Zone AO) o	of flooding at	the building site:		Dfeet	D _{meters}	Datum:			
G10.b	 Community's minit requirement for the member: 			h in Zone AO) horizontal structural			_				
G11.	Variance issued?	Yes		waa attaab dagumaa		feet		Datum:			
				yes, attach documer							
				ction G must sign her e, I have also provide				ion G and certify that it is a of this section.			
Local	Official's Name:				Title:			_			
NFIP (Community Name:										
Telepł	ione:		Ext.:	Email:							
Addres	ss:										
City:						State:	ZIP C	Code:			
					Date:						
Comm	ents (including type	e of equipn	nent and loca	ation, per C2.e; descr	iption of any attac	hments; an	d corrections	to specific information in			
Sectio	ns A, B, D, E, or H):	:									

	-	NUST FOLLOW TH				ISURANCE COMPANY USE		
Building Street Address (inclue 3420 Hilldale Road	ding Apt., Unit, Suite	, and/or Bldg. No.) c	or P.O. Route ar	nd Box No.:				
City: Alexander		State: Arkansas	ZIP Code: 720	15		Policy Number: Company NAIC Number:		
SECTIO	N H – BUILDING' (SURVEY NOT F	'S FIRST FLOOR REQUIRED) (FOR				ZONES		
The property owner, owner's a to determine the building's firs nearest tenth of a foot (neares <i>Instructions) and the approp</i>	t floor height for insu st tenth of a meter in	irance purposes. Se Puerto Rico). Refer	ctions A, B, and rence the Found	l I must also dation Typ	o be complete e Diagrams (d. Enter heights to the ′at the end of Section H		
H1. Provide the height of the	top of the floor (as in	ndicated in Foundati	on Type Diagrar	ns) above t	the Lowest Ad	ljacent Grade (LAG):		
a) For Building Diagran floor (include above-grade subgrade crawlspaces or	e floors only for build	dings with		_ D feet	D _{meters}	above the LAG		
 b) For Building Diagran higher floor (i.e., the floor enclosure floor) is: 				_ D feet	D _{meters}	above the LAG		
H2. Is all Machinery and Equi H2 arrow (shown in the F								
SECTION I - PR	OPERTY OWNER	OR OWNER'S A	UTHORIZED	REPRES	ENTATIVE)	CERTIFICATION		
Check here if attachments a Property Owner or Owner's Au Address:		ative Name:				nments area.		
				State:	ZIP	Code:		
			Data					
Telephone:	Ext.:	Email:	Date: _					
Comments:								

See Instructions for Item A6.

		-	
	ite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE
3420 Hilldale Road		Policy Number:	
City: <u>Alexander</u>	State: Arkansas ZIP Code: 72002	Company NAIC N	umber:
to take front and back pictures of townhouses/ro	possible four photographs showing each side of the lowhouses). Identify all photographs with the date take take must show the foundation. When flood openings or vents, as indicated in Sections A8 and A9.	n and "Front View,"	"Rear View,"
	Photo One		
Photo One Caption:			Clear Photo One
	Photo Two		
Photo Two Caption:			Clear Photo Two

Continuation Page

	including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
3420 Hilldale Road		Policy Number:
City: Alexander	State: Arkansas ZIP Code: 72002	Company NAIC Number:
	photographs below. Identify all photographs with the date taken and "Front n flood openings are present, include at least one close-up photograph of re 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

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	
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name:Giron Builders, Inc	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:
3420 Hilldale Road	
City: <u>Alexander</u> State: <u>Arkansas</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Numl Lot 8 Jacob's Corner	ber:
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:	AD 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: <u>1A</u>	
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 ØN/A
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot a Non-engineered flood openings: Engineered flood openings: 	, ,
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 Instruction	ns): 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 adjace Non-engineered flood openings:	cent grade:
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 Instruction	ns): 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) INFOR	RMATION
B1.a. NFIP Community Name: <u>Saline County</u> B1.b. NFIP Community Ider	ntification Number: 050191
B2. County Name: <u>Saline</u> B3. State: <u>Arkansa</u> : B4. Map/Panel No.: (05125C0240 B5. Suffix: E
B6. FIRM Index Date: <u>06-05-2020</u> B7. FIRM Panel Effective/Revised Date: <u>06-05-20</u>	020
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	ase Flood Depth): <u>401.8</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:	
B11. Indicate elevation datum used for BFE in Item B9: Second Se	Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protection CBRS _OPA	cted Area (OPA)?
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

IMPORTANT: MUST FOLLOW TH	HE INSTRUCTIONS	ON PAGES	9-19	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 3420 Hilldale Road	FOR INSURANCE COMPANY USE			
City: Alexander State: Arkansas	Policy Numbe			
			Company NA	IC Number:
SECTION C – BUILDING ELEVATION		SURVEY I	REQUIRED)	
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of	Building Under		n* DFinishe	ed Construction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1- A99. Complete Items C2.a–h below according to the Building Di Benchmark Utilized: <u>ArDOT GPS Network</u>		em A7. In Pi		
Indicate elevation datum used for the elevations in items a) through h	ו) below.			
Datum used for building elevations must be the same as that used fo If Yes, describe the source of the conversion factor in the Section D (on factor use		s D No
a) Top of bottom floor (including basement, crawlspace, or enclo	osure floor):	403.8		
b) Top of the next higher floor (see Instructions):		N/A	fee	et D meters
c) Bottom of the lowest horizontal structural member (see Instru	ictions):	N/A	🔲 fee	et D meters
d) Attached garage (top of slab):		403.8	🔽 fee	et D meters
 e) Lowest elevation of Machinery and Equipment (M&E) servicin (describe type of M&E and location in Section D Comments a 		403.8	fee	et 🔲 meters
f) Lowest Adjacent Grade (LAG) next to building:	Finished	403.8	🔽 fee	et D meters
g) Highest Adjacent Grade (HAG) next to building: Natural	Finished	N/A	🗖 fee	et D meters
 h) Finished LAG at lowest elevation of attached deck or stairs, in support: 	ncluding structural	403.8	fee	et 🖸 meters
SECTION D – SURVEYOR, ENGINE	ER, OR ARCHITE		FICATION	
This certification is to be signed and sealed by a land surveyor, engir I certify that the information on this Certificate represents my best efforts statement may be punishable by fine or imprisonment under 18 U.S.	orts to interpret the a	lata available		
Were latitude and longitude in Section A provided by a licensed land	surveyor?	No		
Check here if attachments and describe in the Comments area.				
Certifier's Name: Kazi Islam, PE Licens	se Number: <u>20876</u>			NON THE STREET
Title: Civil Enginner, PE			APPERA	RKANSAS
Company Name: <u>Hope Consulting</u>				* * *
Address: 129 North Main Street			- PRO	LICENSED
City: <u>Benton</u> State: <u>Ark</u>	ansas ZIP Code:	72015	_ I III	ENGINEER
	Date:		- Contraction	NO. 20876
Telephone: Ext.: Email: Copy all pages of this Elevation Certificate and all attachments for (1 owner. Comments (including course of conversion factor in C2); type of certificate and all attachments for (1 owner.				
Comments (including source of conversion factor in C2; type of equip	oment and location p	er uz.e; and	a description of	any allachments):

IMPORTANT: MUS	T FOLLOW THE INST	RUCTION	IS ON PAGES		
Building Street Address (including Apt., Unit, Suite, an 3420 Hilldale Road	d/or Bldg. No.) or P.O.	Route an	d Box No.:	FOR INSURA	NCE COMPANY USE
	Policy Number:				
City: Alexander State: Arkansas ZIP Code: 72015				Company NAI	C Number:
SECTION E – BUILDING MEA FOR ZONE AO, 2	ASUREMENT INFOF ZONE AR/AO, AND		•		D)
For Zones AO, AR/AO, and A (without BFE), complete intended to support a Letter of Map Change request, o enter meters.					
Building measurements are based on: Constructive *A new Elevation Certificate will be required when con	on Drawings* Buil Buil Building	•		* D Finished	Construction
E1. Provide measurements (C.2.a in applicable Buildi measurement is above or below the natural HAG		lowing an	d check the ap	propriate boxes	to show whether the
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 S	ection A I	tems 8 and/or	9 (see pages 1–2	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	Delow 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 availab floodplain management ordinance?	ole, is the top of the bot				e community's ormation in Section G.
SECTION F - PROPERTY OWNER (O	R OWNER'S AUTH	ORIZED	REPRESEN	TATIVE) CERT	IFICATION
The property owner or owner's authorized representation sign here. The statements in Sections A, B, and E are				ne A (without BF	E) or Zone AO must
Check here if attachments and describe in the Com		,	-9-		
Property Owner or Owner's Authorized Representative	e Name:				
Address:					
City:			State:	ZIP Code:	
		Date:			
Telephone: Ext.: E	Email:				
Comments:					

	ELEVATION CERTIFICATE
IMPORTANT: N	IUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Buildir	ng Street Address (i	ncluding A	pt., Unit, Sui	te, and/or Bldg. No.)	or P.O. Route and	Box No.:	FOR INS	URANCE COMPANY USE
3420	3420 Hilldale Road				Policy Nu	Policy Number:		
City:	ty: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u>						- Company	NAIC Number:
	SECTION G - C	OMMUN	ITY INFOR	MATION (RECOM		COMMUN		AL COMPLETION)
				nance to administer t ficate. Complete the				dinance can complete
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.	^{2.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 c	ompleted	Section H for	insurance purposes.				
G3.	In the Comment	ts area of S	Section G, th	e local official describ	oes specific correc	ctions to the	information ir	n Sections A, B, E and H.
G4.	The following in	formation	(Items G5–G	11) is provided for co	mmunity floodpla	in managen	nent purposes	i.
G5.	Permit Number:			G6. Date Per	rmit Issued:			
G7.	Date Certificate of	^f Complian	ice/Occupano	cy Issued:				
G8.	This permit has be	een issued	for:	w Construction	ubstantial Improve	ement		
G9.a.	Elevation of as-bu building:	ilt lowest f	loor (includin	g basement) of the		feet	D _{meters}	Datum:
G9.b.	Elevation of bottor member:	m of as-bu	ilt lowest hor	izontal structural		feet	D _{meters}	Datum:
G10.a	. BFE (or depth in Z	Zone AO) o	of flooding at	the building site:		Dfeet	D _{meters}	Datum:
G10.b	 Community's minit requirement for the member: 			h in Zone AO) horizontal structural			_	
G11.	Variance issued?	Yes		waa attaab dagumaa		feet		Datum:
				yes, attach documer				
				ction G must sign her e, I have also provide				ion G and certify that it is a of this section.
Local	Official's Name:				Title:			_
NFIP (Community Name:							
Telepł	ione:		Ext.:	Email:				
Addres	ss:							
City:						State:	ZIP C	Code:
					Date:			
Comm	ents (including type	e of equipn	nent and loca	ation, per C2.e; descr	iption of any attac	hments; an	d corrections	to specific information in
Sectio	ns A, B, D, E, or H):	:						

	-	NUST FOLLOW TH				ISURANCE COMPANY USE
Building Street Address (inclue 3420 Hilldale Road	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3420 Hilldale Road					
City: Alexander	Alexander State: Arkansas ZIP Code: 72015			Policy N	Ny NAIC Number:	
SECTIO	N H – BUILDING' (SURVEY NOT F	'S FIRST FLOOR REQUIRED) (FOR				ZONES
The property owner, owner's a to determine the building's firs nearest tenth of a foot (neares <i>Instructions) and the approp</i>	t floor height for insu st tenth of a meter in	irance purposes. Se Puerto Rico). Refer	ctions A, B, and rence the Found	l I must also dation Typ	o be complete e Diagrams (d. Enter heights to the ′at the end of Section H
H1. Provide the height of the	top of the floor (as in	ndicated in Foundati	on Type Diagrar	ns) above t	the Lowest Ad	ljacent Grade (LAG):
a) For Building Diagran floor (include above-grade subgrade crawlspaces or	e floors only for build	dings with		_ D feet	D _{meters}	above the LAG
 b) For Building Diagran higher floor (i.e., the floor enclosure floor) is: 				_ D feet	D _{meters}	above the LAG
H2. Is all Machinery and Equi H2 arrow (shown in the F						
SECTION I - PR	OPERTY OWNER	OR OWNER'S A	UTHORIZED	REPRES	ENTATIVE)	CERTIFICATION
Check here if attachments a Property Owner or Owner's Au Address:		ative Name:				nments area.
				State:	ZIP	Code:
			Data			
Telephone:	Ext.:	Email:	Date: _			
Comments:						

See Instructions for Item A6.

		-	
	ite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE
3420 Hilldale Road		Policy Number:	
City: <u>Alexander</u>	State: Arkansas ZIP Code: 72002	Company NAIC N	umber:
to take front and back pictures of townhouses/ro	possible four photographs showing each side of the lowhouses). Identify all photographs with the date take take must show the foundation. When flood openings or vents, as indicated in Sections A8 and A9.	n and "Front View,"	"Rear View,"
	Photo One		
Photo One Caption:			Clear Photo One
	Photo Two		
Photo Two Caption:			Clear Photo Two

Continuation Page

	including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE		
3420 Hilldale Road		Policy Number:		
City: Alexander	State: Arkansas ZIP Code: 72002	Company NAIC Number:		
	photographs below. Identify all photographs with the date taken and "Front n flood openings are present, include at least one close-up photograph of re 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

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	
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: _Giron Builders, Inc	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:
3420 Hilldale Road	
City: <u>Alexander</u> State: <u>Arkansas</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Lot 7 Jacob's Corner	ber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum:	AD 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: <u>1A</u>	
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 a Non-engineered flood openings: Engineered flood openings: 	
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 Instruction	ns): 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 to the structure of the structu	cent grade:
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 Instruction	ns): 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) INFOR	RMATION
B1.a. NFIP Community Name: Saline County B1.b. NFIP Community Ide	ntification Number: 050191
B2. County Name: Saline B3. State: Arkansa: B4. Map/Panel No.:	05125C0240 B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u> B7. FIRM Panel Effective/Revised Date: <u>06-05-20</u>	020
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): <u>402.0</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:	
B11. Indicate elevation datum used for BFE in Item B9: Second Se	Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation	cted Area (OPA)? □Yes ☑No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

IMPORTANT: MUST FOLLOW TH	IE INSTRUCTIONS	ON PAGES	9-19		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 3420 Hilldale Road			CE COMPANY USE		
City: Alexander State: Arkansas	Policy Number:				
	211 0000. <u>72002</u>		Company NAIC Number:		
SECTION C – BUILDING ELEVATION	I INFORMATION (SURVEY I	REQUIR	ED)	
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction o	Building Under f the building is com		n* 🖸F	-inished C	Construction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1– A99. Complete Items C2.a–h below according to the Building Dia Benchmark Utilized: <u>ArDOT GPS Network</u>		em A7. In Pu			
Indicate elevation datum used for the elevations in items a) through h INGVD 1929) below.				
Datum used for building elevations must be the same as that used fo If Yes, describe the source of the conversion factor in the Section D 0		on factor use			■No e measurement used:
a) Top of bottom floor (including basement, crawlspace, or enclo	osure floor):	404.0		✓ feet	• measurement used.
b) Top of the next higher floor (see Instructions):		N/A		feet	meters
c) Bottom of the lowest horizontal structural member (see Instru	ctions):	N/A		feet	meters
d) Attached garage (top of slab):		404.0		🗸 feet	meters
 e) Lowest elevation of Machinery and Equipment (M&E) servicir (describe type of M&E and location in Section D Comments a 		404.0		🔽 feet	• meters
f) Lowest Adjacent Grade (LAG) next to building:	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, ir support: 	ncluding structural	404.0		🗸 feet	D meters
SECTION D – SURVEYOR, ENGINE	ER, OR ARCHITE	CT CERTI	FICATIO	DN	
This certification is to be signed and sealed by a land surveyor, engin I certify that the information on this Certificate represents my best effor statement may be punishable by fine or imprisonment under 18 U.S.	orts to interpret the d	ata available			
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 Licens	e Number: <u>20876</u>		_	10000	ATE OF
Title: <u>Civil Enginner, PE</u>				ARE	ANSAS
Company Name: <u>Hope Consulting</u>				*	***
Address: 129 North Main Street			000	DROF1	CENSED FSSIONAL
City: Benton State: Ark	ansas ZIP Code: 7	72015	000	EN	GINEER
	Date:		00-	NC). 20876
Telephone: Ext.: Email:			—	Contant AN	IZIDU Baar
Copy all pages of this Elevation Certificate and all attachments for (1) owner. Comments (including source of conversion factor in C2; type of equip					
	·· F	,	(* *	.,	,

IMPORTANT: MUS	T FOLLOW THE INST	RUCTION	IS ON PAGES		
Building Street Address (including Apt., Unit, Suite, an 3420 Hilldale Road	d/or Bldg. No.) or P.O.	Route an	d Box No.:	FOR INSURA	NCE COMPANY USE
	Policy Number:				
City: Alexander State: Arkansas ZIP Code: 72015				Company NAI	C Number:
SECTION E – BUILDING MEA FOR ZONE AO, 2	ASUREMENT INFOF ZONE AR/AO, AND		•		D)
For Zones AO, AR/AO, and A (without BFE), complete intended to support a Letter of Map Change request, o enter meters.					
Building measurements are based on: Constructive *A new Elevation Certificate will be required when con	on Drawings* Buil Buil Building	•		* D Finished	Construction
E1. Provide measurements (C.2.a in applicable Buildi measurement is above or below the natural HAG		lowing an	d check the ap	propriate boxes	to show whether the
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 S	ection A I	tems 8 and/or	9 (see pages 1–2	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	Delow 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 availab floodplain management ordinance?	ole, is the top of the bot				e community's ormation in Section G.
SECTION F - PROPERTY OWNER (O	R OWNER'S AUTH	ORIZED	REPRESEN	TATIVE) CERT	IFICATION
The property owner or owner's authorized representation sign here. The statements in Sections A, B, and E are				ne A (without BF	E) or Zone AO must
Check here if attachments and describe in the Com		,	-9-		
Property Owner or Owner's Authorized Representative	e Name:				
Address:					
City:			State:	ZIP Code:	
		Date:			
Telephone: Ext.: E	Email:				
Comments:					

	ELEVATION CERTIFICATE
IMPORTANT: N	IUST 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 INS	FOR INSURANCE COMPANY USE Policy Number:		
3420 Hilldale Road					Policy Nu			
City:	City: Alexander		State: Arkansas	nsas ZIP Code: 72002		- Company	NAIC Number:	
SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)								
				nance to administer t ficate. Complete the				dinance can complete
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.	. DA local official completed Section H for insurance purposes.							
G3.	In the Comment	ts area of S	Section G, th	e local official describ	es specific correc	ctions to the	information ir	n Sections A, B, E and H.
G4.	The following in	formation	(Items G5–G	11) is provided for co	mmunity floodplai	in managen	nent purposes	i.
G5.	Permit Number:			G6. Date Per	mit Issued:			
G7.	Date Certificate of	Complian	nce/Occupano	cy Issued:				
G8.	This permit has be	een issued	for:	w Construction	ubstantial Improve	ement		
G9.a.	Elevation of as-bu building:	ilt lowest f	floor (includin	g basement) of the		feet	D _{meters}	Datum:
G9.b.	Elevation of bottor member:	n of as-bu	ilt lowest hor	izontal structural		feet	D _{meters}	Datum:
G10.a	. BFE (or depth in Z	Zone AO) c	of flooding at	the building site:		Dfeet		Datum:
G10.b	 Community's minin requirement for the member: 			h in Zone AO) horizontal structural		_	_	
G11.	Variance issued?					_ D feet	• meters	Datum:
		Yes	ο _{Νο} If	yes, attach documer	itation and descrif	be in the Co	omments 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:							_
Teleph	ione:		Ext.:	Email:				
Addres	ss:							
City:						State:	ZIP C	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):								

	-	IUST FOLLOW TH					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3420 Hilldale Road						FOR INSURANCE COMPANY USE	
City: Alexander					Policy Number: Company NAIC Number:		
SECTIO	N H – BUILDING' (SURVEY NOT F	S FIRST FLOOR REQUIRED) (FOR				ZONES	
The property owner, owner's a to determine the building's firs nearest tenth of a foot (neares <i>Instructions) and the approp</i>	t floor height for insu st tenth of a meter in	irance purposes. Se Puerto Rico). Refer	ctions A, B, and rence the Found	l I must also dation Typ	o be complete e Diagrams (d. Enter heights to the at the end of Section H	
H1. Provide the height of the	top of the floor (as in	ndicated in Foundati	on Type Diagrar	ns) above t	the Lowest Ad	jacent Grade (LAG):	
a) For Building Diagran floor (include above-grade subgrade crawlspaces or	e floors only for build	lings with		_ D feet	D _{meters}	above the LAG	
 b) For Building Diagran higher floor (i.e., the floor enclosure floor) is: 				_ D feet	D _{meters}	above the LAG	
H2. Is all Machinery and Equi H2 arrow (shown in the F							
SECTION I – PR	OPERTY OWNER	OR OWNER'S A	UTHORIZED	REPRES	ENTATIVE)	CERTIFICATION	
Check here if attachments a Property Owner or Owner's Au Address:		ative Name:				nments area.	
				State:	ZIP	Code:	
			Data				
Telephone:	Ext.:	Email:	Date: _				
Comments:							

See Instructions for Item A6.

		-				
	ite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE			
3420 Hilldale Road		Policy Number:				
City: <u>Alexander</u>	State: Arkansas ZIP Code: 72002	Company NAIC N	umber:			
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			

Continuation Page

	g Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
3420 Hilldale Road		Policy Number:
City: Alexander	State: Arkansas ZIP Code: 72002	Company NAIC Number:
	raphs below. Identify all photographs with the date taken and "Fron penings are present, include at least one close-up photograph of re .9.	
	Photo Three	
Photo Three Caption:		Clear Photo Three
	Photo Four	
Photo Four Caption:		Clear Photo Four
I		

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance	agent/company, and (3) building owner.					
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE					
A1. Building Owner's Name: Giron Builders, Inc	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:					
3420 Hilldale Road						
City: <u>Alexander</u> State: <u>Arkansas</u>						
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. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: D NAD 1927 D NAD 1983 D WGS 84						
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).						
A7. Building Diagram Number: <u>1A</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s): sq. ft.						
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	∎Yes ∎No ØN/A					
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot a Non-engineered flood openings: Engineered flood openings: 	bove adjacent grade:					
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 Instruction	ns): 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 ØN/A					
 c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjace Non-engineered flood openings:	cent grade:					
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 Instruction	ns): 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 Ider	ntification Number: 050191					
B2. County Name: Saline B3. State: Arkansa: B4. Map/Panel No.: (05125C0240 B5. Suffix: E					
B6. FIRM Index Date: <u>06-05-2020</u> B7. FIRM Panel Effective/Revised Date: <u>06-05-20</u>	020					
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	ase Flood Depth): <u>402.5</u>					
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:						
B11. Indicate elevation datum used for BFE in Item B9: INGVD 1929 VNAVD 1988 Other/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation						
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No					

IMPORTANT: MUST FOLLOW TH	IE 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					CE COMPANY USE	
City: Alexander State: Arkansas ZIP Code: 72002				Policy Number:		
City. Alexander State. Arkansas ZIP Code. 12002				IY NAIC N	Number:	
SECTION C – BUILDING ELEVATION	INFORMATION (SURVEY I	REQUIR	ED)		
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of	Building Under bf the building is com		n* O F	inished C	Construction	
 C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1-A99. Complete Items C2.a–h below according to the Building Di-Benchmark Utilized: <u>ArDOT GPS Network</u> 		em A7. In Pu				
Indicate elevation datum used for the elevations in items a) through h INGVD 1929	n) below.					
Datum used for building elevations must be the same as that used fo If Yes, describe the source of the conversion factor in the Section D (on factor use		✓Yes Check the	■No e measurement used:	
a) Top of bottom floor (including basement, crawlspace, or enclo	osure floor):	404.5		feet	• measurement used.	
b) Top of the next higher floor (see Instructions):		N/A	(feet	meters	
c) Bottom of the lowest horizontal structural member (see Instru	ctions):	N/A	(feet	meters	
d) Attached garage (top of slab):		404.5	(🛛 feet	meters	
 e) Lowest elevation of Machinery and Equipment (M&E) servicir (describe type of M&E and location in Section D Comments a 		404.5	(🛛 feet	• meters	
f) Lowest Adjacent Grade (LAG) next to building:	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, in support: 	ncluding structural	404.5	(🛛 feet	D meters	
SECTION D – SURVEYOR, ENGINE	ER, OR ARCHITE		FICATIC	N		
This certification is to be signed and sealed by a land surveyor, engir I certify that the information on this Certificate represents my best effort statement may be punishable by fine or imprisonment under 18 U.S.	orts to interpret the d	ata available				
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 Licens	e Number: <u>20876</u>		_	10000	ATE OF	
Title: Civil Enginner, PE				ARK	ANSAS	
Company Name: <u>Hope Consulting</u>				*	***	
Address: 129 North Main Street			000	PROFI	CENSED FSSIONAL	
City: Benton State: Arkansas ZIP Code: 72015 ENGINEER					GINEER	
	Data		100	NC NC	0. 20876	
Telephone Fut. Freeli	Date:		—	- AN	ZIDUL	
Telephone: Ext.: Email: Copy all pages of this Elevation Certificate and all attachments for (1) owner. Comments (including source of conversion factor in C2; type of equip						
	P	,		y	/-	

IMPORTANT: I	NUST FOLLOW TH	E INSTRUCTION	NS ON PAGES	6 9-19		
Building Street Address (including Apt., Unit, Suite	FOR INSURA	NCE COMPANY USE				
	Chatai	ZID Cada:		Policy Number:		
City:	Company NAI	C Number:				
SECTION E – BUILDING FOR ZONE A	MEASUREMENT O, ZONE AR/AC		•		D)	
For Zones AO, AR/AO, and A (without BFE), com intended to support a Letter of Map Change reque enter meters.						
Building measurements are based on: Const *A new Elevation Certificate will be required when	-			n* Finished	Construction	
E1. Provide measurements (C.2.a in applicable B measurement is above or below the natural F		or the following an	d check the ap	propriate boxes	to show whether the	
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		D feet	meters	above or	below the HAG.	
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		D feet	meters	above or	below the LAG.	
E2. For Building Diagrams 6–9 with permanent flo next higher floor (C2.b in applicable	ood openings provi	ded in Section A l	tems 8 and/or	9 (see pages 1–	2 of Instructions), the	
Building Diagram) of the building is:		feet	meters	above or	Delow the HAG.	
E3. Attached garage (top of slab) is:		🗖 feet	meters	above or	below the HAG.	
E4. Top of platform of machinery and/or equipme servicing the building is:	nt	D feet	meters	above or	below the HAG.	
E5. Zone AO only: If no flood depth number is av floodplain management ordinance?	ailable, is the top o D No D Un	f the bottom floor e known The le	elevated in acc ocal official mu	cordance with the ust certify this info	e community's ormation in Section G.	
SECTION F – PROPERTY OWNER	R (OR OWNER'S	AUTHORIZED	REPRESEN	TATIVE) CERT	IFICATION	
The property owner or owner's authorized represe sign here. <i>The statements in Sections A, B, and E</i>				ne A (without BF	E) or Zone AO must	
Check here if attachments and describe in the 0						
Property Owner or Owner's Authorized Represent						
Address:			Otata			
City:				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.:				Box No.:	FOR INSURANCE COMPANY USE			
				Policy Number:				
City:		State:	_ ZIP Code:		Company NAIC Number:			
	SECTION G - COMMUNITY INFORM	ATION (RECO		OMMUNIT			ON)	
	cal official who is authorized by law or ordina n A, B, C, E, G, or H of this Elevation Certific					dinance can com	plete	
G1.	The information in Section C was taken a engineer, or architect who is authorized data in the Comments area below.)							
G2.a.	A local official completed Section E for a completed for a building located in Zone	building located i AO.	in Zone A (without a	BFE), Zone	AO, or Zone	AR/AO, or wher	n item E5 is	
G2.b.	A local official completed Section H for in	nsurance purpose	es.					
G3.	In the Comments area of Section G, the	local official desc	ribes specific correct	tions to the ir	nformation in	Sections A, B, E	E and H.	
G4.	The following information (Items G5–G1	1) is provided for	community floodplair	n manageme	nt purposes			
G5.	Permit Number:	G6. Date P	ermit Issued:					
G7.	Date Certificate of Compliance/Occupancy	Issued:						
G8.	This permit has been issued for:	Construction	Substantial Improve	ment				
G9.a.	Elevation of as-built lowest floor (including building:	basement) of the		feet	D _{meters}	Datum:		
G9.b.	Elevation of bottom of as-built lowest horiz	ontal structural						
C10 o	member: . BFE (or depth in Zone AO) of flooding at th	o huilding oito:		_ D feet	D _{meters}	Datum:		
		-		feet	D _{meters}	Datum:		
GTU.D	Community's minimum elevation (or depth requirement for the lowest floor or lowest h member:		al	Dfeet	-	Datum		
G11.	Variance issued?	voc. attach docum	entation and describ	_		Datum:		
	cal official who provides information in Secti t to the best of my knowledge. If applicable,						that it is	
Local	Official's Name:		Title:					
	Community Monor							
Telepł								
Addre	SS:							
				State:	ZIP C	ode:		
	ents (including type of equipment and locati ns A, B, D, E, or H):	on, per C2.e; des	cription of any attach	nments; and	corrections t	o specific inform	ation in	

IN	IPORTANT: M	UST FOLLOW T	HE INSTRUCTION	IS ON PAC	GES 9-19	
Building Street Address (including A	pt., Unit, Suite,	, and/or Bldg. No	.) or P.O. Route and	d Box No.:	FOR IN	ISURANCE COMPANY USE
					Policy N	umber:
City:	State: ZIP Code:		— Compar	y NAIC Number:		
			R HEIGHT INFO DR INSURANCE			ZONES
The property owner, owner's authori to determine the building's first floor nearest tenth of a foot (nearest tenth <i>Instructions) and the appropriate</i>	height for insur of a meter in l	rance purposes. Puerto Rico). Re i	Sections A, B, and ference the Found	l must also Iation Typ	be complete e Diagrams (d. Enter heights to the at the end of Section H
H1. Provide the height of the top of	the floor (as in	dicated in Found	ation Type Diagram	ns) above t	he Lowest Ad	jacent Grade (LAG):
a) For Building Diagrams 1A, floor (include above-grade floor subgrade crawlspaces or enclos	s only for buildi			_ D feet	D _{meters}	above the LAG
b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is:				_ D feet	D _{meters}	above the LAG
H2. Is all Machinery and Equipmen H2 arrow (shown in the Founda O Yes O NO						
SECTION I – PROPER		(OR OWNER'S	AUTHORIZED	REPRESE	ENTATIVE)	CERTIFICATION
The property owner or owner's authors <i>A</i> , <i>B</i> , and <i>H</i> are correct to the best of indicate in Item G2.b and sign Section Check here if attachments are pro-	f my knowledge on G. ovided (includin	e. Note: If the loo	al floodplain mana:	gement off	icial complete	d Section H, they should
Property Owner or Owner's Authoriz						
Address:						
City:				State:	ZIP	Code:
			Date:			
Telephone:	Ext.:	Email:				
Comments:						

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Su	iite, and/or Bldg.	No.) or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE		
			Policy Number:			
City:	State:	ZIP Code:	Company NAIC N	umber:		
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		

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
	Policy Number:
City: State: ZIP Code:	Company NAIC Number:
Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front or "Left Side View." When flood openings are present, include at least one close-up photograph of re 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

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				
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE			
A1. Building Owner's Name: _Giron Builders, Inc	Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:			
	7/5 0 1 70000			
City: Alexander State: Arkansas				
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Numl Lot 5 Jacob's Corner	ber:			
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:	AD 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: <u>1A</u>				
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 ØN/A			
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot a Non-engineered flood openings: Engineered flood openings: 	, ,			
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 Instruction	ns): 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 adjace Non-engineered flood openings:	cent grade:			
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 Instruction	ns): 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) INFOR	RMATION			
B1.a. NFIP Community Name: <u>Saline County</u> B1.b. NFIP Community Ider	ntification Number: 050191			
B2. County Name: <u>Saline</u> B3. State: <u>Arkansa</u> : B4. Map/Panel No.: (05125C0240 B5. Suffix: E			
B6. FIRM Index Date: <u>06-05-2020</u> B7. FIRM Panel Effective/Revised Date: <u>06-05-20</u>	020			
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	ase Flood Depth): 402.6			
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:				
B11. Indicate elevation datum used for BFE in Item B9: Second Se	Source:			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protection CBRS _OPA	cted Area (OPA)?			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No			

IMPORTANT: MUST FOLLOW THE	INSTRUCTIONS O	N PAGES 9)-19	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or 3420 Hilldale Road		FOR INSURANCE COMPANY USE		
City: Alexander State: Arkansas Z		Policy Number:		
		Company NAIC N	Number:	
SECTION C – BUILDING ELEVATION I	INFORMATION (S		EQUIRED)	
C1. Building elevations are based on: ☐Construction Drawings* *A new Elevation Certificate will be required when construction of t	Building Under C the building is complete		* Finished C	Construction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V A99. Complete Items C2.a–h below according to the Building Diag Benchmark Utilized: <u>ArDOT GPS Network</u> Ve		n A7. In Pue		
Indicate elevation datum used for the elevations in items a) through h) I NGVD 1929 VNAVD 1988 Other:	below.			
Datum used for building elevations must be the same as that used for t If Yes, describe the source of the conversion factor in the Section D Co		factor used		■No e measurement used:
a) Top of bottom floor (including basement, crawlspace, or enclos	ure floor):	404.6	feet	• meters
b) Top of the next higher floor (see Instructions):	_	N/A	feet	D meters
c) Bottom of the lowest horizontal structural member (see Instructi	ions):	N/A	feet	meters
d) Attached garage (top of slab):		404.6	🔽 feet	meters
 e) Lowest elevation of Machinery and Equipment (M&E) servicing (describe type of M&E and location in Section D Comments are 		404.6	🔽 feet	• meters
f) Lowest Adjacent Grade (LAG) next to building: Natural	Finished	404.6	🔽 feet	D meters
g) Highest Adjacent Grade (HAG) next to building: 🔲 Natural 👔	Finished	N/A	🗖 feet	D meters
 h) Finished LAG at lowest elevation of attached deck or stairs, inc support: 	•	404.6	🔽 feet	• meters
SECTION D – SURVEYOR, ENGINEE	R, OR ARCHITEC		ICATION	
This certification is to be signed and sealed by a land surveyor, engined I certify that the information on this Certificate represents my best effort statement may be punishable by fine or imprisonment under 18 U.S. Co	ts to interpret the dat			
Were latitude and longitude in Section A provided by a licensed land su	urveyor? ☑Yes	No		
Check here if attachments and describe in the Comments area.				
Certifier's Name: Kazi Islam, PE License	Number: <u>20876</u>		-	ATE
Title: Civil Enginner, PE			- ARI	KANSAS S
Company Name: <u>Hope Consulting</u>			- 000	* * *
Address: <u>129 North Main Street</u>			- PROF	ESSIONAL
City: Benton State: Arkansas ZIP Code: 72015				
	Date:		- NO	D. 20876
Telephone: Ext.: Email: Copy all pages of this Elevation Certificate and all attachments for (1) cowner. Comments (including source of conversion factor in C2; type of equipments)				

IMPORTANT: I	NUST FOLLOW TH	E INSTRUCTION	NS ON PAGES	6 9-19		
Building Street Address (including Apt., Unit, Suite	FOR INSURA	NCE COMPANY USE				
	Chatai	ZID Cada:		Policy Number:		
City:	Company NAI	C Number:				
SECTION E – BUILDING FOR ZONE A	MEASUREMENT O, ZONE AR/AC		•		D)	
For Zones AO, AR/AO, and A (without BFE), com intended to support a Letter of Map Change reque enter meters.						
Building measurements are based on: Const *A new Elevation Certificate will be required when	-			n* Finished	Construction	
E1. Provide measurements (C.2.a in applicable B measurement is above or below the natural F		or the following an	d check the ap	propriate boxes	to show whether the	
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		D feet	meters	above or	below the HAG.	
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		D feet	meters	above or	below the LAG.	
E2. For Building Diagrams 6–9 with permanent flo next higher floor (C2.b in applicable	ood openings provi	ded in Section A l	tems 8 and/or	9 (see pages 1–	2 of Instructions), the	
Building Diagram) of the building is:		feet	meters	above or	Delow the HAG.	
E3. Attached garage (top of slab) is:		🗖 feet	meters	above or	below the HAG.	
E4. Top of platform of machinery and/or equipme servicing the building is:	nt	D feet	meters	above or	below the HAG.	
E5. Zone AO only: If no flood depth number is av floodplain management ordinance?	ailable, is the top o D No D Un	f the bottom floor e known The le	elevated in acc ocal official mu	cordance with the ust certify this info	e community's ormation in Section G.	
SECTION F – PROPERTY OWNER	R (OR OWNER'S	AUTHORIZED	REPRESEN	TATIVE) CERT	IFICATION	
The property owner or owner's authorized represe sign here. <i>The statements in Sections A, B, and E</i>				ne A (without BF	E) or Zone AO must	
Check here if attachments and describe in the 0						
Property Owner or Owner's Authorized Represent						
Address:			Otata			
City:				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.:				Box No.:	FOR INSURANCE COMPANY USE			
				Policy Number:				
City:		State:	_ ZIP Code:		Company NAIC Number:			
	SECTION G - COMMUNITY INFORM	ATION (RECO		OMMUNIT			ON)	
	cal official who is authorized by law or ordina n A, B, C, E, G, or H of this Elevation Certific					dinance can com	plete	
G1.	The information in Section C was taken a engineer, or architect who is authorized data in the Comments area below.)							
G2.a.	A local official completed Section E for a completed for a building located in Zone	building located i AO.	in Zone A (without a	BFE), Zone	AO, or Zone	AR/AO, or wher	n item E5 is	
G2.b.	A local official completed Section H for in	nsurance purpose	es.					
G3.	In the Comments area of Section G, the	local official desc	ribes specific correct	tions to the ir	nformation in	Sections A, B, E	E and H.	
G4.	The following information (Items G5–G1	1) is provided for	community floodplair	n manageme	nt purposes			
G5.	Permit Number:	G6. Date P	ermit Issued:					
G7.	Date Certificate of Compliance/Occupancy	Issued:						
G8.	This permit has been issued for:	Construction	Substantial Improve	ment				
G9.a.	Elevation of as-built lowest floor (including building:	basement) of the		feet	D _{meters}	Datum:		
G9.b.	Elevation of bottom of as-built lowest horiz	ontal structural						
C10 o	member: . BFE (or depth in Zone AO) of flooding at th	o huilding oito:		_ D feet	D _{meters}	Datum:		
		-		feet	D _{meters}	Datum:		
GTU.D	Community's minimum elevation (or depth requirement for the lowest floor or lowest h member:		al	Dfeet	-	Datum		
G11.	Variance issued?	voc. attach docum	entation and describ	_		Datum:		
	cal official who provides information in Secti t to the best of my knowledge. If applicable,						that it is	
Local	Official's Name:		Title:					
	Community Monor							
Telepł								
Addre	SS:							
				State:	ZIP C	ode:		
	ents (including type of equipment and locati ns A, B, D, E, or H):	on, per C2.e; des	cription of any attach	nments; and	corrections t	o specific inform	ation in	

IN	IPORTANT: M	UST FOLLOW T	HE INSTRUCTION	IS ON PAC	GES 9-19			
Building Street Address (including A	pt., Unit, Suite,	, and/or Bldg. No	.) or P.O. Route and	d Box No.:	FOR IN	ISURANCE COMPANY USE		
	State: ZIP Code:		Policy N	umber:				
City:		State:	_ ZIP Code:		— Compar	y NAIC Number:		
			R HEIGHT INFO DR INSURANCE			ZONES		
The property owner, owner's authori to determine the building's first floor nearest tenth of a foot (nearest tenth <i>Instructions) and the appropriate</i>	height for insur of a meter in l	rance purposes. Puerto Rico). Re i	Sections A, B, and ference the Found	l must also Iation Typ	be complete e Diagrams (d. Enter heights to the at the end of Section H		
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, floor (include above-grade floor subgrade crawlspaces or enclos	s only for buildi			_ D feet	D _{meters}	above the LAG		
b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is:				_ D feet	D _{meters}	above the LAG		
H2. Is all Machinery and Equipmen H2 arrow (shown in the Founda O Yes O NO								
SECTION I – PROPER		(OR OWNER'S	AUTHORIZED	REPRESE	ENTATIVE)	CERTIFICATION		
The property owner or owner's authors <i>A</i> , <i>B</i> , and <i>H</i> are correct to the best of indicate in Item G2.b and sign Section Check here if attachments are pro-	f my knowledge on G. ovided (includin	e. Note: If the loo	al floodplain mana:	gement off	icial complete	d Section H, they should		
Property Owner or Owner's Authoriz								
Address:								
City:				State:	ZIP	Code:		
			Date:					
Telephone:	Ext.:	Email:						
Comments:								

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Su	iite, and/or Bldg.	No.) or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE			
			Policy Number:				
City:	State:	ZIP Code:	Company NAIC N	umber:			
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			

Continuation Page

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

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							
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE						
A1. Building Owner's Name: _Giron Builders, Inc	Policy Number:						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:						
	7/5 0 1 70000						
City: Alexander State: Arkansas							
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Numl Lot 4 Jacob's Corner	ber:						
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:	AD 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: <u>1A</u>							
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 ØN/A						
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot a Non-engineered flood openings: Engineered flood openings: 	, ,						
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 Instruction	ns): 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 adjace Non-engineered flood openings:	cent grade:						
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 Instruction	ns): 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) INFOR	RMATION						
B1.a. NFIP Community Name: <u>Saline County</u> B1.b. NFIP Community Ider	ntification Number: 050191						
B2. County Name: <u>Saline</u> B3. State: <u>Arkansa</u> : B4. Map/Panel No.: (05125C0240 B5. Suffix: E						
B6. FIRM Index Date: <u>06-05-2020</u> B7. FIRM Panel Effective/Revised Date: <u>06-05-20</u>	020						
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	ase Flood Depth): 403.0						
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:							
B11. Indicate elevation datum used for BFE in Item B9: INGVD 1929 VNAVD 1988	Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protection CBRS _OPA	cted Area (OPA)? □Yes ☑No						
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No						

	S ON PAGES	§ 9-19					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and 3420 Hilldale Road	FOR INSURANCE COMPANY USE						
City: Alexander State: Arkansas ZIP Code: 7200	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: <u>ArDOT GPS Network</u> Vertical Datum: <u>VAVD 1988</u>							
Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988							
Datum used for building elevations must be the same as that used for the BFE. Convers If Yes, describe the source of the conversion factor in the Section D Comments area.	sion factor us		■No ne measurement used:				
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	405.0	v feet	• meters				
b) Top of the next higher floor (see Instructions):	N/A	feet	D 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): 	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				
 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 at I certify that the information on this Certificate represents my best efforts to interpret the statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 100	data availabi						
Were latitude and longitude in Section A provided by a licensed land surveyor?	s 🔲No						
Check here if attachments and describe in the Comments area.							
Certifier's Name: <u>Kazi Islam, PE</u> License Number: <u>20876</u>		1000	NUD DOGO				
Title: _Civil Enginner, PE		- AR	KANSAS				
Company Name: Hope Consulting			* * *				
Address: <u>129 North Main Street</u>		LI	CENSED				
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):							
	- 0. 02.0, um		, <u>skeonnono</u>).				

IMPORTANT: I	NUST FOLLOW TH	E INSTRUCTION	NS ON PAGES	6 9-19			
Building Street Address (including Apt., Unit, Suite	e, and/or Bldg. No.)	or P.O. Route an	d Box No.:	FOR INSURA	NCE COMPANY USE		
	Policy Number:						
City:	Company NAI	C Number:					
SECTION E – BUILDING FOR ZONE A	MEASUREMENT O, ZONE AR/AC		•		D)		
For Zones AO, AR/AO, and A (without BFE), com intended to support a Letter of Map Change reque 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 B measurement is above or below the natural F		or the following an	d check the ap	propriate boxes	to show whether the		
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		D feet	meters	above or	below the HAG.		
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		D feet	meters	above or	below the LAG.		
E2. For Building Diagrams 6–9 with permanent flo next higher floor (C2.b in applicable	ood openings provi	ded in Section A l	tems 8 and/or	9 (see pages 1–	2 of Instructions), the		
Building Diagram) of the building is:		feet	meters	above or	Delow the HAG.		
E3. Attached garage (top of slab) is:		🗖 feet	meters	above or	below the HAG.		
E4. Top of platform of machinery and/or equipme servicing the building is:	nt	D feet	meters	above or	below the HAG.		
E5. Zone AO only: If no flood depth number is av floodplain management ordinance?	ailable, is the top o D No D Un	f the bottom floor e known The le	elevated in acc ocal official mu	cordance with the ust certify this info	e community's ormation in Section G.		
SECTION F – PROPERTY OWNER	R (OR OWNER'S	AUTHORIZED	REPRESEN	TATIVE) CERT	IFICATION		
The property owner or owner's authorized represe sign here. <i>The statements in Sections A, B, and E</i>				ne A (without BF	E) or Zone AO must		
Check here if attachments and describe in the 0							
Property Owner or Owner's Authorized Represent							
Address:			Otata				
City:				ZIP Code:			
		Date:					
Telephone: Ext.:	Email:						
Comments:							

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

Buildir	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COMPANY USE				
					Policy Nur	nber:			
City:		State:	_ ZIP Code:		Company NAIC Number:				
	SECTION G - COMMUNITY INFORM	ATION (RECO		OMMUNIT			ON)		
	cal official who is authorized by law or ordina n A, B, C, E, G, or H of this Elevation Certific					dinance can com	plete		
G1.	The information in Section C was taken a engineer, or architect who is authorized data in the Comments area below.)								
G2.a.	2.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 in	nsurance purpose	es.						
G3.	In the Comments area of Section G, the	local official desc	ribes specific correct	tions to the ir	nformation in	Sections A, B, E	E and H.		
G4.	The following information (Items G5–G1	1) is provided for	community floodplair	n manageme	nt purposes				
G5.	Permit Number:	G6. Date P	ermit Issued:						
G7.	Date Certificate of Compliance/Occupancy	Issued:							
G8.	This permit has been issued for:	Construction	Substantial Improve	ment					
G9.a.	Elevation of as-built lowest floor (including building:	basement) of the		feet	D _{meters}	Datum:			
G9.b.	Elevation of bottom of as-built lowest horiz	ontal structural							
C10 o	member: . BFE (or depth in Zone AO) of flooding at th	o huilding oito:		_ D feet	D _{meters}	Datum:			
		-		feet	D _{meters}	Datum:			
GTU.D	Community's minimum elevation (or depth requirement for the lowest floor or lowest h member:		al	Dfeet	-	Datum			
G11.	Variance issued?	voc. attach docum	entation and describ	_		Datum:			
	cal official who provides information in Secti t to the best of my knowledge. If applicable,						that it is		
Local	Official's Name:		Title:						
	Community Monor								
Telepł									
Addre	SS:								
				State:	ZIP C	ode:			
	ents (including type of equipment and locati ns A, B, D, E, or H):	on, per C2.e; des	cription of any attach	nments; and	corrections t	o specific inform	ation in		

IN	IPORTANT: M	UST FOLLOW T	HE INSTRUCTION	IS ON PAC	GES 9-19			
Building Street Address (including A	pt., Unit, Suite,	, and/or Bldg. No	.) or P.O. Route and	d Box No.:	FOR IN	ISURANCE COMPANY USE		
	State: ZIP Code:		Policy N	umber:				
City:		State:	_ ZIP Code:		— Compar	y NAIC Number:		
			R HEIGHT INFO DR INSURANCE			ZONES		
The property owner, owner's authori to determine the building's first floor nearest tenth of a foot (nearest tenth <i>Instructions) and the appropriate</i>	height for insur of a meter in l	rance purposes. Puerto Rico). Re i	Sections A, B, and ference the Found	l must also Iation Typ	be complete e Diagrams (d. Enter heights to the at the end of Section H		
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, floor (include above-grade floor subgrade crawlspaces or enclos	s only for buildi			_ D feet	D _{meters}	above the LAG		
b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is:				_ D feet	D _{meters}	above the LAG		
H2. Is all Machinery and Equipmen H2 arrow (shown in the Founda O Yes O NO								
SECTION I – PROPER		(OR OWNER'S	AUTHORIZED	REPRESE	ENTATIVE)	CERTIFICATION		
The property owner or owner's authors <i>A</i> , <i>B</i> , and <i>H</i> are correct to the best of indicate in Item G2.b and sign Section Check here if attachments are pro-	f my knowledge on G. ovided (includin	e. Note: If the loo	al floodplain mana:	gement off	icial complete	d Section H, they should		
Property Owner or Owner's Authoriz								
Address:								
City:				State:	ZIP	Code:		
			Date:					
Telephone:	Ext.:	Email:						
Comments:								

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Su	iite, and/or Bldg.	No.) or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE			
			Policy Number:				
City:	State:	ZIP Code:	Company NAIC N	umber:			
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			

Continuation Page

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

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	
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: _Giron Builders, Inc	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:
3420 Hilldale Road	
City: <u>Alexander</u> State: <u>Arkansas</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Lot 3 Jacob's Corner	ber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum:	AD 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: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): o.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 a 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 Instruction	ns): 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 to the structure of the structu	cent grade:
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 Instruction	ns): 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) INFOR	RMATION
B1.a. NFIP Community Name: <u>Saline County</u> B1.b. NFIP Community Ider	ntification Number: 050191
B2. County Name: <u>Saline</u> B3. State: <u>Arkansa</u> : B4. Map/Panel No.: (D5125C0240 B5. Suffix: E
B6. FIRM Index Date: <u>06-05-2020</u> B7. FIRM Panel Effective/Revised Date: <u>06-05-20</u>	020
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	ase Flood Depth): <u>403.3</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:	
B11. Indicate elevation datum used for BFE in Item B9: Second Se	Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protection CBRS _OPA	cted Area (OPA)?
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

IMPORTANT: MUST FOLLOW THE IN	ISTRUCTIONS ON P	AGES 9-19				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P 3420 Hilldale Road	D.: FOR	FOR INSURANCE COMPANY USE				
			Policy Number:			
City: <u>Alexander</u> State: <u>Arkansas</u> ZIF	- Code. <u>72002</u>	Comp	any NAIC N	lumber:		
SECTION C – BUILDING ELEVATION IN	FORMATION (SUR	VEY REQU	IRED)			
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the	Building Under Cons building is complete.	truction* (Finished C	Construction		
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30 A99. Complete Items C2.a–h below according to the Building Diagra Benchmark Utilized: <u>ArDOT GPS Network</u> Verti		'. In Puerto R				
Indicate elevation datum used for the elevations in items a) through h) be ONGVD 1929 NAVD 1988 Other:	low.					
Datum used for building elevations must be the same as that used for the If Yes, describe the source of the conversion factor in the Section D Com		tor used?	✓Yes Check the	■No e measurement used:		
a) Top of bottom floor (including basement, crawlspace, or enclosure	e floor): 405.	.3	☑ feet	• meters		
b) Top of the next higher floor (see Instructions):	<u>N/A</u>	,	feet	meters		
c) Bottom of the lowest horizontal structural member (see Instruction	ns): <u>N/A</u>		feet	meters		
d) Attached garage (top of slab):	405	.3	🔽 feet	meters		
 e) Lowest elevation of Machinery and Equipment (M&E) servicing th (describe type of M&E and location in Section D Comments area) 		.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 <u>N/A</u>		feet	meters		
 h) Finished LAG at lowest elevation of attached deck or stairs, includ support: 	ding structural405.	.3	🔽 feet	• meters		
SECTION D – SURVEYOR, ENGINEER,	OR ARCHITECT C		ION			
This certification is to be signed and sealed by a land surveyor, engineer, I certify that the information on this Certificate represents my best efforts a statement may be punishable by fine or imprisonment under 18 U.S. Cod	to interpret the data av					
Were latitude and longitude in Section A provided by a licensed land surv	reyor? 🛛 Yes 🗖 N	10				
Check here if attachments and describe in the Comments area.						
Certifier's Name: Kazi Islam, PE License No	umber: <u>20876</u>		0000	ATE OF		
Title: <u>Civil Enginner, PE</u>			ARK	ANSAS		
Company Name: <u>Hope Consulting</u>			1 ×	**		
Address: 129 North Main Street			PROFI	CENSED SIGNAL		
City: <u>Benton</u> State: <u>Arkansa</u>	PROFESSIONAL					
Date: NO. 20876						
Telephone: Ext.: Email: Copy all pages of this Elevation Certificate and all attachments for (1) con owner. owner.						
Comments (including source of conversion factor in C2; type of equipmer	nt and location per C2.	e; and descr	ption of any	attachments):		

IMPORTANT: I	NUST FOLLOW TH	E INSTRUCTION	NS ON PAGES	6 9-19		
Building Street Address (including Apt., Unit, Suite	e, and/or Bldg. No.)	or P.O. Route an	d Box No.:	FOR INSURA	NCE COMPANY USE	
	Chatai	ZID Cada:		Policy Number:		
City: State: ZIP Code:					C Number:	
SECTION E – BUILDING FOR ZONE A	MEASUREMENT O, ZONE AR/AC		•		D)	
For Zones AO, AR/AO, and A (without BFE), com intended to support a Letter of Map Change reque enter meters.						
Building measurements are based on: Const *A new Elevation Certificate will be required when	-			n* Finished	Construction	
E1. Provide measurements (C.2.a in applicable B measurement is above or below the natural F		or the following an	d check the ap	propriate boxes	to show whether the	
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		D feet	meters	above or	below the HAG.	
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		D feet	meters	above or	below the LAG.	
E2. For Building Diagrams 6–9 with permanent flo next higher floor (C2.b in applicable	ood openings provi	ded in Section A l	tems 8 and/or	9 (see pages 1–	2 of Instructions), the	
Building Diagram) of the building is:		feet	meters	above or	Delow the HAG.	
E3. Attached garage (top of slab) is:		🗖 feet	meters	above or	below the HAG.	
E4. Top of platform of machinery and/or equipme servicing the building is:	nt	D feet	meters	above or	below the HAG.	
E5. Zone AO only: If no flood depth number is av floodplain management ordinance?	ailable, is the top o D No D Un	f the bottom floor e known The le	elevated in acc ocal official mu	cordance with the ust certify this info	e community's ormation in Section G.	
SECTION F – PROPERTY OWNER	R (OR OWNER'S	AUTHORIZED	REPRESEN	TATIVE) CERT	IFICATION	
The property owner or owner's authorized represe sign here. <i>The statements in Sections A, B, and E</i>				ne A (without BF	E) or Zone AO must	
Check here if attachments and describe in the 0						
Property Owner or Owner's Authorized Represent						
Address:			Otata			
City:				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							
				Policy Nur	nber:						
City:		State:	_ ZIP Code:		Company NAIC Number:						
	SECTION G - COMMUNITY INFORM	ATION (RECO		OMMUNIT			ON)				
	cal official who is authorized by law or ordina n A, B, C, E, G, or H of this Elevation Certific					dinance can com	plete				
G1.	The information in Section C was taken a engineer, or architect who is authorized data in the Comments area below.)										
G2.a.	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 in	nsurance purpose	es.								
G3.	In the Comments area of Section G, the	local official desc	ribes specific correct	tions to the ir	nformation in	Sections A, B, E	E and H.				
G4.	The following information (Items G5–G1	1) is provided for	community floodplair	n manageme	nt purposes						
G5.	Permit Number:	G6. Date P	ermit Issued:								
G7.	Date Certificate of Compliance/Occupancy	Issued:									
G8.	This permit has been issued for:	Construction	Substantial Improve	ment							
G9.a.	Elevation of as-built lowest floor (including building:	basement) of the		feet	D _{meters}	Datum:					
G9.b.	Elevation of bottom of as-built lowest horiz	ontal structural									
C10 o	member: . BFE (or depth in Zone AO) of flooding at th	o huilding oito:		_ D feet	D _{meters}	Datum:					
		-		feet	D _{meters}	Datum:					
GTU.D	Community's minimum elevation (or depth requirement for the lowest floor or lowest h member:		al	Dfeet	-	Datum					
G11.	Variance issued?	voc. attach docum	entation and describ	_		Datum:					
	cal official who provides information in Secti t to the best of my knowledge. If applicable,						that it is				
Local	Official's Name:		Title:								
	Community Monor										
Telepł											
Addre	SS:										
				State:	ZIP C	ode:					
	ents (including type of equipment and locati ns A, B, D, E, or H):	on, per C2.e; des	cription of any attach	nments; and	corrections t	o specific inform	ation in				

IN	IPORTANT: M	UST FOLLOW T	HE INSTRUCTION	IS ON PAC	GES 9-19	
Building Street Address (including A	pt., Unit, Suite,	, and/or Bldg. No	.) or P.O. Route and	d Box No.:	FOR IN	ISURANCE COMPANY USE
	: State: ZIP Code:		Policy N	umber:		
City:		State:	_ ZIP Code:		— Compar	y NAIC Number:
			R HEIGHT INFO DR INSURANCE			ZONES
The property owner, owner's authori to determine the building's first floor nearest tenth of a foot (nearest tenth <i>Instructions) and the appropriate</i>	height for insur of a meter in l	rance purposes. Puerto Rico). Re i	Sections A, B, and ference the Found	l must also Iation Typ	be complete e Diagrams (d. Enter heights to the at the end of Section H
H1. Provide the height of the top of	the floor (as in	dicated in Found	ation Type Diagram	ns) above t	he Lowest Ad	jacent Grade (LAG):
a) For Building Diagrams 1A, floor (include above-grade floor subgrade crawlspaces or enclos	s only for buildi			_ D feet	D _{meters}	above the LAG
b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is:				_ D feet	D _{meters}	above the LAG
H2. Is all Machinery and Equipmen H2 arrow (shown in the Founda O Yes O NO						
SECTION I – PROPER		(OR OWNER'S	AUTHORIZED	REPRESE	ENTATIVE)	CERTIFICATION
The property owner or owner's authors <i>A</i> , <i>B</i> , and <i>H</i> are correct to the best of indicate in Item G2.b and sign Section Check here if attachments are pro-	f my knowledge on G. ovided (includin	e. Note: If the loo	al floodplain mana:	gement off	icial complete	d Section H, they should
Property Owner or Owner's Authoriz						
Address:						
City:				State:	ZIP	Code:
			Date:			
Telephone:	Ext.:	Email:				
Comments:						

See Instructions for Item A6.

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

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
	Policy Number:
City: State: ZIP Code:	Company NAIC Number:
Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front or "Left Side View." When flood openings are present, include at least one close-up photograph of re 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

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	
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: _Giron Builders, Inc	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:
	7/5 0 1 70000
City: Alexander State: Arkansas	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Lot 2 Jacob's Corner	ber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum: D /	AD 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: <u>1A</u>	
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 ØN/A
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot a Non-engineered flood openings: Engineered flood openings: 	, ,
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 Instruction	ns): 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 adjace Non-engineered flood openings:	cent grade:
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 Instruction	ns): 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) INFOR	RMATION
B1.a. NFIP Community Name: <u>Saline County</u> B1.b. NFIP Community Ider	ntification Number: 050191
B2. County Name: <u>Saline</u> B3. State: <u>Arkansa</u> : B4. Map/Panel No.: (05125C0240 B5. Suffix: E
B6. FIRM Index Date: <u>06-05-2020</u> B7. FIRM Panel Effective/Revised Date: <u>06-05-20</u>	020
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	ase Flood Depth): 403.8
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:	
B11. Indicate elevation datum used for BFE in Item B9: Solution NGVD 1929 Solution NAVD 1988 Other/solution Nava 1988 Other/solution Nava 1988 Solution Nava 1988	Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protection CBRS _OPA	cted Area (OPA)? □Yes ☑No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

IMPORTANT: MUST FOLLOW THE INSTRU	CTIONS ON PAGES	S 9-19				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rol 3420 Hilldale Road	FOR INSURAN	ICE COMPANY USE				
City: Alexander State: Arkansas ZIP Code:	Policy Number:					
		Company NAIC	Number:			
SECTION C – BUILDING ELEVATION INFORM	ATION (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 NGVD 1988						
Datum used for building elevations must be the same as that used for the BFE. O If Yes, describe the source of the conversion factor in the Section D Comments a			No ne 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 buildi (describe type of M&E and location in Section D Comments area): 	feet	• meters				
f) Lowest Adjacent Grade (LAG) next to building: Natural Finishe	d <u>405.8</u>	🔽 feet	meters			
g) Highest Adjacent Grade (HAG) next to building: Natural Finishe	d <u>N/A</u>	🗖 feet	meters			
 Finished LAG at lowest elevation of attached deck or stairs, including struster support: 	uctural <u>405.8</u>	🔽 feet	• meters			
SECTION D – SURVEYOR, ENGINEER, OR A	RCHITECT CERT	IFICATION				
This certification is to be signed and sealed by a land surveyor, engineer, or arch I certify that the information on this Certificate represents my best efforts to interp statement may be punishable by fine or imprisonment under 18 U.S. Code, Sect	pret the data availab					
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: <u>Kazi Islam, PE</u> License Number:	20876	1000				
Title: _Civil Enginner, PE		APPAR	KANSAS			
Company Name: Hope Consulting			* * *			
Address: 129 North Main Street		DPOF	CENSED			
City: Benton State: Arkansas ZIP Code: 72015 ENGINEER						
Date: NO. 20876						
Telephone: Ext.: Email: Copy all pages of this Elevation Certificate and all attachments for (1) community owner. owner. Comments (including source of conversion factor in C2; type of equipment and loging source)						
	poi o2.o, un		,			

IMPORTANT: I	NUST FOLLOW TH	E INSTRUCTION	NS ON PAGES	6 9-19		
Building Street Address (including Apt., Unit, Suite	e, and/or Bldg. No.)	or P.O. Route an	d Box No.:	FOR INSURA	NCE COMPANY USE	
	Chatai	ZID Cada:		Policy Number:		
City: State: ZIP Code:					C Number:	
SECTION E – BUILDING FOR ZONE A	MEASUREMENT O, ZONE AR/AC		•		D)	
For Zones AO, AR/AO, and A (without BFE), com intended to support a Letter of Map Change reque enter meters.						
Building measurements are based on: Const *A new Elevation Certificate will be required when	-			n* Finished	Construction	
E1. Provide measurements (C.2.a in applicable B measurement is above or below the natural F		or the following an	d check the ap	propriate boxes	to show whether the	
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		D feet	meters	above or	below the HAG.	
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		D feet	meters	above or	below the LAG.	
E2. For Building Diagrams 6–9 with permanent flo next higher floor (C2.b in applicable	ood openings provi	ded in Section A l	tems 8 and/or	9 (see pages 1–	2 of Instructions), the	
Building Diagram) of the building is:		feet	meters	above or	Delow the HAG.	
E3. Attached garage (top of slab) is:		🗖 feet	meters	above or	below the HAG.	
E4. Top of platform of machinery and/or equipme servicing the building is:	nt	D feet	meters	above or	below the HAG.	
E5. Zone AO only: If no flood depth number is av floodplain management ordinance?	ailable, is the top o D No D Un	f the bottom floor e known The le	elevated in acc ocal official mu	cordance with the ust certify this info	e community's ormation in Section G.	
SECTION F – PROPERTY OWNER	R (OR OWNER'S	AUTHORIZED	REPRESEN	TATIVE) CERT	IFICATION	
The property owner or owner's authorized represe sign here. <i>The statements in Sections A, B, and E</i>				ne A (without BF	E) or Zone AO must	
Check here if attachments and describe in the 0						
Property Owner or Owner's Authorized Represent						
Address:			Otata			
City:				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							
				Policy Nur	nber:						
City:		State:	_ ZIP Code:		Company NAIC Number:						
	SECTION G - COMMUNITY INFORM	ATION (RECO		OMMUNIT			ON)				
	cal official who is authorized by law or ordina n A, B, C, E, G, or H of this Elevation Certific					dinance can com	plete				
G1.	The information in Section C was taken a engineer, or architect who is authorized data in the Comments area below.)										
G2.a.	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 in	nsurance purpose	es.								
G3.	In the Comments area of Section G, the	local official desc	ribes specific correct	tions to the ir	nformation in	Sections A, B, E	E and H.				
G4.	The following information (Items G5–G1	1) is provided for	community floodplair	n manageme	nt purposes						
G5.	Permit Number:	G6. Date P	ermit Issued:								
G7.	Date Certificate of Compliance/Occupancy	Issued:									
G8.	This permit has been issued for:	Construction	Substantial Improve	ment							
G9.a.	Elevation of as-built lowest floor (including building:	basement) of the		feet	D _{meters}	Datum:					
G9.b.	Elevation of bottom of as-built lowest horiz	ontal structural									
C10 o	member: . BFE (or depth in Zone AO) of flooding at th	o huilding oito:		_ D feet	D _{meters}	Datum:					
		-		feet	D _{meters}	Datum:					
GTU.D	Community's minimum elevation (or depth requirement for the lowest floor or lowest h member:		al	Dfeet	-	Datum					
G11.	Variance issued?	voc. attach docum	entation and describ	_		Datum:					
	cal official who provides information in Secti t to the best of my knowledge. If applicable,						that it is				
Local	Official's Name:		Title:								
	Community Monor										
Telepł											
Addre	SS:										
				State:	ZIP C	ode:					
	ents (including type of equipment and locati ns A, B, D, E, or H):	on, per C2.e; des	cription of any attach	nments; and	corrections t	o specific inform	ation in				

IN	IPORTANT: M	UST FOLLOW T	HE INSTRUCTION	IS ON PAC	GES 9-19	
Building Street Address (including A	pt., Unit, Suite,	, and/or Bldg. No	.) or P.O. Route and	d Box No.:	FOR IN	ISURANCE COMPANY USE
	State: ZIP Code:		Policy N	umber:		
City:		State:	_ ZIP Code:		— Compar	y NAIC Number:
			R HEIGHT INFO DR INSURANCE			ZONES
The property owner, owner's authori to determine the building's first floor nearest tenth of a foot (nearest tenth <i>Instructions) and the appropriate</i>	height for insur of a meter in l	rance purposes. Puerto Rico). Re i	Sections A, B, and ference the Found	l must also Iation Typ	be complete e Diagrams (d. Enter heights to the at the end of Section H
H1. Provide the height of the top of	the floor (as in	dicated in Found	ation Type Diagram	ns) above t	he Lowest Ad	jacent Grade (LAG):
a) For Building Diagrams 1A, floor (include above-grade floor subgrade crawlspaces or enclos	s only for buildi			_ D feet	D _{meters}	Dabove the LAG
b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is:				_ D feet	D _{meters}	above the LAG
H2. Is all Machinery and Equipmen H2 arrow (shown in the Founda O Yes O NO						
SECTION I – PROPER		(OR OWNER'S		REPRESE	ENTATIVE)	CERTIFICATION
The property owner or owner's authors <i>A</i> , <i>B</i> , and <i>H</i> are correct to the best of indicate in Item G2.b and sign Section Check here if attachments are pro-	f my knowledge on G. ovided (includin	e. Note: If the loo	al floodplain mana:	gement off	icial complete	d Section H, they should
Property Owner or Owner's Authoriz						
Address:						
City:				State:	ZIP	Code:
			Date:			
Telephone:	Ext.:	Email:				
Comments:						

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Su	iite, and/or Bldg.	No.) or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE
			Policy Number:	
City:	State:	ZIP Code:	Company NAIC N	umber:
Instructions: Insert below at least two and when to take front and back pictures of townhouses/ro "Right Side View," or "Left Side View." Photogra up photograph of representative flood openings	owhouses). Ident aphs must show t	ify all photographs with the date take the foundation. When flood openings	n and "Front View,"	"Rear View,"
		Photo One		
Photo One Caption:				Clear Photo One
		Photo Two		
Photo Two Caption:				Clear Photo Two

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
	Policy Number:
City: State: ZIP Code:	Company NAIC Number:
Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front or "Left Side View." When flood openings are present, include at least one close-up photograph of re 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

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	
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: _Giron Builders, Inc	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box	Company NAIC Number:
3420 Hilldale Road	
City: <u>Alexander</u> State: <u>Arkansas</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Lot 1 Jacob's Corner	ber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. <u>34.393150 N</u> Long. <u>92.29165 W</u> Horizontal Datum:	AD 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: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): 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 a Non-engineered flood openings: Engineered flood openings: 	, ,
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 Instruction	ns): 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 adjace in the attached garage within the attached garage within 1.0 foot	cent grade:
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 Instruction	ns): 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) INFOR	RMATION
B1.a. NFIP Community Name: <u>Saline County</u> B1.b. NFIP Community Iden	ntification Number: 050191
B2. County Name: <u>Saline</u> B3. State: <u>Arkansa</u> : B4. Map/Panel No.: (05125C0240 B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u> B7. FIRM Panel Effective/Revised Date: <u>06-05-20</u>	020
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	Base Flood Depth): <u>404.0</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:	
B11. Indicate elevation datum used for BFE in Item B9: Second Se	Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation	cted Area (OPA)? □Yes ☑No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

IMPORTANT: MUST FOLLOW THE I	NSTRUCTIONS ON P	PAGES 9-19				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or F 3420 Hilldale Road	0	FOR INSURANCE COMPANY USE				
City: Alexander State: Arkansas ZI	-	Policy Number:				
	Comp	Company NAIC Number:				
SECTION C – BUILDING ELEVATION IN	FORMATION (SUR		RED)			
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 A99. Complete Items C2.a–h below according to the Building Diagra Benchmark Utilized: <u>ArDOT GPS Network</u> Vert		7. In Puerto R				
Indicate elevation datum used for the elevations in items a) through h) be NGVD 1929 MNAVD 1988 Other:	elow.					
Datum used for building elevations must be the same as that used for the If Yes, describe the source of the conversion factor in the Section D Com		ctor used?	✓Yes Check the	No measurement used:		
a) Top of bottom floor (including basement, crawlspace, or enclosur	re floor): 406	6.0	☑ feet	• meters		
b) Top of the next higher floor (see Instructions):	N/A	A	feet	• meters		
c) Bottom of the lowest horizontal structural member (see Instruction	ns): <u>N/A</u>	A	feet	meters		
d) Attached garage (top of slab):	406	6.0	🔽 feet	• meters		
 e) Lowest elevation of Machinery and Equipment (M&E) servicing the (describe type of M&E and location in Section D Comments area) 		6.0	🔽 feet	• meters		
f) Lowest Adjacent Grade (LAG) next to building: 🔲 Natural 🔲	Finished 406	5.0	🔽 feet	D meters		
g) Highest Adjacent Grade (HAG) next to building: 🔲 Natural 🗌	Finished <u>N/A</u>	۹	🔲 feet	D meters		
 h) Finished LAG at lowest elevation of attached deck or stairs, inclu support: 	iding structural	6.0	🔽 feet	meters		
SECTION D – SURVEYOR, ENGINEER	, OR ARCHITECT (CERTIFICAT	ION			
This certification is to be signed and sealed by a land surveyor, engineer I certify that the information on this Certificate represents my best efforts statement may be punishable by fine or imprisonment under 18 U.S. Coo	to interpret the data a					
Were latitude and longitude in Section A provided by a licensed land surv	veyor? 🛛 Yes 🔲	No				
Check here if attachments and describe in the Comments area.						
Certifier's Name: Kazi Islam, PE License N	lumber: <u>20876</u>		10000	ATE OF		
Title: <u>Civil Enginner, PE</u>			ARK	ANSAS		
Company Name: Hope Consulting			*	**		
Address: 129 North Main Street			PROFI	ENSED Essional		
City: Benton State: Arkansas ZIP Code: 72015 ENGINEER						
Date:						
Telephone: Ext.: Email: Copy all pages of this Elevation Certificate and all attachments for (1) concern. Comments (including source of conversion factor in C2; type of equipments)						

IMPORTANT: MU	ST FOLLOW THE INST	RUCTION	IS ON PAGES				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3420 Hilldale Road					FOR INSURANCE COMPANY USE		
City: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72015</u>				Company NAI	C Number:		
SECTION E – BUILDING ME FOR ZONE AO,	EASUREMENT INFOI ZONE AR/AO, AND		•		D)		
For Zones AO, AR/AO, and A (without BFE), comple intended to support a Letter of Map Change request, enter meters.							
Building measurements are based on: Construct *A new Elevation Certificate will be required when co	ction Drawings* Building Distruction of the building	•		* D Finished	Construction		
E1. Provide measurements (C.2.a in applicable Build measurement is above or below the natural HAC		lowing an	d check the ap	propriate boxes	to show whether the		
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is: 		C 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 floor	d openings provided in S	ection A I	tems 8 and/or	9 (see pages 1–2	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 availa floodplain management ordinance?	able, is the top of the bot				e community's ormation in Section G.		
SECTION F - PROPERTY OWNER (OR OWNER'S AUTH	ORIZED	REPRESEN	TATIVE) CERT	IFICATION		
The property owner or owner's authorized representa sign here. The statements in Sections A, B, and E ar				ne A (without BF	E) or Zone AO must		
Check here if attachments and describe in the Cor		,	-9-				
Property Owner or Owner's Authorized Representation	ve Name:						
Address:							
City:			State:	ZIP Code:			
		Data					
Telephone: Ext.:	Email:						
Comments:							
conments.							

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

Buildir	ng Street Address (i	ncluding A	Apt., Unit, Sui	te, and/or Bldg. No.)	or P.O. Route and	Box No.:	FOR INS	URANCE COMPANY USE	
3420	Hilldale Road						Policy Number:		
City:	y: <u>Alexander</u> State: <u>Arkansas</u> ZIP Code: <u>72002</u> Company NAIC Number:								
	SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)								
				inance to administer t ificate. Complete the				dinance can complete	
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 concernence of the completed for a	ompleted : building lo	Section E for ocated in Zor	a building located in ne AO.	Zone A (without a	ı BFE), Zone	e AO, or Zone	AR/AO, or when item E5 is	
G2.b.	A local official c	ompleted	Section H for	insurance purposes.					
G3.	In the Comment	ts area of	Section G, th	e local official describ	oes specific correct	tions to the	information ir	Sections A, B, E and H.	
G4.	The following in	formation	(Items G5–G	(11) is provided for co	mmunity floodplai	in managerr	nent purposes		
G5.	Permit Number:			G6. Date Per	mit Issued:				
G7.	Date Certificate of	^f Complian	nce/Occupan	cy Issued:					
G8.	This permit has be	een issued	for:	w Construction	ubstantial Improve	ement			
G9.a.	Elevation of as-bu building:	ilt lowest f	floor (includin	g basement) of the		feet	D _{meters}	Datum:	
G9.b.	Elevation of bottor member:	m of as-bu	ilt lowest hor	izontal structural		feet	D _{meters}	Datum:	
G10.a	. BFE (or depth in Z	Zone AO) o	of flooding at	the building site:		Dfeet		Datum:	
G10.b	Community's minin requirement for the member:			th in Zone AO) horizontal structural			_		
G11.	Variance issued?		-			_ D feet	• meters	Datum:	
••••		Yes	D _{No} I	f yes, attach documer	ntation and descril	be in the Co	mments area		
				ction G must sign here e, I have also provide				ion G and certify that it is a of this section.	
Local	Official's Name:				Title:				
NFIP (Community Name:							_	
Teleph	ione:		Ext.:	Email:					
Addres	ss:								
City:						State:	ZIP C	Code:	
					Date:				
Comm	ents (including type	e of equipr	ment and loca	ation, per C2.e; descr				to specific information in	
Sectio	ns A, B, D, E, or H)	:							

IM	PORTANT: M	UST FOLLOW T	HE INSTRUCTION	IS ON PAC	GES 9-19	
Building Street Address (including A	ot., Unit, Suite,	, and/or Bldg. No.)) or P.O. Route and	d Box No.:	FOR IN	ISURANCE COMPANY USE
<u>3420 Hilldale Road</u>				Policy N	umber:	
City: <u>Alexander</u>	ander State: Arkansas ZIP Code: 72015		— Compar	y NAIC Number:		
			R HEIGHT INFO R INSURANCE			ZONES
The property owner, owner's authoriz to determine the building's first floor nearest tenth of a foot (nearest tenth <i>Instructions) and the appropriate</i>	height for insur of a meter in I	rance purposes. S Puerto Rico). Ref	Sections A, B, and erence the Found	l must also lation Typ e	be complete e Diagrams (d. Enter heights to the at the end of Section H
H1. Provide the height of the top of t	the floor (as in	dicated in Founda	tion Type Diagram	ns) above t	he Lowest Ad	ljacent Grade (LAG):
a) For Building Diagrams 1A, floor (include above-grade floors subgrade crawlspaces or enclos	s only for buildi			feet	D _{meters}	above the LAG
b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is:				feet	D _{meters}	above the LAG
H2. Is all Machinery and Equipment H2 arrow (shown in the Foundat O Yes O NO						
SECTION I – PROPER	TY OWNER	(OR OWNER'S	AUTHORIZED I	REPRESE	ENTATIVE)	CERTIFICATION
The property owner or owner's author <i>A</i> , <i>B</i> , and <i>H</i> are correct to the best of indicate in Item G2.b and sign Section Check here if attachments are pro-	f my knowledg on G.	e. Note: If the loc	al floodplain mana	gement off	icial complete	ed Section H, they should
Property Owner or Owner's Authorize	ed Representa	ative Name:				
Address:						
City:				State:	ZIP	Code:
			Date:			
Telephone:	Ext.:	Email:				
Comments:						

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suit	te, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE
3420 Hilldale Road		Policy Number:	
City: Alexander	State: Arkansas ZIP Code: 72002	Company NAIC N	umber:
to take front and back pictures of townhouses/row	possible four photographs showing each side of the l whouses). Identify all photographs with the date take whs must show the foundation. When flood openings or vents, as indicated in Sections A8 and A9.	n and "Front View,"	"Rear View,"
	Photo One		
Photo One Caption:			Clear Photo One
	Photo Two		
			I
Photo Two Caption:			Clear Photo Two

Continuation Page

	uding Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY US
420 Hilldale Road		Policy Number:
y: <u>Alexander</u>	State: <u>Arkansas</u> ZIP Code: <u>72002</u>	Company NAIC Number:
	otographs below. Identify all photographs with the date taken and "From bod openings are present, include at least one close-up photograph of r and A9.	
	Photo Three	
oto Three Caption:		Clear Photo Th
	Photo Four	
oto Four Caption:		Clear Photo Fo