



Bryant Planning Commission Meeting

Boswell Municipal Complex - City Hall Court Room

210 SW 3rd Street

YouTube: <https://www.youtube.com/c/bryantarkansas>

Date: November 13, 2023 - **Time:** 6:00 PM

Call to Order

Approval of Minutes

1. Planning Commission Meeting Minutes 10/9/2023

- [2023-10-09 Planning Commision Meeting.pdf](#)

Announcements

Director's Report

DRC Report

2. Schrader Commercial Addition - Shady Pine Storage - Site Plan Addition

BASCON Construction - Requesting Approval for Non-Standard Building - RECOMMENDED APPROVAL

3. Cornerstone Montessori Christian Academy - 4910 Springhill Road - Site Plan

Steven Nuckols - Requesting Non-Standard Building Approval and Approval for Time frame of Temporary Classroom - NO RECOMMENDATION

4. Marketplace II Subdivision - Lot 21 - Site Plan

GarNat Engineering - Requesting Site Plan Approval - RECOMMENDED APPROVAL

5. Jacob's Corner Subdivision - Final Plat

Hope Consulting - Requesting Final Plat Approval - RECOMMENDED APPROVAL

6. AR Storage Center - Avery LN - Fencing

Finley and Company - Requesting Approval for New Fencing around portion of Facility - APPROVED

- [0797-PLN-01.pdf](#)

7. Gracepoint Church - 5094 HWY 5 - New Parking Lot

Gracepoint Church - Requesting Approval for New Parking Lot - APPROVED

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

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

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

- [0806-PLN-01.pdf](#)

9. Marketplace II Subdivision - Lot 20 - Site Plan

GarNat Engineering - Requesting Site Plan Approval - APPROVED

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

10. Crash Champions Collision Repair - 22578 I-30 - Sign Permit

Ace Sign Company - Requesting Sign Permit Approval - STAFF APPROVED

- [0788-PLN-01.pdf](#)

11. Starbucks - 20701 I-30 - Sign Permit

Pinnacle Signs Requesting Sign Permit Approval - STAFF APPROVED

- [0792-PLN-03.pdf](#)
- [0792-PLN-02.pdf](#)
- [0792-PLN-01.pdf](#)

12. Murphy USA - 403 Bryant Ave - Sign Permit

National Signs and Service - Requesting Sign Permit Approval - STAFF APPROVED

- [0794-PLN-01.pdf](#)

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

Siez Sign Company - Requesting Sign Permit Approval - STAFF APPROVED

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

14. Tobacco & Vape - 5311 HWY 5, Ste 340 - Sign Permit

Provence Signs - Requesting Sign Permit Approval - STAFF APPROVED

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

15. Ample Storage - 5210 HWY 5 - Sign Permit

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

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

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

Action Signs - Requesting Sign Permit Approval - STAFF APPROVED

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

Old Business

New Business

17. Schrader Commercial Addition - Shady Pine Storage - Site Plan Addition

BASCON Construction - Requesting Approval for Non-Standard Building

- [0798-PLN-03.pdf](#)
- [0798-NSB-01.pdf](#)
- [0798-BLD-01.pdf](#)

18. Cornerstone Montessori Christian Academy - 4910 Springhill Road - Site Plan

Steven Nuckols - Requesting Non-Standard Building Approval and Approval for Time frame of Temporary Classroom

- [0770-FIRELTR-01.pdf](#)
- [0770-PLN-03.pdf](#)
- [0770-ELV-01.pdf](#)

19. Marketplace II Subdivision - Lot 21 - Site Plan

GarNat Engineering - Requesting Site Plan Approval

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

20. Jacob's Corner Subdivision - Final Plat

Hope Consulting - Requesting Final Plat Approval

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

Adjournments



Bryant Planning Commission Meeting Minutes

Monday, October 9, 2023

Boswell Municipal Complex – City Hall Courtroom

6:00 PM

Agenda

CALL TO ORDER

- Chairman Rick Johnson calls the meeting to order.
- Commissioners Present: Johnson, Statton, Hooten, Edwards, Penfield, Erwin, Speed
- Commissioners Absent: Burgess

ANNOUNCEMENTS

None

APPROVAL OF MINUTES

1. Planning Commission Meeting Minutes 09/11/2023

Motion to Approve Minutes made by Commissioner Edwards, Seconded by Commissioner Hooten. Voice Vote, 7 Yays, 0 nays. Burgess Absent.

2. Special Planning Commission Meeting Minutes 9/25/2023

Motion to Approve Minutes made by Commissioner Statton, Seconded by Commissioner Edwards. Voice Vote, 7 Yays, 0 nays. Burgess Absent.

Commissioner Erwin read the DRC Report.

DRC REPORT

3. River Valley Golf Carts - 25612 I-30 - Sign Permit

Pinnacle Signs - Requesting Sign Permit Approval - STAFF APPROVED

- 4. McComb's Medical - 606 West Commerce** - Sign Permit
L Graphics - Requesting Sign Permit Approval - STAFF APPROVED
- 5. AutoSave Arcade - 5313 Hwy 5** - Sign Permit
Ace Sign Company - Requesting Sign Permit Approval - STAFF APPROVED
- 6. Vision Roofing - 107 Progress Way STE 800** - Sign Permit
L Graphics - Requesting Sign Permit Approval - STAFF APPROVED
- 7. O'Kay Nails and Spa - 209 Roya Lane** - Sign Permit
L Graphics - Requesting Sign Permit Approval - STAFF APPROVED
- 8. EyeCare Center of Saline County** - Final Plat Approval
Richardson Engineering - Requesting Approval for Final Plat - RECOMMENDED APPROVAL
- 9. Hilldale Crossing Phase 3** - Final Plat Approval
Hope Engineering - Requesting Approval for Final Plat - RECOMMENDED APPROVAL - Contingent upon Remaining Comments being met.
- 10. Summerwoods Sports Complete - Gym 3** - Site Plan/Replat/Non-Standard Building Approval
Phillip Lewis Engineering - Requesting Approval for Site Plan, Replat, and Non-Standard Building Approval - RECOMMENDED APPROVAL

NEW BUSINESS

- 11. Eyecare Center of Saline County** - Plat Approval
Richardson Engineering - Requesting Approval for Plat
After brief discussion on the item, Chairman Johnson called for a roll call vote to approve. 7 yays, 0 nays, Burgess Absent
- 12. Hilldale Crossing Phase 3** - Final Plat Approval
Hope Consulting - Requesting Approval for Final Plat
After brief discussion on the item, Chairman Johnson called for a roll call vote to approve with the contingency of receiving the sewer maintenance Bond or Letter for Line of Credit before the filing of the Plat. 7 yays, 0 nays, Burgess Absent.
- 13. Summerwoods Sports Complex - Gym 3** - Site Plan/Replat/Non-Standard Building Approval
Phillip Lewis Engineering - Requesting Approval for Site Plan, Replat, and Non-Standard Building Approval

After brief discussion on the item and the requests being made, Chairman Johnson called for a roll call vote to approve. 7 yays, 0 nays, Burgess Absent

DIRECTOR'S REPORT

No Director's Report

ADJOURNMENT

Motion to Adjourn made by Commissioner Penfield, Seconded by Commissioner Statton. Voice Vote, 7 Yays, 0 nays. Burgess Absent. Meeting was adjourned.

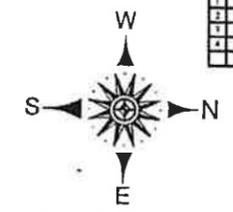
Chairman, Rick Johnson

Date

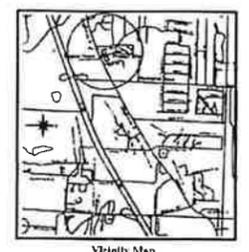
Secretary, Tracy Picanco

Date

1	12-16-21	CR
2	12-16-21	CR
3	1-2-22	CR
4	1-3-22	CR

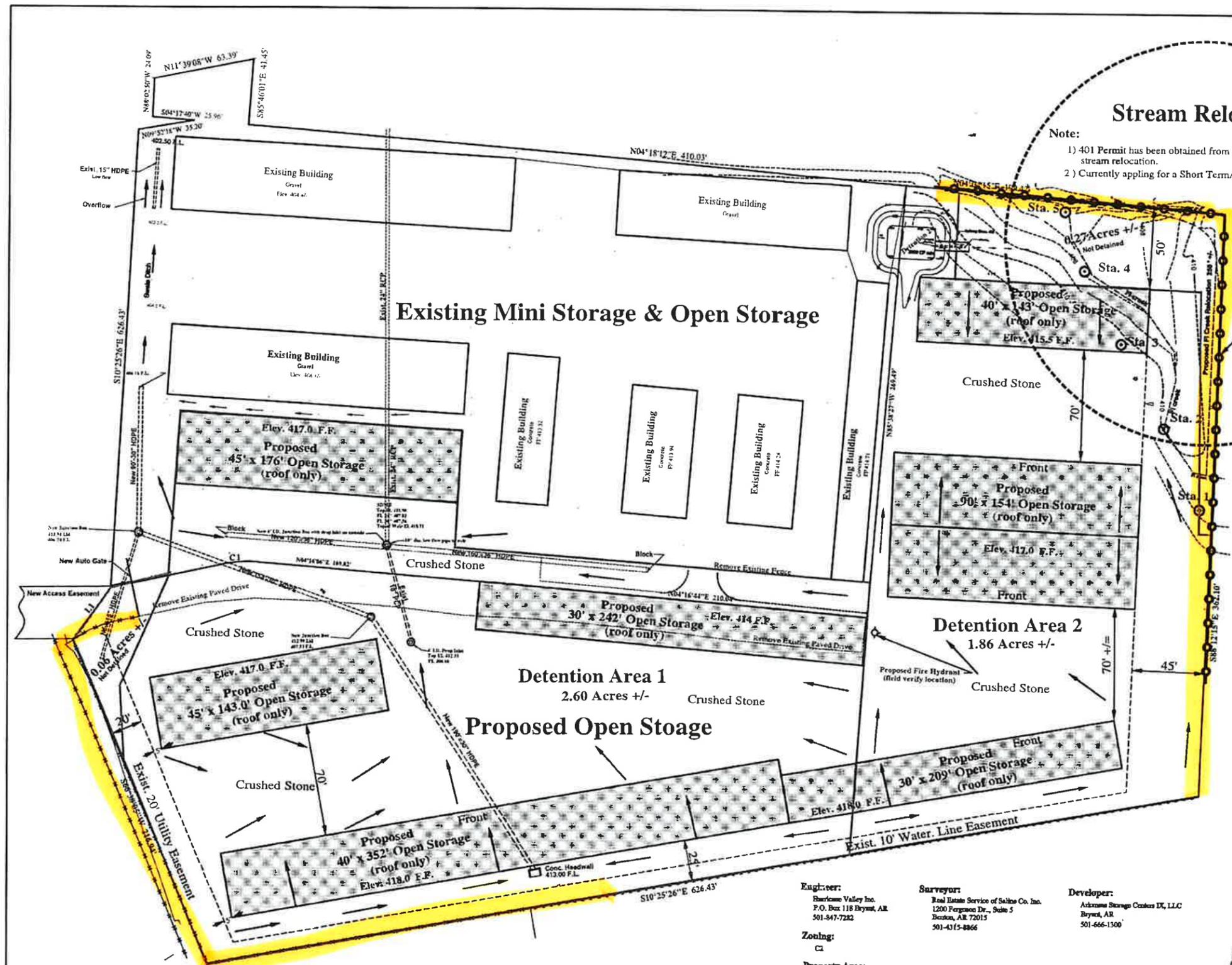


BASIS OF BEARING IS
GRID NORTH ARKANSAS
SOUTH ZONE
NAD83
VERTICAL DATUM
NAVD 88



Stream Relocation

- Note:
- 1) 401 Permit has been obtained from the COE in Vickburg for stream relocation.
 - 2) Currently applying for a Short Term Activity Authorization from ADEQ.



Sta. 1	34°37'02.71"	92°31'11.32"
Sta. 2	34°37'02.49"	92°31'11.89"
Sta. 3	34°37'02.21"	92°31'12.52"
Sta. 4	34°37'01.98"	92°31'13.06"
Sta. 5	34°37'01.85"	92°31'13.49"

Legal Description.
That portion of the SE1/4 of SE1/4, Section 20, T-1-S, R-14-W, Saline County, Arkansas, described as beginning at the NW corner of said SE1/4 of SE1/4, run thence N 87°16'02" W, along the north line thereof a distance of 284.76 feet; thence N 09°52'18" W, a distance of 35.20 feet; thence S 04°17'40" W, a distance of 25.96 feet; thence N 88°02'50" W, a distance of 24.09 feet; thence N 11°39' 08" W, a distance of 63.39 feet; thence S 85°46'01" E, a distance of 41.45 feet; thence N 04°18'12" E, a distance of 410.03 feet; thence N 04°04'15" E, a distance of 199.42 feet; thence S 88°12'15" E, a distance of 362.10 feet; thence S 10°25'26" E, a distance of 626.43 feet; thence S 66°38'05" W, a distance of 216.94 feet; thence N 54°38'24" W, a distance of 40.56 feet to the point of beginning, containing 6.96 Acres, more or less.

LINE	BEARING	DISTANCE
LI	N54°31'16" W	40.56'

LINE	CHORD BEARING	RADIUS	DELTA	CHORD
CI	N04°04'34" W	78.00'	16°40'55"	22.63'

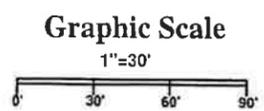
Engineer:
Hurricane Valley Inc.
P.O. Box 118 Bryant, AR
501-847-7282

Surveyor:
Real Estate Service of Saline Co. Inc.
1200 Ferguson Dr., Suite 5
Benton, AR 72015
501-4315-8866

Developer:
Arkansas Storage Centers IX, LLC
Bryant, AR
501-666-1300

Zoning:
C1

Property Area:
6.96 Acres, 303,178 SF



HURRICANE VALLEY INC. <i>Professional Engineering Consultants</i>		Open Storage Site-Grading Plan Bryant, Arkansas	
P.O. BOX 118 BRYANT, ARKANSAS	501-847-7282	HVI Job No. 16047	
SCALE: 1" = 30'	DATE: 9-01-21	1 OF 1	

12:40



3D

FINN CIR

New Pavement
~11,000 SF

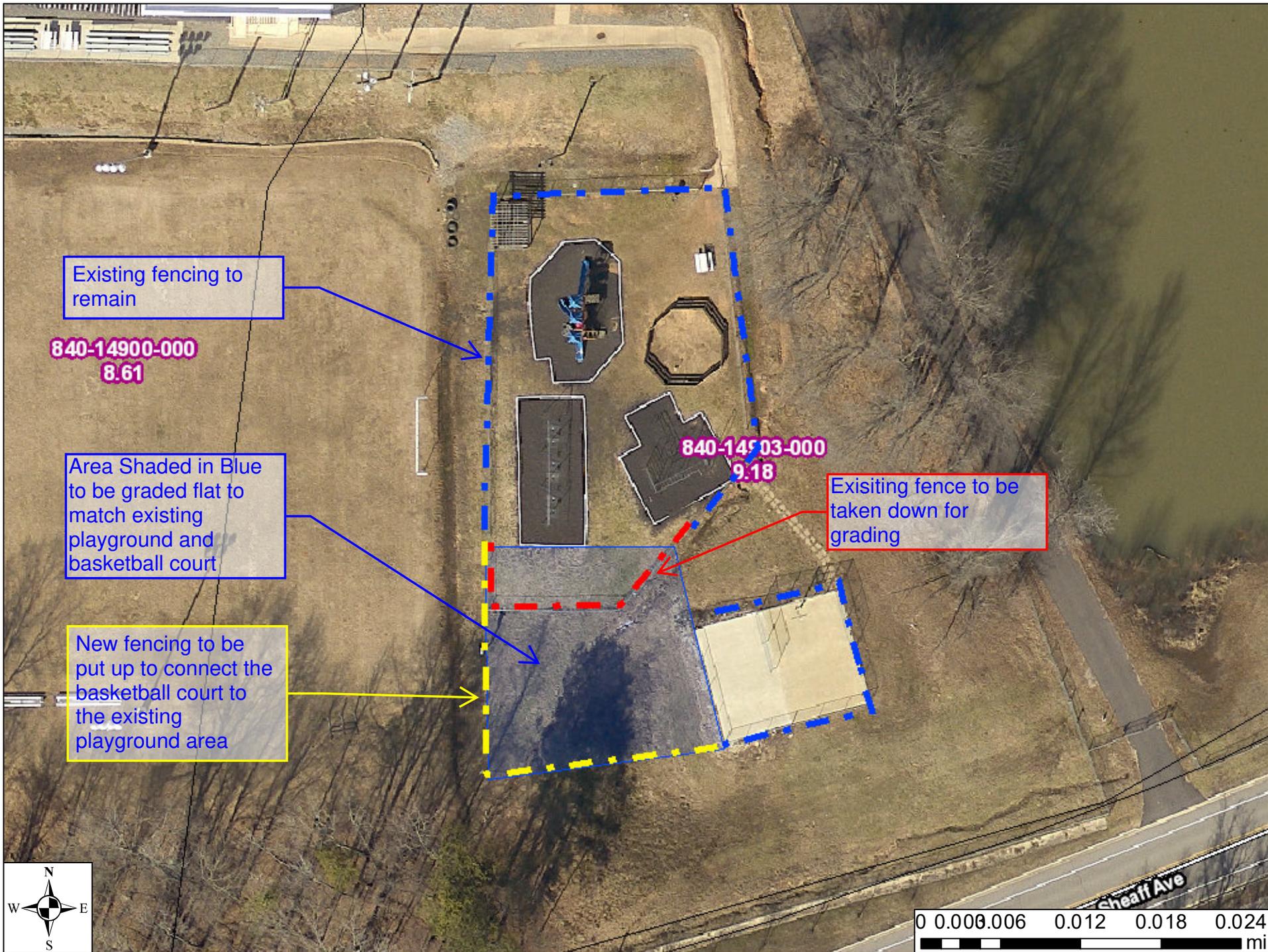
5094

77°
AQI 50

5094 AR-5

Address · [Bryant, Arkansas](#)





Existing fencing to remain

840-14900-000
8.61

Area Shaded in Blue to be graded flat to match existing playground and basketball court

840-14503-000
9.18

Existing fence to be taken down for grading

New fencing to be put up to connect the basketball court to the existing playground area



0 0.006 0.012 0.018 0.024 mi

Shearff Ave

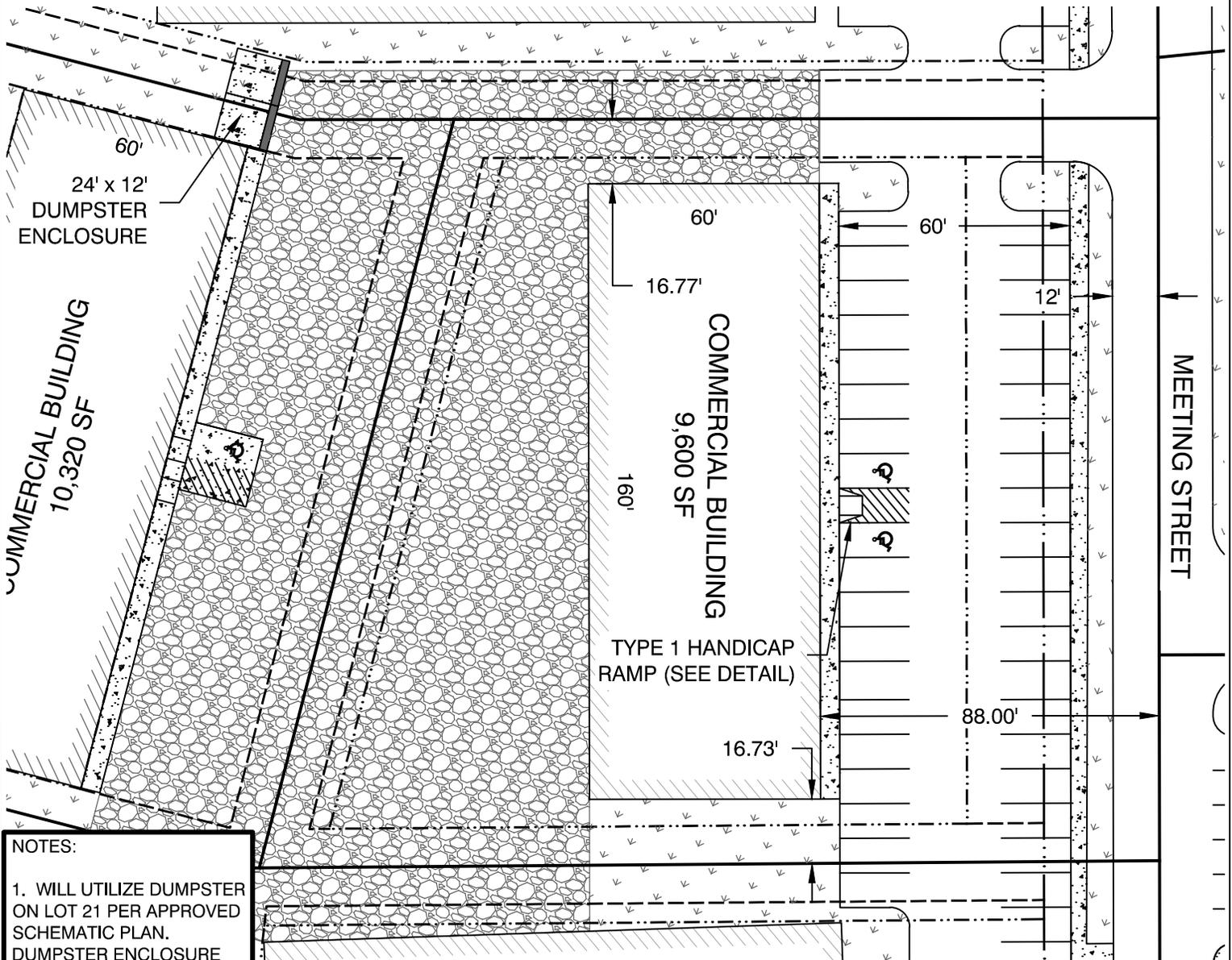
P.O. Box 116 3825 Mt Carmel Rd
 Benton, AR 72018 Bryant, AR 72022
 Ph (501) 408-4650 garnatengineering@gmail.com

FOR EXCLUSIVE USE & BENEFIT OF:

Name: BART FERGUSON

LEGEND

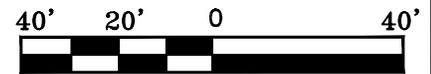
- △ - Computed point
- - Found monument
- - Set #4 RB/Plas. Cap
- (M)-Measured
- (R)-Record
- (P)-Platted



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

PROPERTY DESCRIPTION:

LOT 20



JOB NUMBER:

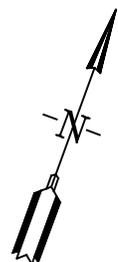
**18087
 MARKET PLACE II
 PHASE 3**

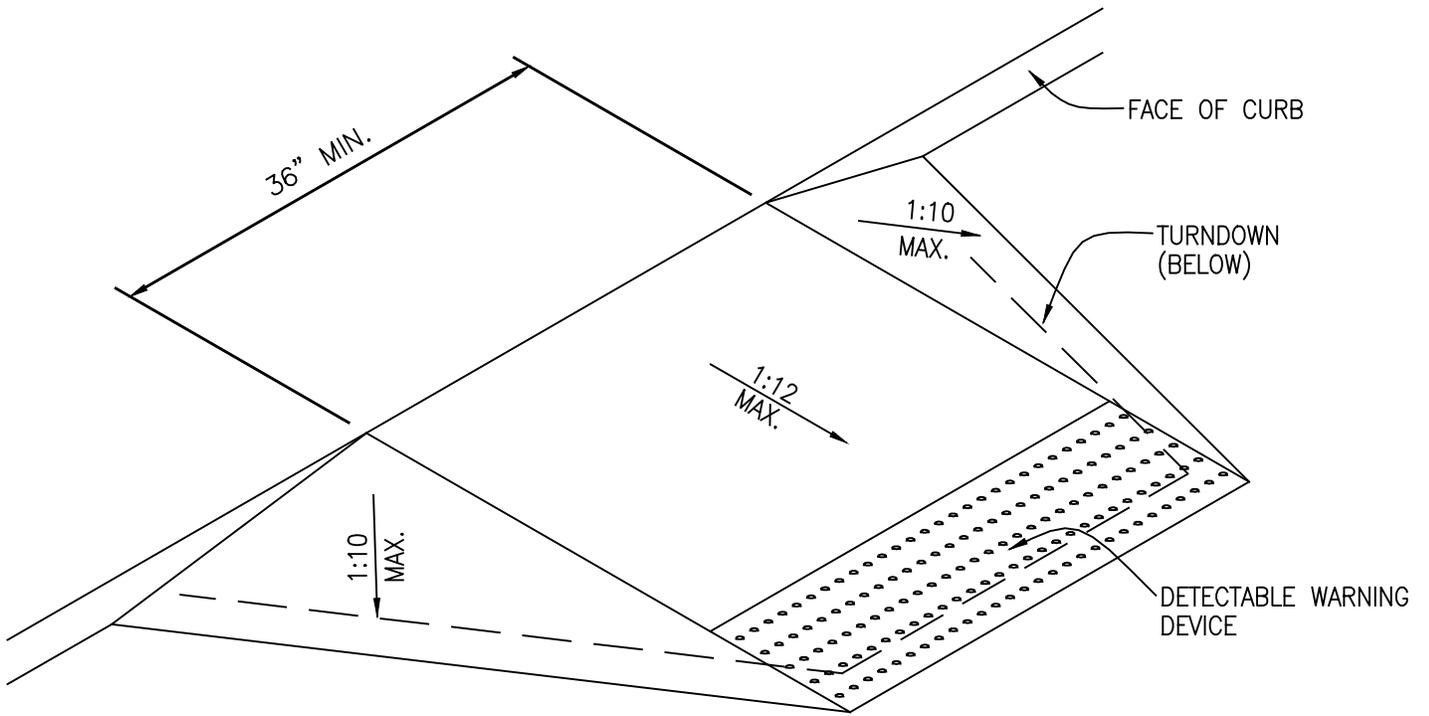
10/04/23

PLOT PLAN

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

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



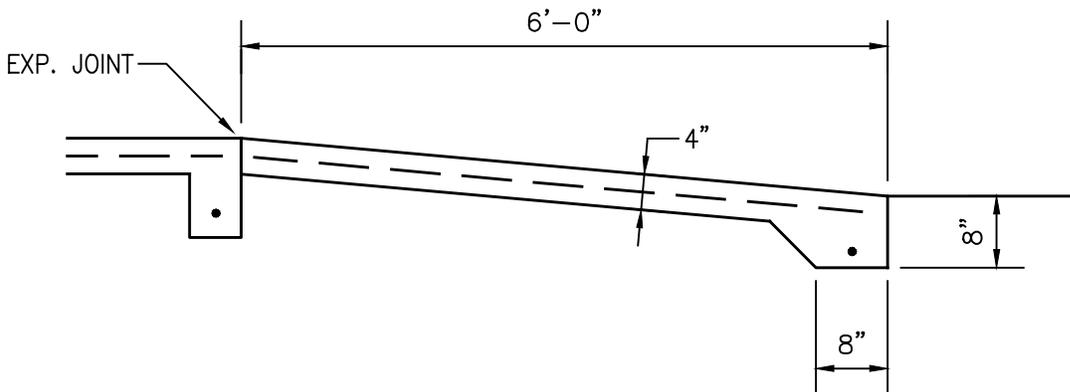


NOTE: THE LEAST POSSIBLE SLOPE SHALL BE USED FOR ANY RAMP. THE MAXIMUM SLOPE SHALL BE 1:12. THE MAXIMUM RISE FOR ANY RUN SHALL BE 30"

TYPE 1 HANDICAP RAMP DETAIL

5

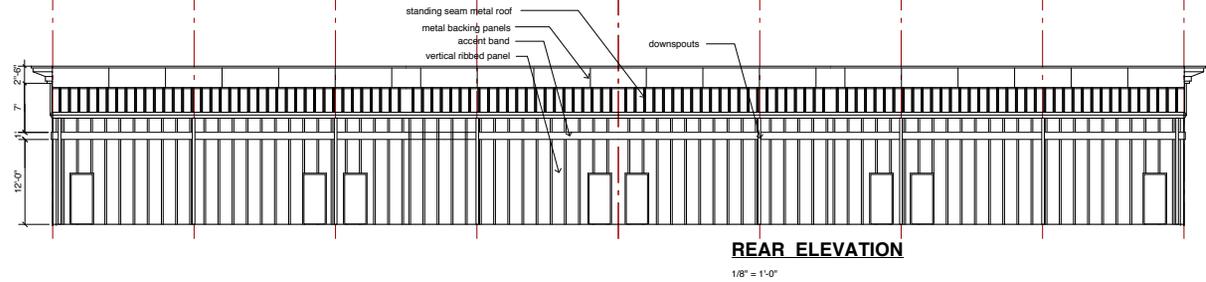
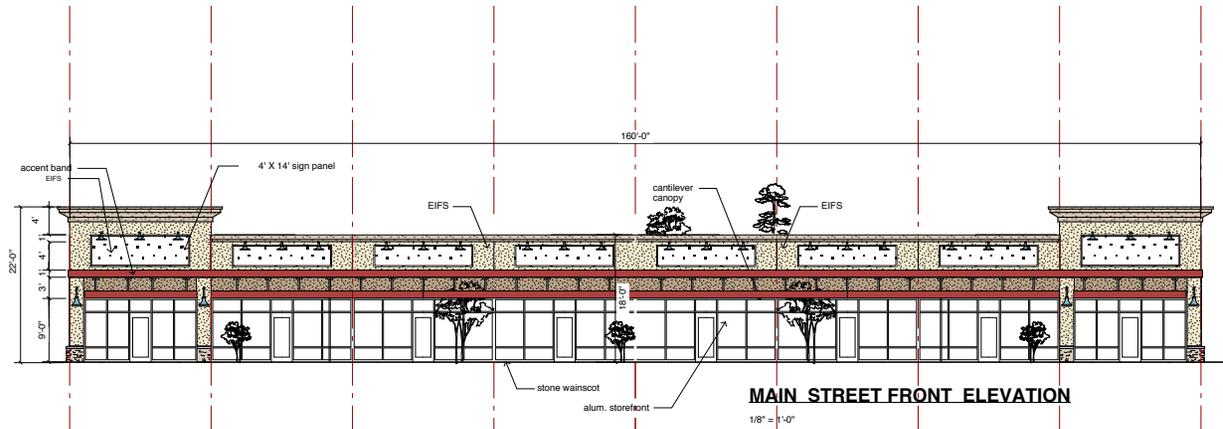
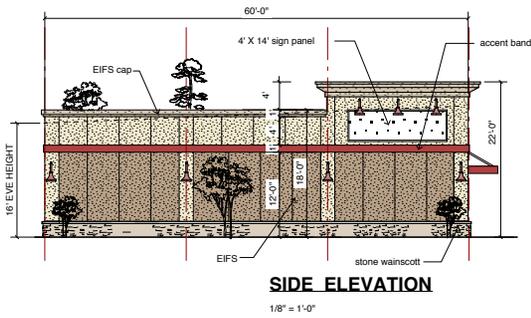
NOT TO SCALE



TYPE 1 HANDICAP RAMP SECTION

7

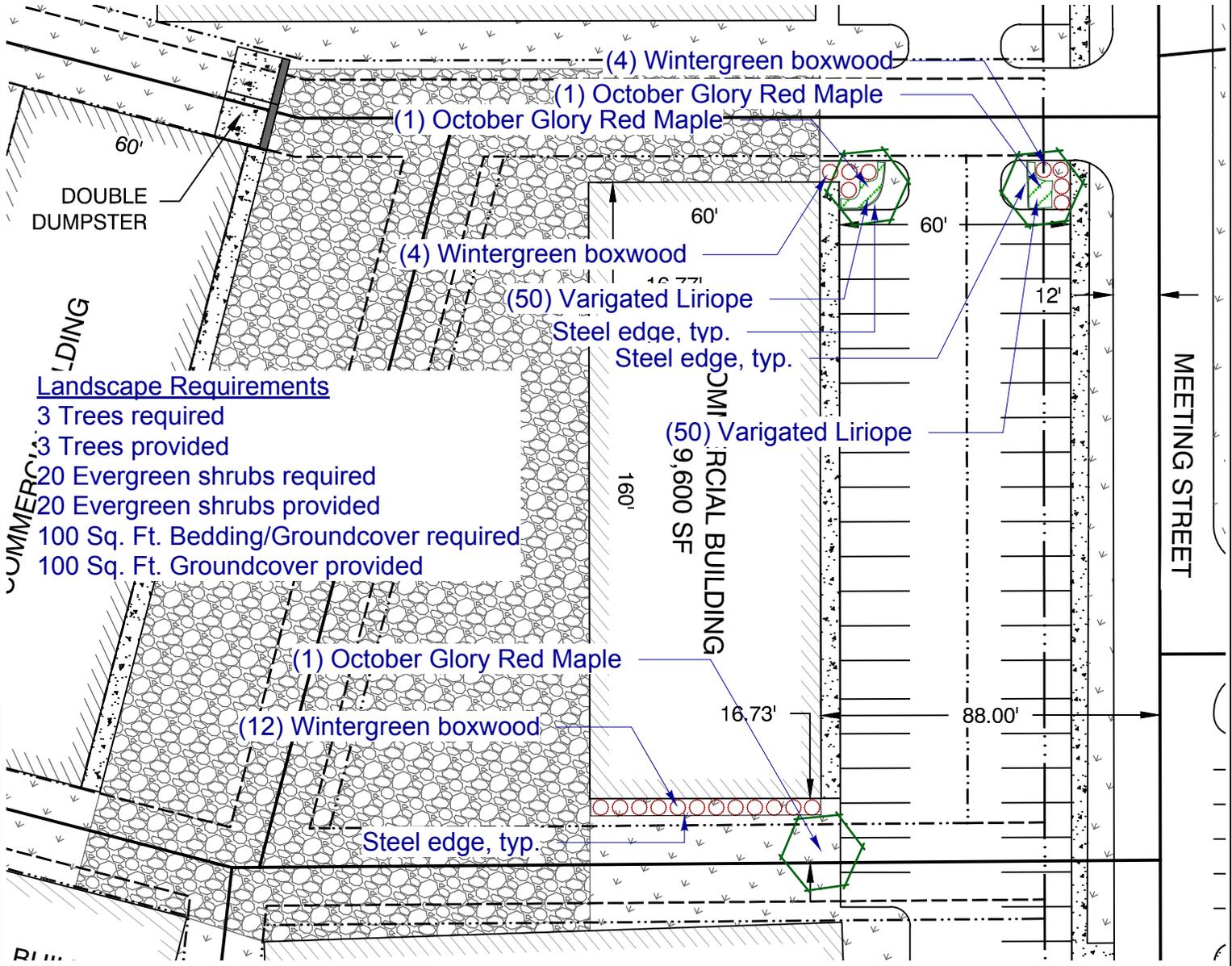
NOT TO SCALE



Name: BART FERGUSON

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

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



Landscape Requirements

- 3 Trees required
- 3 Trees provided
- 20 Evergreen shrubs required
- 20 Evergreen shrubs provided
- 100 Sq. Ft. Bedding/Groundcover required
- 100 Sq. Ft. Groundcover provided

PROPERTY DESCRIPTION:

LOT 20



JOB NUMBER:

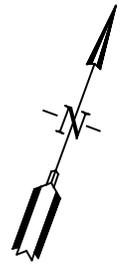
**18087
 MARKET PLACE II
 PHASE 3**

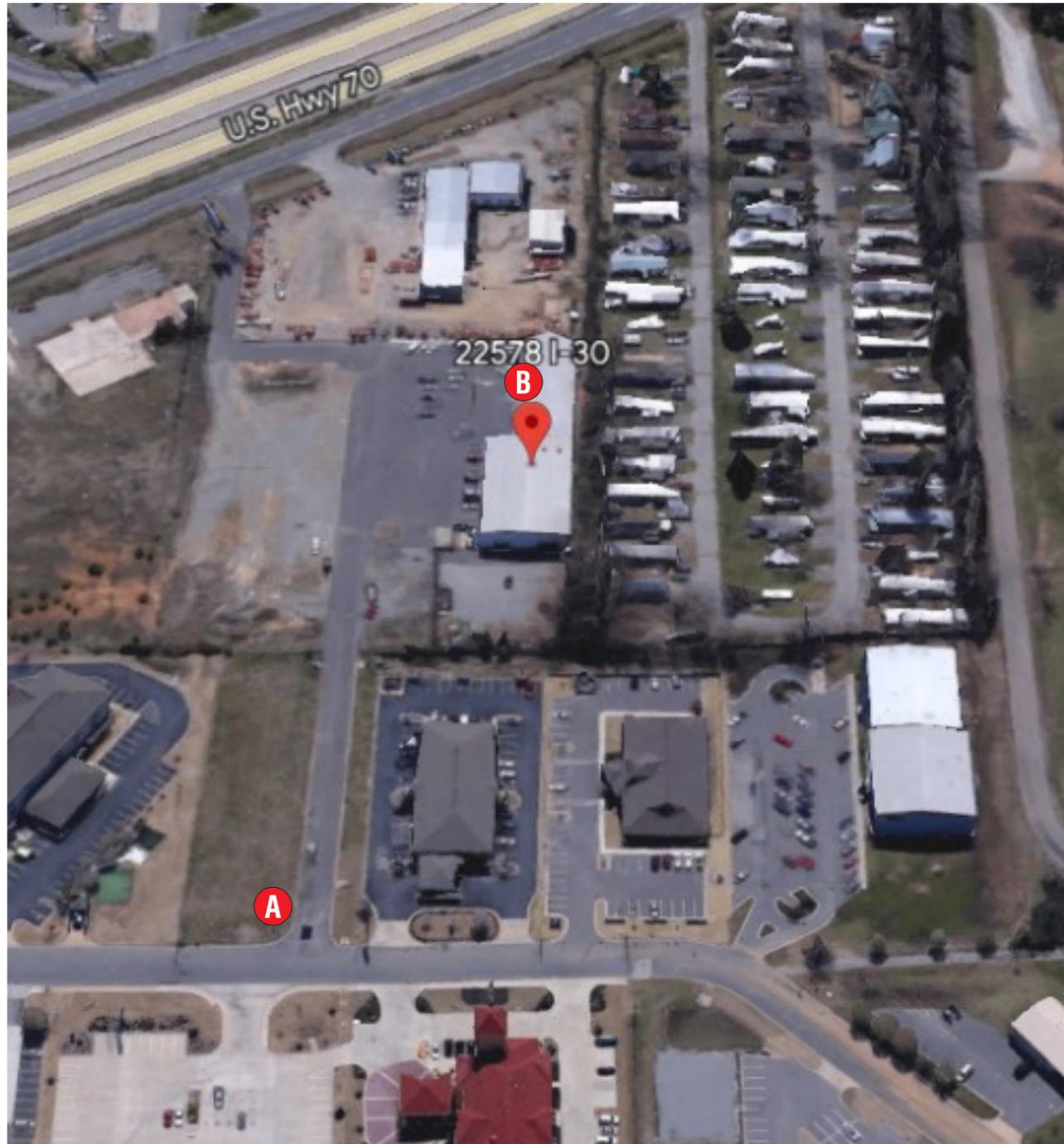
10/04/23

PLOT PLAN

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

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





AERIAL SITE PLAN | NTS

SIGN SCHEDULE

- A** GROUND SIGN REPLACEMENT FACE | ONE (1) REQ
- B** WALL SIGN | ONE (1) REQ

GENERAL NOTES

- INSTALLER SHALL VERIFY WALL CONDITIONS IN THE FIELD
- TYPE, SIZE & QUANTITY OF FASTENERS TO BE DETERMINED
- ALL BOLT HOLES TO BE DRILLED OR PUNCHED
- ISOLATE ALL ALUMINUM FROM STEEL.

NEW & REMODEL CONSTRUCTION
ADEQUATE BEHIND THE WALL BACKING AND ACCESS IS REQUIRED FOR THE INSTALLATION OF NEW SIGNAGE. CUSTOMER TO FORWARD APPROVED SIGNAGE DRAWINGS TO THE ON SITE CONTACT TO INSURE THAT THE REQUIRED PROVISIONS ARE MADE DURING CONSTRUCTION, PRIOR TO THE SIGN INSTALLATION.

INSTALLER REQUIREMENTS FOR EIFS WALLS
IT IS THE RESPONSIBILITY OF THE INSTALLATION CONTRACTOR TO PROVIDE ANY WALL SPACERS REQUIRED TO KEEP EIFS WALL MATERIAL FROM BEING COMPACTED DURING INSTALLATION OF ANY MOUNTING BOLTS REQUIRED FOR SIGNAGE.

INSTALLER REQUIREMENTS
ALL INSTALLATION (MOUNTING) HARDWARE AND SECONDARY WIRING COMPONENTS, CONDUIT & CONNECTORS, ETC ARE TO BE PROVIDED BY THE INSTALLATION CONTRACTOR

ALL WALL PENETRATIONS TO BE SEALED WITH SILICONE TO HELP PREVENT MOISTURE PENETRATION @ EXTERIOR LOCATIONS.

ANY DEVIATION FROM FEDERAL HEALTH REQUIREMENTS MAY RESULT IN DAMAGE TO OR IMPROPER OPERATION OF SIGNAGE, CAUSING DELAYS AND ADDITIONAL COSTS.

CUSTOMER TO PROVIDE DEDICATED BRANCH CIRCUITS FOR SIGNS ONLY PER NEC CODE 600.5

ALL BRANCH CIRCUITS FOR SIGNS MUST BE TOTALLY DEDICATED TO SIGNS (INCLUDING DEDICATED GROUND & NEUTRAL, PER CIRCUIT) AND SHALL NOT BE SHARED WITH OTHER LOADS (SUCH AS LIGHTING, A/C and OTHER EQUIPMENT). PROPERLY SIZED GROUND WIRE THAT CAN BE TRACED BACK TO THE BREAKER PANEL IS REQUIRED.

NUMBER AND SIZE OF CIRCUITS FOR EACH SIGN MUST MEET FEDERAL HEALTH SIGN REQUIREMENTS.

ALL ELECTRICAL SIGNS SHALL CONFORM TO THE REQUIREMENTS OF ARTICLE 600 OF THE N.E.C. AND U.L. 48 ALONG WITH OTHER APPLICABLE STATE & LOCAL CODE REQUIREMENTS. THIS INCLUDES PROPER GROUNDING AND BONDING OF THE SIGN

120V - 20 AMP (PRIMARY ELECTRICAL SERVICE) CIRCUITS AND FINAL CONNECTION TO EACH SIGN, TO WITHIN 6 FT TO BE BY THE CUSTOMER'S CERTIFIED ELECTRICIAN. NUMBER AND SIZE OF CIRCUITS FOR EACH SIGN TO MEET FEDERAL HEALTH SIGN COMPANY REQUIREMENTS

WARRANTY NOTICE

CERTAIN ELECTRICAL COMPONENTS OF SIGNS WILL FAIL PREMATURELY IF NOT SHUT OFF FOR A PERIOD OF TIME, ONCE EACH DAY. FOR BEST PERFORMANCE WE RECOMMEND THAT SIGNS BE CONNECTED TO AN AUTOMATIC CONTROLLING DEVICE SUCH AS AN EMERGENCY MANAGEMENT SYSTEM, TIME CLOCK OR PHOTO CELL TO CONTROL THE DAILY SHUT-OFF PERIOD. FAILURE TO FOLLOW THESE RECOMMENDATIONS CAN CAUSE DAMAGE TO ELECTRICAL COMPONENTS OF THE SIGN AND VOID THE WARRANTY. SOME DIMMING DEVICES WILL ADVERSELY AFFECT THE ELECTRICAL COMPONENTS OF THE SIGN IT IS ATTACHED TO, CAUSING FAILURE. ANY DIMMING OF THE SIGN WITHOUT CONSULTATION WITH FEDERAL HEALTH SIGN CO. WILL VOID THE WARRANTY.



VISUAL COMMUNICATIONS

www.FederalHeath.com

PO BOX 153, Clinton, TN 37717

Manufacturing Facilities:
Delaware, OH - Euless, TX - Jacksonville, TX
Racine, WI - Rochester Hills, MI

Office Locations:
Atlanta, GA - Brandon, FL - Indianapolis, IN
Tunica, MS - Daytona Beach, FL - Delaware, OH
Euless, TX - Grafton, WI - Houston, TX
Idaho Falls, ID - Louisville, KY - Ocean Ranch, CA
Racine, WI - Rochester Hills, MI - San Antonio, TX
Tampa, FL - Willowbrook, IL - Orlando, FL

Building Quality Signage Since 1901

Revisions:

R1 5.18.23

R2 BW 6.12.23 Delete opt 1 & B1.

Colors Depicted In This Rendering May Not Match Actual Finished Materials. Refer To Product Samples For Exact Color Match.

Client Approval/Date: _____

Landlord Approval/Date: _____

Account Rep: JOHN BROWN

Project Manager: KRISTI FRANKLIN

Drawn By: CHRIS H CANTRELL

Underwriters Laboratories Inc. ELECTRICAL TO USE U.L. LISTED COMPONENTS AND SHALL MEET ALL N.E.C. STANDARDS
ALL ELECTRICAL SIGNS ARE TO COMPLY WITH U.L. 48 AND ARTICLE 600 OF THE N.E.C. STANDARDS, INCLUDING THE PROPER GROUNDING AND BONDING OF ALL SIGNS.

Project / Location:



STORE #0401
22578 I-30
BRYANT, AR 72022

Job Number: 23-79278-10

Date: 05.17.23

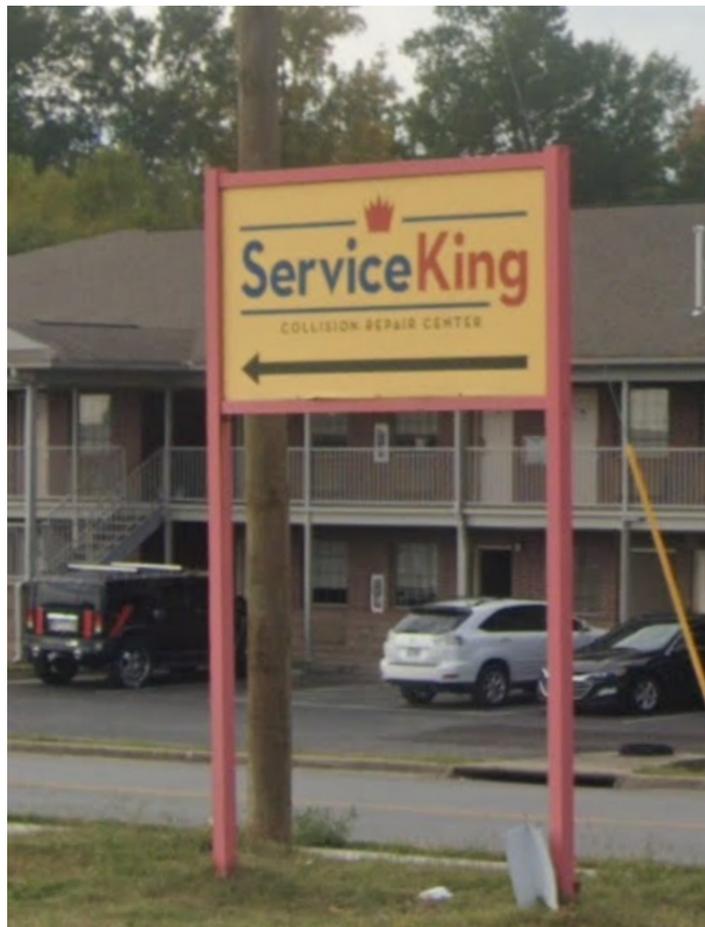
Sheet Number: 1 of 8

Design Number: 23-79278-10 R2

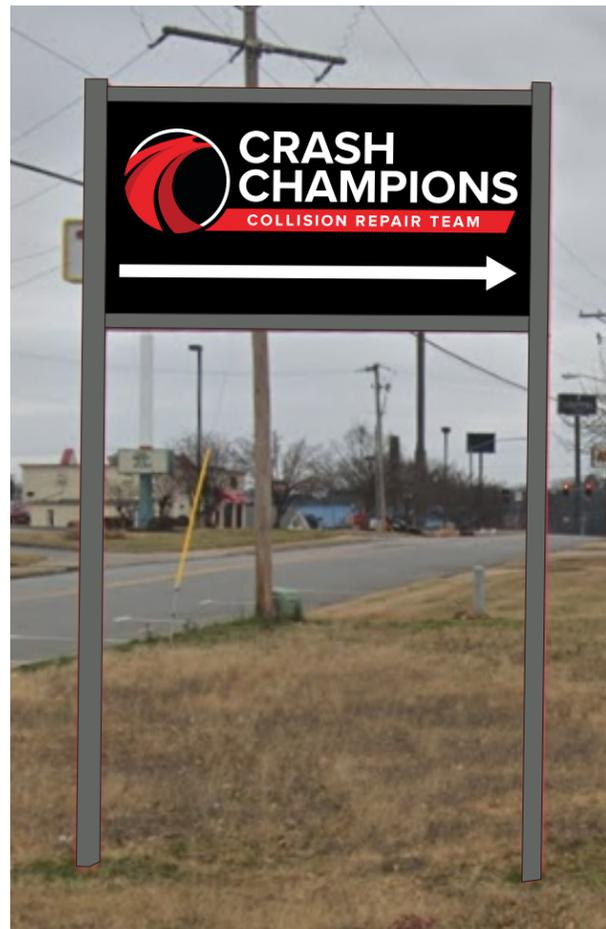
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EXISTING | SIDE A | NTS



EXISTING | SIDE B | NTS



A PROPOSED | SIDE A | NTS



A PROPOSED | SIDE B | NTS



SIDE A



SIDE B

A **REPLACEMENT D/F SIGN PANEL FACE** SCALE: 1/2" = 1'-0"
TWO (2) REQ **32.04 SQ. FT**

SCOPE OF WORK:

REMOVE EXISTING SIGN FACE PANEL. EXISTING CABINET AND RETAINERS TO BE PAINTED GRAY AS NOTED

FACE TO BE BLACK ALUMINUM WITH DIGITALLY PRINTED GRAPHICS ON BOTH SIDES AS SHOWN

DIGITALLY PRINTED WITH UV PROTECTIVE COATING

PMS 1788c	PMS 1805c	BLACK	100% WHITE

POLE | CABINET: SHERWIN WILLIAMS
 7068 GRIZZLE GRAY SATIN FINISH

LEAVE ENTERPRISE SIGN- DO NOT REMOVE



EXISTING | SCALE: 3/32" = 1'-0"

SCOPE OF WORK: REMOVE EXISTING LOGO WALL SIGN (SERVICE KING)- CLEAN WALL, FILL HOLED WITH MATCHING SILICONE AND PAINT IMMEDIATE FOOTPRINT. INSTALL NEW SIGN. CHANNEL LETTERSET (COLLISION REPAIR CENTER) - REMOVE CHANNEL LETTERSET AND RACEWAY. CLEAN WALL, FILL HOLES WITH MATCHING SILICONE AND PAINT IMMEDIATE FOOTPRINT.



B PROPOSED | SCALE: 3/32" = 1'-0"

Revisions:

R1 5.18.23

R2 BW 6.12.23 Delete opt 1 & B1.

Colors Depicted In This Rendering May Not Match Actual Finished Materials. Refer To Product Samples For Exact Color Match.

Client Approval/Date: _____

Landlord Approval/Date: _____

Account Rep: **JOHN BROWN**

Project Manager: **KRISTI FRANKLIN**

Drawn By: **CHRIS H CANTRELL**

Underwriters Laboratories Inc. **ELECTRICAL TO USE U.L. LISTED COMPONENTS AND SHALL MEET ALL N.E.C. STANDARDS**
ALL ELECTRICAL SIGNS ARE TO COMPLY WITH U.L. 48 AND ARTICLE 600 OF THE N.E.C. STANDARDS, INCLUDING THE PROPER GROUNDING AND BONDING OF ALL SIGNS.

Project / Location:



STORE #0401
22578 I-30
BRYANT, AR 72022

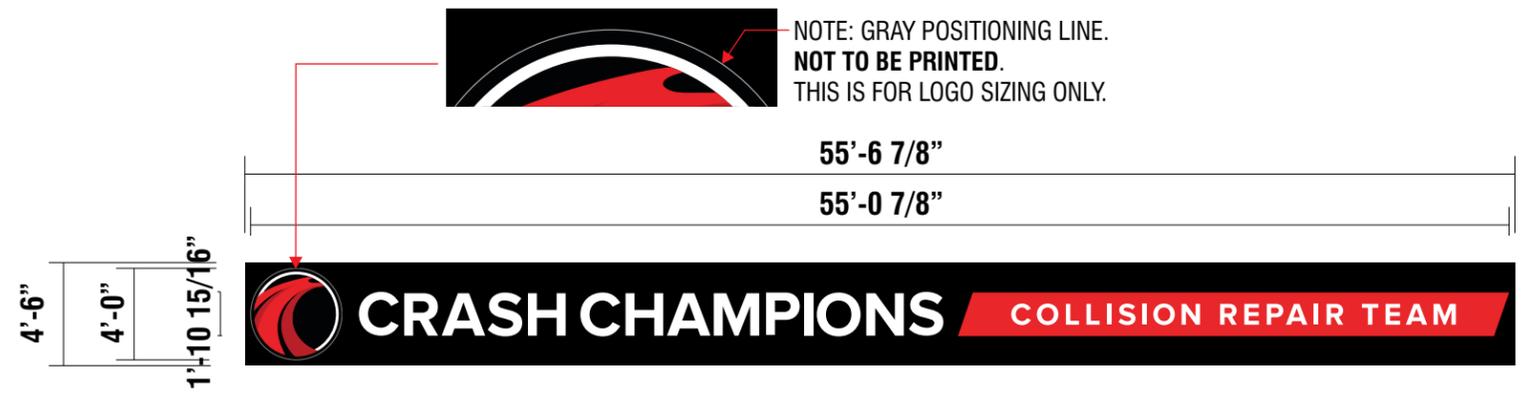
Job Number: **23-79278-10**

Date: **05.17.23**

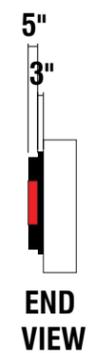
Sheet Number: **4** Of **8**

Design Number: **23-79278-10 R2**

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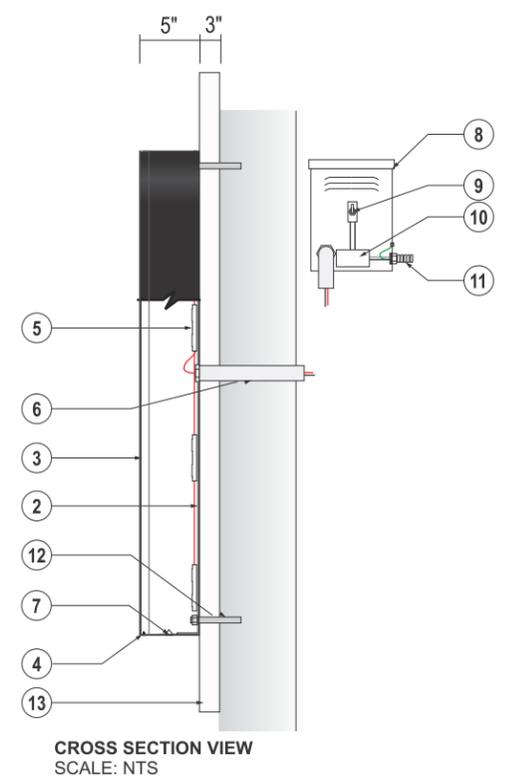


NOTE: BACKGROUND PANEL WILL BE SEAMED DUE TO SIZE



FABRICATION TO BE AS NOTED TO MATCH CUSTOMER SIGN PROGRAM AND EXISTING SITES

- 2. ACM BACKS / LETTER LOCKED TO RETURNS
- 4. TRIM CAP TO BE 1" PRE-FINISHED JEWELITE CHEMICALLY BONDED TO FACES (SEAMS AT THE TOP)
LOGO: BLACK TRIM CAP
CRASH: BLACK TRIM CAP
CHAMPIONS: BLACK TRIM CAP
COLLISION REPAIR TEAM CABINET: RED TRIM CAP
- 5. WHITE LED MODULES
- 6. RIGID PASS-THRU FOR LOW VOLTAGE LED WIRING
- 7. 1/4" WEEP HOLES WITH LIGHT BAFFLES (EXTERIOR APPLICATIONS ONLY)
- 8. ETL COMPLIANT ENCLOSURE FOR LED POWER SUPPLIES +/- 18"L X 7"H, REMOTE LOCATED
- 9. DISCONNECT SWITCH
- 10. LED POWER SUPPLIES
- 11. PRIMARY ELECTRICAL
- 12. CORROSION RESISTANT FASTENERS PER CONDITIONS
- 13. ALUM. BACKGROUND PANEL/WIREWAY



B INTERNALLY ILLUMINATED LOGO & LETTERSET ON PANEL | ONE (1) REQ
SCALE: 1/8" = 1'-0" **250.08 SQ FT**

SCOPE OF WORK:

CHANNEL LOGO: 5" DEEP .040 PRE-FINISHED ALUMINUM LOGO CABINET. SATIN BLACK RETURNS & TRIMCAP. 3/16" WHITE ACRYLIC FACE. DIGITAL PRINT OVERLAY. BLACK PRINTED BORDER TO BE ON FACE AND RUN UNDER TRIMCAP. WHITE LEDS. INSTALL FLUSH TO BACKER.

CRASH CHAMPIONS CHANNEL LETTERS: 5" DEEP .040 PRE-FINISHED ALUMINUM CHANNEL LETTERS. SATIN BLACK RETURNS AND TRIM CAP. 3/16" WHITE ACRYLIC FACE. WHITE LEDS. INSTALL FLUSH TO BACKER.

COLLISION REPAIR TEAM TAG LINE CABINET: 5" DEEP .040 PRE-FINISHED ALUMINUM CHANNEL TAG LINE. SATIN RED RETURNS AND TRIM CAP. 3/16" WHITE ACRYLIC FACE WITH DIGITAL PRINT OVERLAY PMS 1788C. COPY WILL REVERSE OUT WHITE. INTERNAL WHITE LEDS. CABINET INSTALL FLUSH TO BACKER.

ALUMINUM BACKER: 3" DEEP ALUMINUM BACKER PANEL/WIREWAY TO BE PAINTED BLACK PC AND INSTALLS FLUSH TO WALL



- PRINT COLORS
- DIGITALLY PRINTED COLORS
- DP-2** PRINT TO MATCH PMS 1788C ON 3M WHITE TRANSLUCENT VINYL
 - DP-3** PRINT TO MATCH PMS 1805C ON 3M WHITE TRANSLUCENT VINYL
 - DP-4** PRINT TO MATCH BLACK PC ON 3M WHITE TRANSLUCENT VINYL

INSTALLER NOTE:
INSTALLER RESPONSIBLE TO CHOOSE THE APPROPRIATE FASTENERS PER THE WALL TYPE

Total: <u>T.B.D.</u> Amps	REFER TO PAGE 1 FOR ADDITIONAL ELECTRICAL AND INSTALLATION INFORMATION & REQUIREMENTS
# of 120V, 20A Circuits Req'd T.B.D.	
ALL BRANCH CIRCUITS SHALL BE DEDICATED TO SIGNS (INCLUDING GROUND AND NEUTRAL) AND SHALL NOT BE SHARED WITH OTHER LOADS.	

INSTALLATION OF THIS SIGN SHALL CONFORM TO ARTICLE 600 OF THE NEC, UL 48 AND OR OTHER APPLICABLE LOCAL CODES, INCLUDING THE PROPER GROUNDING AND BONDING OF THE SIGN.

THE LOCATION OF THE DISCONNECT SWITCH, AFTER INSTALLATION SHALL COMPLY WITH ARTICLE 600.6(A) OF THE NEC.

THE FOLLOWING SIGNS ARE TYPICAL ON ALL SITES

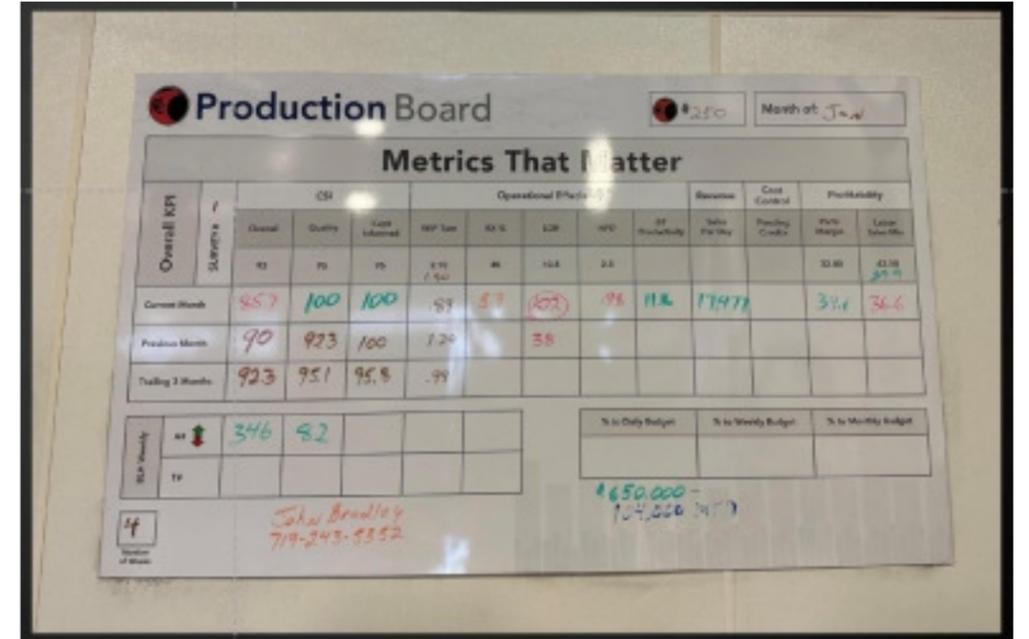
INSTALL AGENT TO REMOVE SIGN(S), REMOVE HARDWARE AND TURN INTO THE FRONT DESK IF SIGNS ARE STILL ON SITE



ANY SANDWICH BOARDS



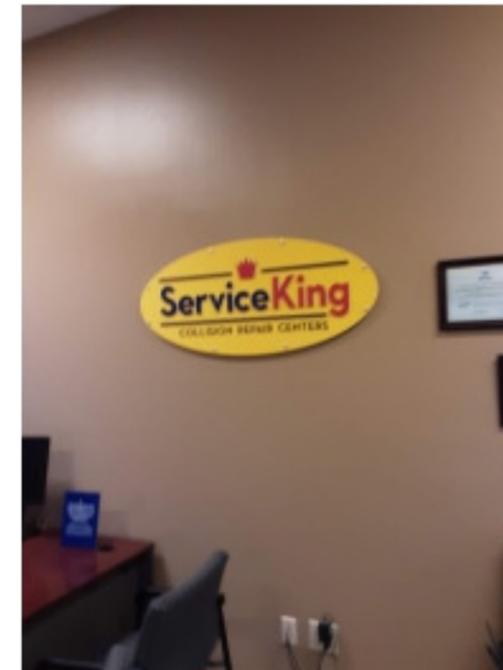
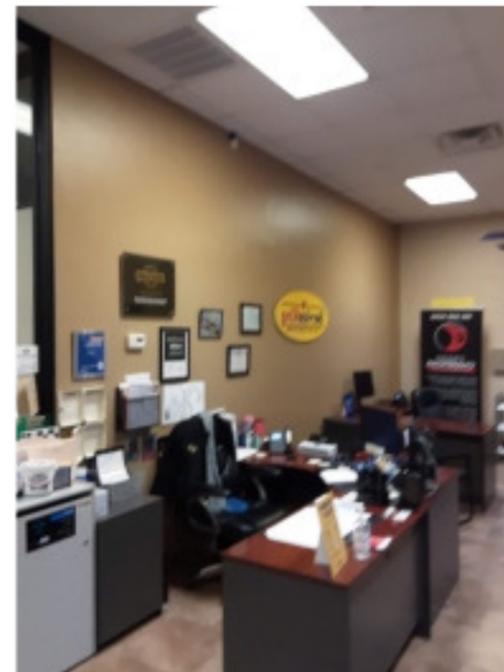
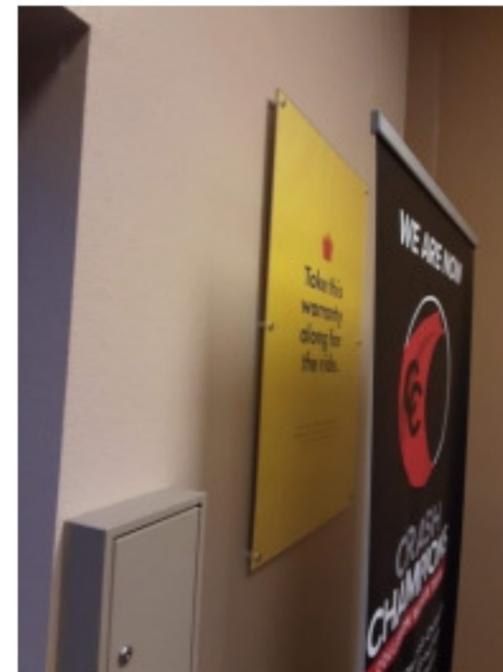
RATES SIGN



PRODUCTION BOARDS

LEAVE- NO CHANGE

DESIGN NOTE- UPDATE THE LEAVE PHOTOS TO SITE SPECIFIC PHOTOS



SCOPE: REMOVAL ONLY

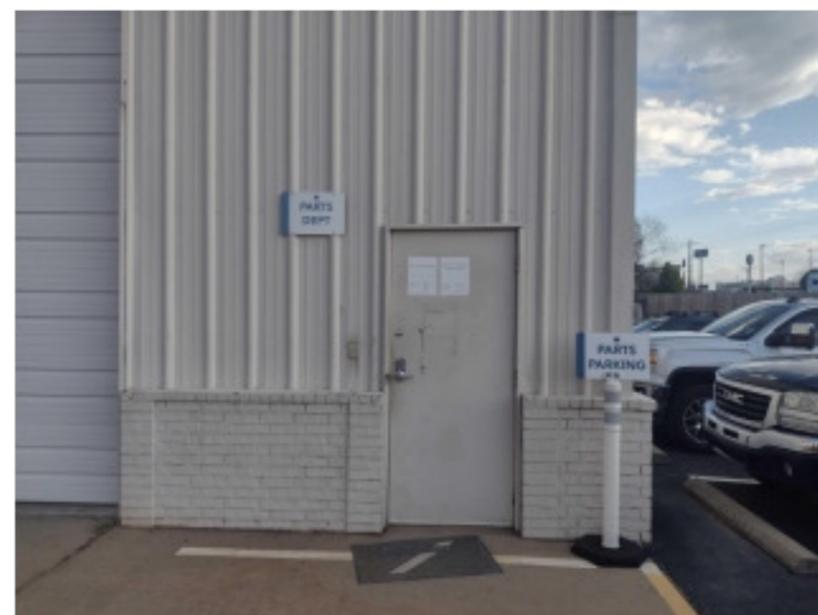
WALL SIGNS- PRO MODEL, CROWN LOGO OR AREA ID'S LIKE REFINISHING DEPT, BODY, SANITATION STATION, ETC. REMOVE SIGNS AND FILL HOLES WITH WATER RESISTANT SILICONE IF ON A WALL.

-IF ON A CHAIN, REMOVE CHAINS ALONG WITH SIGN.

-IF ON A POLE AND BOLTED DOWN REMOVE THE POLE.

-IF IT IS A MOVABLE SIGN THE KIND WITH THE BIG BASE THAT GETS FILLED WITH WATER OR SAND, WE WILL WANT TO RECOMMEND REMOVAL OF THE ENTIRE SIGN.

-IF SIGNS ARE IN A GRASSY AREA, CUT POLE TO GRADE AND COVER WITH DIRT.



VISUAL COMMUNICATIONS

www.FederalHeath.com

PO BOX 153, Clinton, TN 37717

Manufacturing Facilities:
 Delaware, OH - Euless, TX - Jacksonville, TX
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 Idaho Falls, ID - Louisville, KY - Ocean Ranch, CA
 Racine, WI - Rochester Hills, MI - San Antonio, TX
 Tampa, FL - Willowbrook, IL - Orlando, FL

Building Quality Signage Since 1901

Revisions:

R1 5.18.23

R2 BW 6.12.23 Delete opt 1 & B1.

Colors Depicted In This Rendering May Not Match Actual Finished Materials. Refer To Product Samples For Exact Color Match.

Client Approval/Date: _____

Landlord Approval/Date: _____

Account Rep: JOHN BROWN

Project Manager: KRISTI FRANKLIN

Drawn By: CHRIS H CANTRELL

Underwriters Laboratories Inc. **ELECTRICAL TO USE U.L. LISTED COMPONENTS AND SHALL MEET ALL N.E.C. STANDARDS**
 ALL ELECTRICAL SIGNS ARE TO COMPLY WITH U.L. 48 AND ARTICLE 600 OF THE N.E.C. STANDARDS, INCLUDING THE PROPER GROUNDING AND BONDING OF ALL SIGNS.

Project / Location:



STORE #0401
 22578 I-30
 BRYANT, AR 72022

Job Number: 23-79278-10

Date: 05.17.23

Sheet Number: 8 Of 8

Design Number: 23-79278-10 R2

This original drawing is provided as part of a planned project and is not to be exhibited, copied or reproduced without the written permission of Federal Heath Sign Company, LLC or its authorized agent. ©FHSC



Sign A to be Installed Here

Sign B to be Installed Here

I-30 Frontage Rd

Alcoa Rd

Mt Carmel Rd

Mt Carmel Rd

Mt Carmel Rd

Mt Carmel Rd

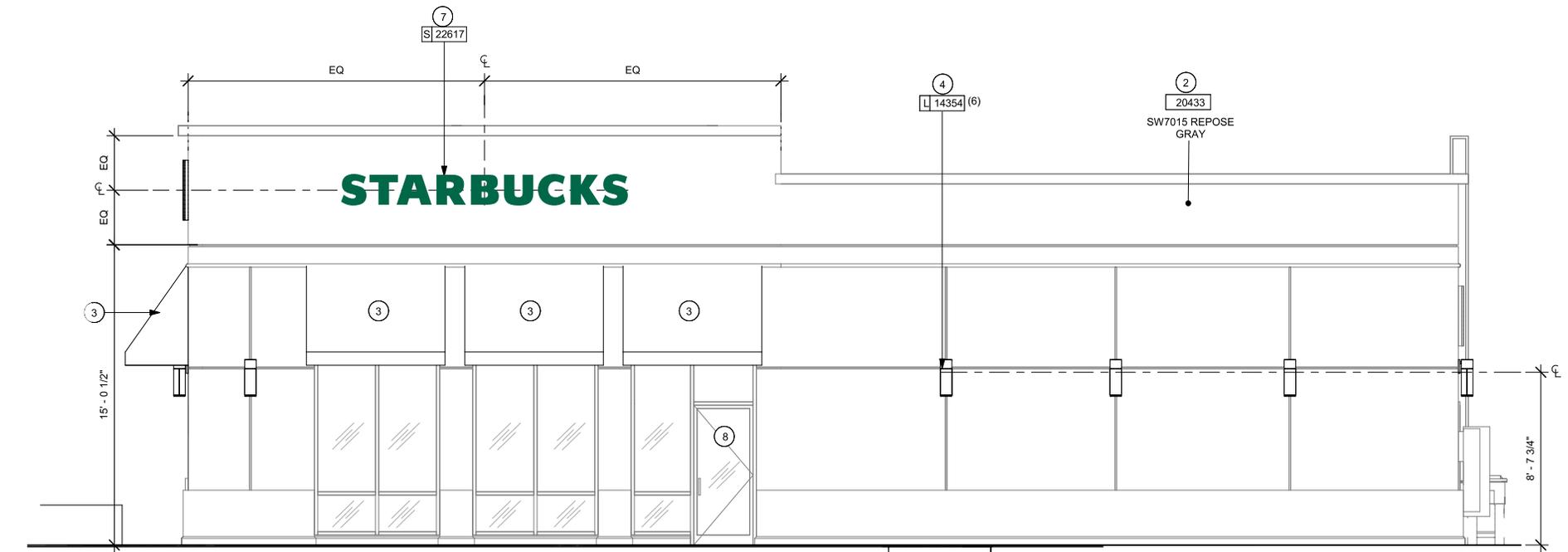
Starbucks

Chill's Grill & Bar

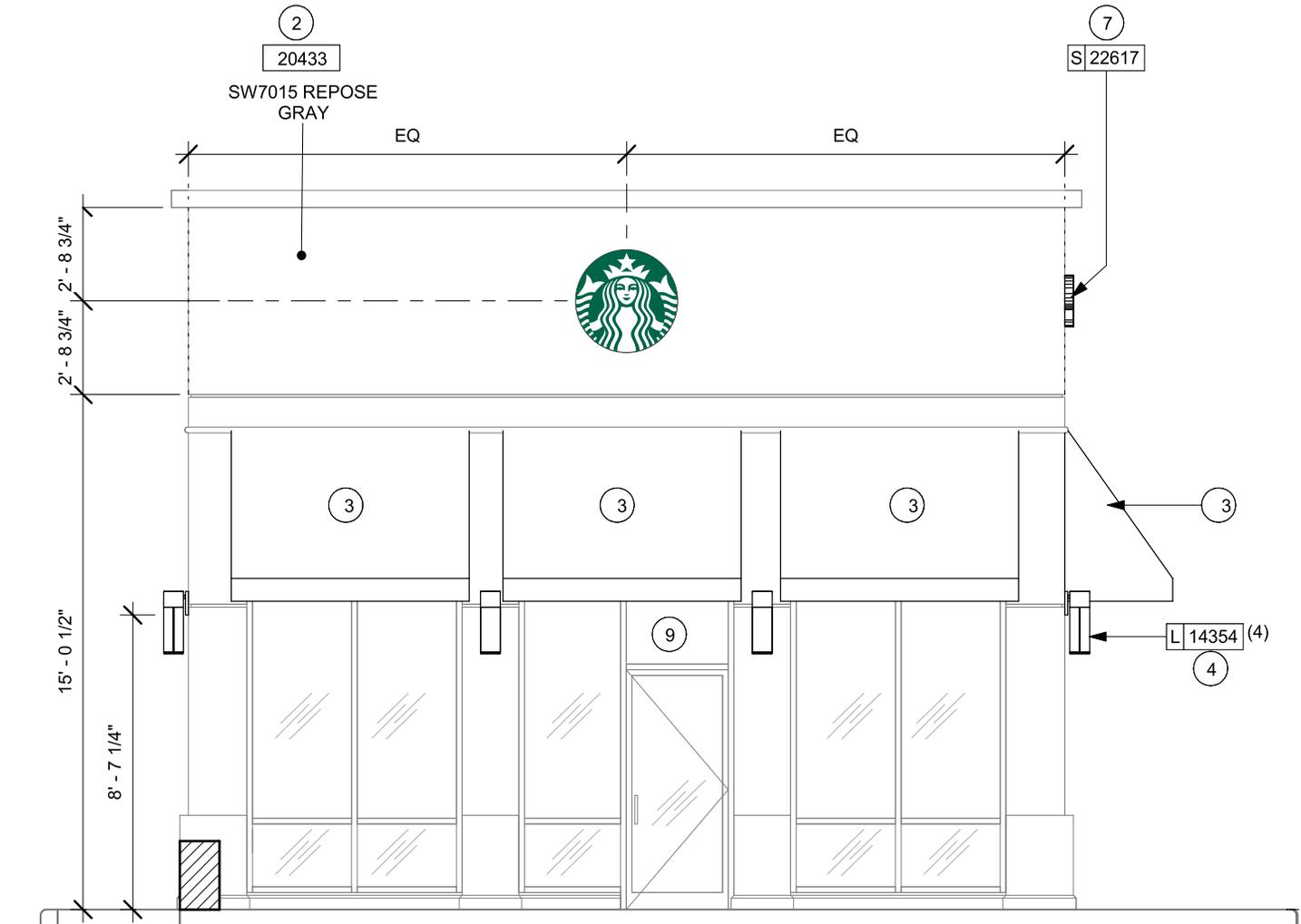
First Security Bank

AT&T Store
Call phone store

McAlister's Deli
Sandwich • \$\$



Sign A Size: 174" w x 18" h
 Building Face Size: 800" w x 250" h



Sign A Size: 36" x 36"
 Building Face Size: 320"w x 250"h



City of Bryant, Arkansas
 Community Development
 210 SW 3rd Street Bryant, AR 72022
 501-943-0943

SIGN PERMIT APPLICATION

Applicants are advised to read the Sign Ordinance prior to completing and signing this form. The Sign Ordinance is available at www.cityofbryant.com under the Planning and Community Development tab.

Note: Electrical Permits may be Required. Please contact the Community Development Office for more information.

Date: 9/27/2023

Sign Co. or Sign Owner

Name Sign Installation Group, Inc. Dba National Signs and Service
 Address Po Box 240
 City, State, Zip Fate, Tx 75132
 Phone 972-772-4901
 Email Address pauline@nationalsignsandservice.net

Property Owner

Name Murphy Oil USA
 Address 200 E Peach St
 City, State, Zip El Dorado, AR
 Phone _____
 Email Address _____

GENERAL INFORMATION

Name of Business Murphy USA
 Address/Location of sign 403 Bryant Avenue
 Zoning Classification _____

Please use following page to provide details on the signs requesting approval. Along with information provided on this application, a **Site Plan showing placement of sign(s) and any existing sign(s) on the property is required** to be submitted. **Renderings of the sign(s) showing the correct dimensions is also required** to be submitted with the application. A thirty-five dollar (\$35) per sign payment will be collected at the time of permit issuance. According to the Sign Ordinance a fee for and sign variance or special sign permit request shall be one hundred dollars (\$100). Additional documentation may be required by Sign Administrator.

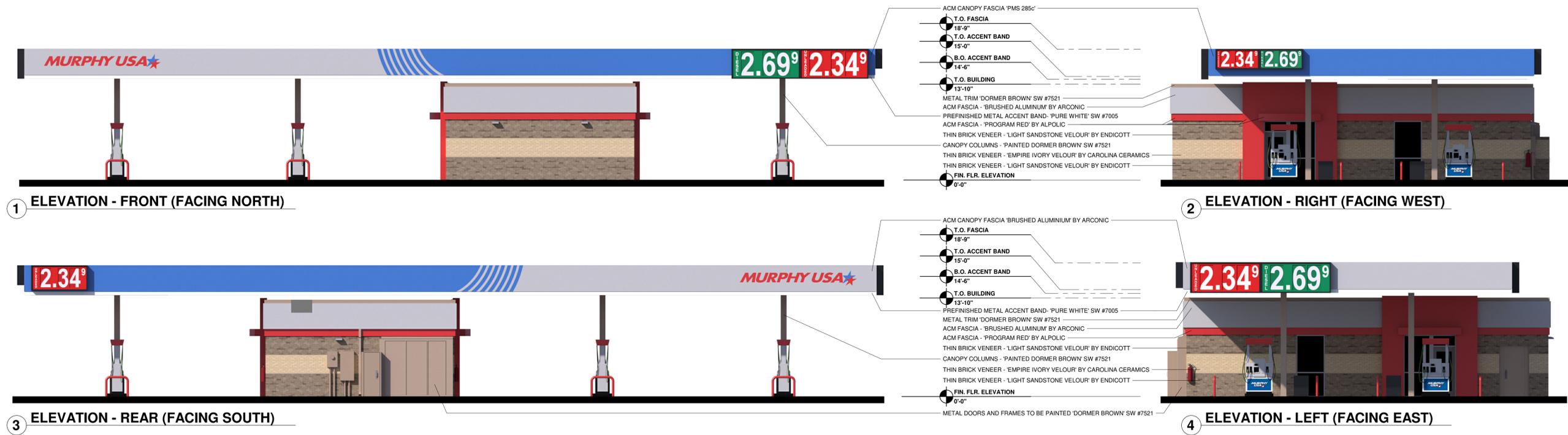
READ CAREFULLY BEFORE SIGNING

I, Sandra Pauline Wright, do hereby certify that all information contained within this application is true and correct. I fully understand that the terms of the Sign Ordinance supersede the Sign Administrator's approval and that all signs must fully comply with all terms of the Sign Ordinance regardless of approval. I further certify that the proposed sign is authorized by the owner of the property and that I am authorized by the property owner to make this application. I understand

that no sign may be placed in public right of way. I understand that I must comply with all Building and Electrical Codes and that it is my responsibility to obtain all necessary permits.

Use table below to enter information regarding each sign for approval. Please use each letter to reference each sign rendering.

SIGN	Type (Façade, Pole, Monument, other)	Dimensions (Height, Length, Width)	Sqft (Measured in whole as rectangle)	Height of Sign (Measured from lot surface)		Column for Admin Certifying Approval
				Top of Sign	Bottom of Sign	
A	Canopy Sign Murphy USA (N)	2'-0" x 16'-9 1/4"	33.54	18'-9"	14'-6"	
B	Canopy Sign Diesel (N)	4'-3 1/4" x 9'-10"	42.00	18'-9"	14'-6"	
C	Canopy Sign Unleaded (N)	4'-3 1/4" x 9'-10"	42.00	18'-9"	14'-6"	
E	Canopy Sign Unleaded (W)	2'-10 1/8" x 6'-2"	17.54	18'-9"	14'-6"	
F	Canopy Sign Diesel (W)	2'-10 1/8" x 6'-2"	17.54	18'-9"	14'-6"	
G	Canopy Sign Unleaded (S)	3'-7 1/8" x 8'-1"	29.05	18'-9"	14'-6"	
H	Canopy Sign Murphy USA (S)	2'-0" x 16'-9 1/4"	33.54	18'-9"	14'-6"	
I	Canopy Sign Unleaded (E)	4'-3 1/4" x 9'-10"	42.00	18'-9"	14'-6"	
J	Canopy Sign Diesel (E)	4'-3 1/4" x 9'-10"	42.00	18'-9"	14'-6"	



5 TRASH ENCLOSURE

SIGNAGE COLOR CHART

BUILDING - ROUTED SIGNS FURNISHED AND INSTALLED BY FMS

MURPHY USA STAR LOGO	BLUE	EASTMAN BLUE PANTONE 287 BLUE 3M 3630-87 ROYAL BLUE
	RED	PROGRAM RED, PANTONE 485 RED 3M 3630-43 RED
	WHITE	EASTMAN WHITE

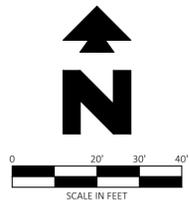
CANOPY - PRICE SIGNS FURNISHED AND INSTALLED BY THE SIGN VENDOR

UNLEADED	RED	3M 3632-73
	WHITE	3M 3632-20
DIESEL	DIGIT	RED/WHITE
	CABINET	BLACK
	DIGIT	GREEN
	WHITE	3M 3632-20
	DIGIT	GREEN/WHITE
	CABINET	BLACK

CANOPY SIGNS :	QTY.	HEIGHT	WIDTH	AREA S.F.	TOTAL S.F.
MURPHY USA CANOPY LOGO SIGN	2			33.54	67.08
LARGE CANOPY PRICE SIGN (UNL/DSL)	4	51.25"	118.00"	42.00	168.00
MEDIUM CANOPY PRICE SIGN (UNL)	1	43.13"	97.00"	29.05	29.05
SMALL CANOPY PRICE SIGN (UNL/DSL)	2	34.13"	74.00"	17.54	35.08
CANOPY SIGNS TOTAL SIGNAGE :					299.21 S.F.
TOTAL SIGN AREA :					299.21 S.F.



BRYANT, AR (403 BRYANT AVENUE)
WM #3230
APRIL 28, 2023



Know what's below.
Call before you dig.

THE LOCATION OF EXISTING UNDERGROUND UTILITIES ARE SHOWN IN AN APPROXIMATE WAY ONLY. THE CONTRACTOR SHALL DETERMINE THE EXACT LOCATION OF ALL EXISTING UTILITIES BEFORE COMMENCING WORK. HE AGREES TO BE FULLY RESPONSIBLE FOR ANY AND ALL DAMAGES WHICH MIGHT BE OCCASIONED BY HIS FAILURE TO EXACTLY LOCATE AND PRESERVE ANY AND ALL UNDERGROUND UTILITIES.

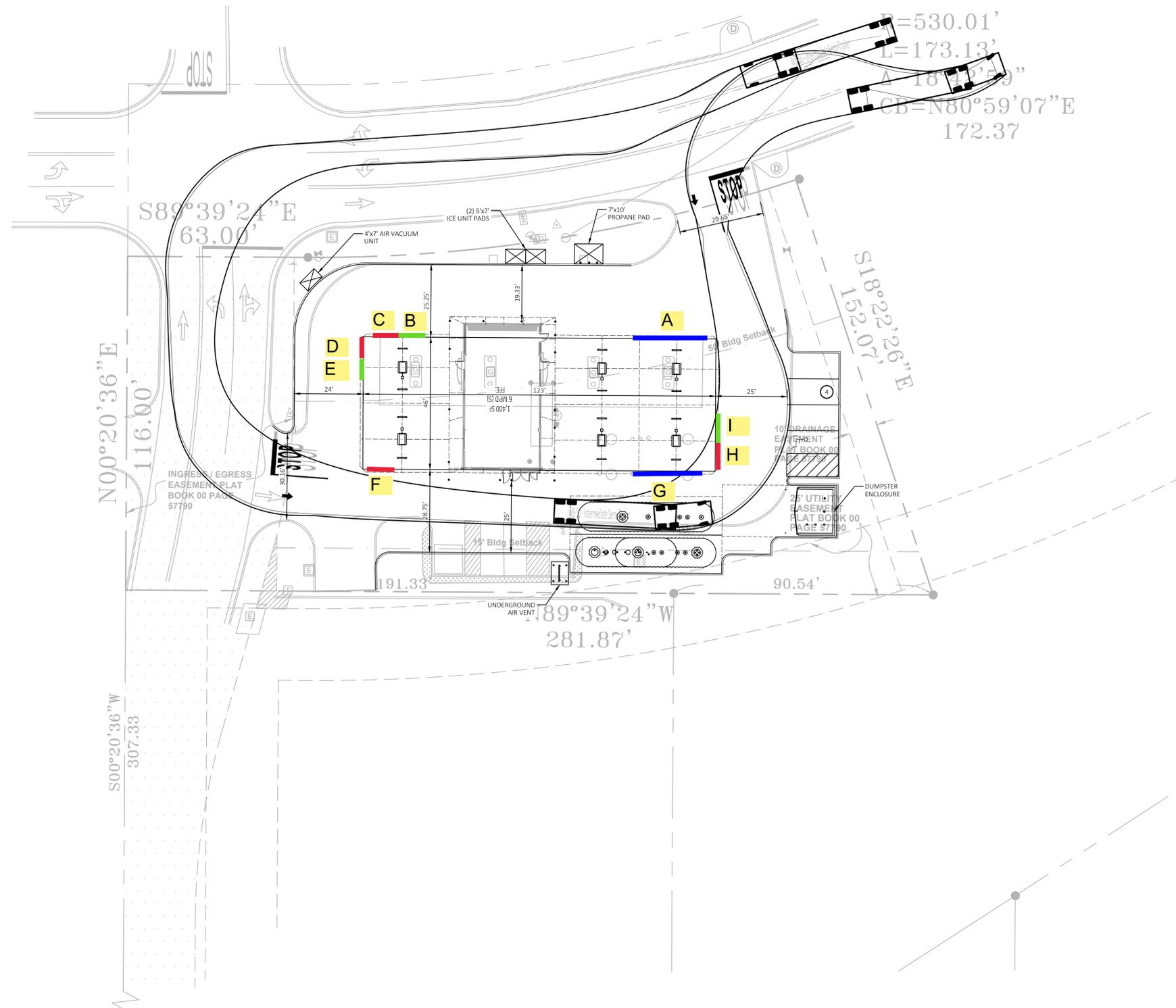
THESE DRAWINGS DO NOT INCLUDE COMPONENTS FOR CONSTRUCTION SAFETY.



CEI ENGINEERING ASSOCIATES, INC.
3030 LBJ FREEWAY, SUITE 920
DALLAS, TX 75234
PHONE: (972) 488-3737
FAX: (972) 488-6732

MURPHY OIL U.S.A. INC.

422 N WASHINGTON AVE.
P.O. BOX 7000
EL DORADO, AR 71730-7000



NOTES

PROPOSED LOCATION IS AN

- OUT PARCEL
- EXISTING PARKING AREA
- GRASSY AREA
- FUTURE LEASE LOT

PARKING

±/ EXISTING NUMBER OF PARKING SPACES / RATIO ON WAL-MART PARCEL

0 TOTAL NUMBER OF SPACES TO BE REMOVED FROM WAL-MART PARCEL

N/A TOTAL NUMBER OF POST GAS SPACES REMAINING ON WAL-MART PARCEL / RATIO

± WAL-MART BUILDING SQUARE FOOTAGE- (GROSS SQ-FT)

TYPE OF STATION OPERATION:

— C-STORE — MPD — CANOPY SIZE

1 KIOSK 6(S) MPD 46x123 CANOPY SIZE

PROPOSED SQUARE FOOTAGE OF OUT PARCEL AREA:

32,122 S.F. 0.74 ACREAGE

PERCENTAGE OF OUTLOT USED: 100%

ZONING REQUIREMENTS:

C-2 EXISTING ZONING

C-2 ZONING REQUIREMENTS FOR STATION

NA PROPOSED ZONING CHANGES

NA RE-PLAT

PROPOSED UTILITY EASEMENTS: ANSWER "YES" OR "NO" AND PARTIES INVOLVED:

NO	WATER		
	N/A	PUBLIC WITH	N/A
	N/A	PRIVATE WITH WAL-MART	N/A
	N/A	PRIVATE WITH 3RD PARTY	N/A
NO	SEWER		
	N/A	PUBLIC WITH	N/A
	N/A	PRIVATE WITH WAL-MART	N/A
	N/A	PRIVATE WITH 3RD PARTY	N/A
NO	UNDERGROUND ELECTRIC		
	N/A	PUBLIC WITH	N/A
	N/A	PRIVATE WITH WAL-MART	N/A
	N/A	PRIVATE WITH 3RD PARTY	N/A
NO	UNDERGROUND TELEPHONE		
	N/A	PUBLIC WITH	N/A
	N/A	PRIVATE WITH WAL-MART	N/A
	N/A	PRIVATE WITH 3RD PARTY	N/A

OTHER NOTES:
WB-50 TEMPLATE HAS BEEN USED FOR TRUCK ROUTE.

MURPHY USA

403 BRYANT AVE.
BRYANT, AR

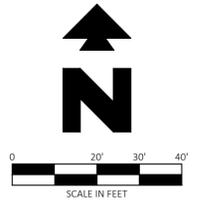
PROFESSIONAL OF RECORD POR
PROJECT MANAGER RKN
DESIGNER AMP
CEI PROJECT NUMBER #####
DATE 3/9/2023
REVISION REV-0

ECP
SHEET TITLE
SHEET NUMBER

ECP



Know what's below.
Call before you dig.



SITE BENCHMARK
Benchmark #1: A 5/8" rebar with cap CEI set northwest of the subject area, 175' northwest of a sewer manhole found south of the subject area, and 119' northwest of a fire hydrant found east of said access drive.
Northing: 2024315.13' Easting: 1163448.93'
Elevation: 419.42'
Benchmark #2: A 5/8" rebar with cap CEI set north of the subject area, 25' northwest of a drainage manhole found north of Bryant Ave. and 71' northwest of a drainage manhole found south of Bryant Ave.
Northing: 2024393.20' Easting: 1163694.72'
Elevation: 417.55'

NOTE: SEE ARCHITECTURAL PLANS FOR EXACT LOCATIONS AND DIMENSIONS OF PORCHES, RAMPS, VESTIBULE, SLOPED PAVING, TRUCK DOCKS, BUILDING UTILITY ENTRANCE LOCATIONS AND PRECISE BUILDING DIMENSIONS.

ZONING:
C-2 (HIGHWAY COMMERCIAL)

BUILDING SETBACKS:

	REQUIRED	PROVIDED
FRONT (STREETS):	0'	0'
SIDE:	0'	0'
REAR:	15'	15'

CONTRACTOR SHALL BE RESPONSIBLE FOR AND HIRE A ARKANSAS REGISTERED LAND SURVEYOR TO ESTABLISH PROPERTY CORNERS, CANOPY, ETC. AS REQUIRED FOR CONSTRUCTION LAYOUT.

CONTRACTOR TO ENSURE THE LIGHT POLE AND HANDICAP PARKING SIGNS ARE AT LEAST 2' FROM THE BACK OF THE CURB TO PREVENT THE VEHICLES STRIKING THE LIGHT POLE OR HANDICAP PARKING SIGN.

CONTRACTOR TO ENSURE THAT THE CONSTRUCTION FENCE ENCOMPASSES THE ENTIRE WORK AREA. (RE: DETAIL 2F)

SEE SHEET C-4.1 FOR BUILDING ROOF AND CANOPY DRAINAGE

EXISTING LEGEND

e	EAST OR ELECTRIC	OHT	OVERHEAD TELEPHONE
n	NORTH	OHTV	OVERHEAD TV
oh	OVERHEAD	X'SS	SANITARY SEWER
s	SOUTH OR SEWER	UGE	UNDERGROUND ELECTRIC
t	TELEPHONE	UGE&T	UNDERGROUND ELECTRIC AND TELEPHONE
ug	UNDERGROUND	UGT	UNDERGROUND TELEPHONE
w	WEST OR WATER	UGTV	UNDERGROUND TV
---	PROPERTY LINE	X'W	WATER
---	RIGHT OF WAY LINE	5-10-11-50.5	TREE INFO
---	STORM DRAIN		S = DIAMETER OF TRUNK IN FEET
X'G	GAS		10 = HEIGHT OF TREE IN FEET
OHE	OVERHEAD ELECTRIC		11 = CANOPY DIAMETER IN FEET
OHE&T	OVERHEAD ELECTRIC AND TELEPHONE		50.5 = ELEVATION AT BASE OF TREE

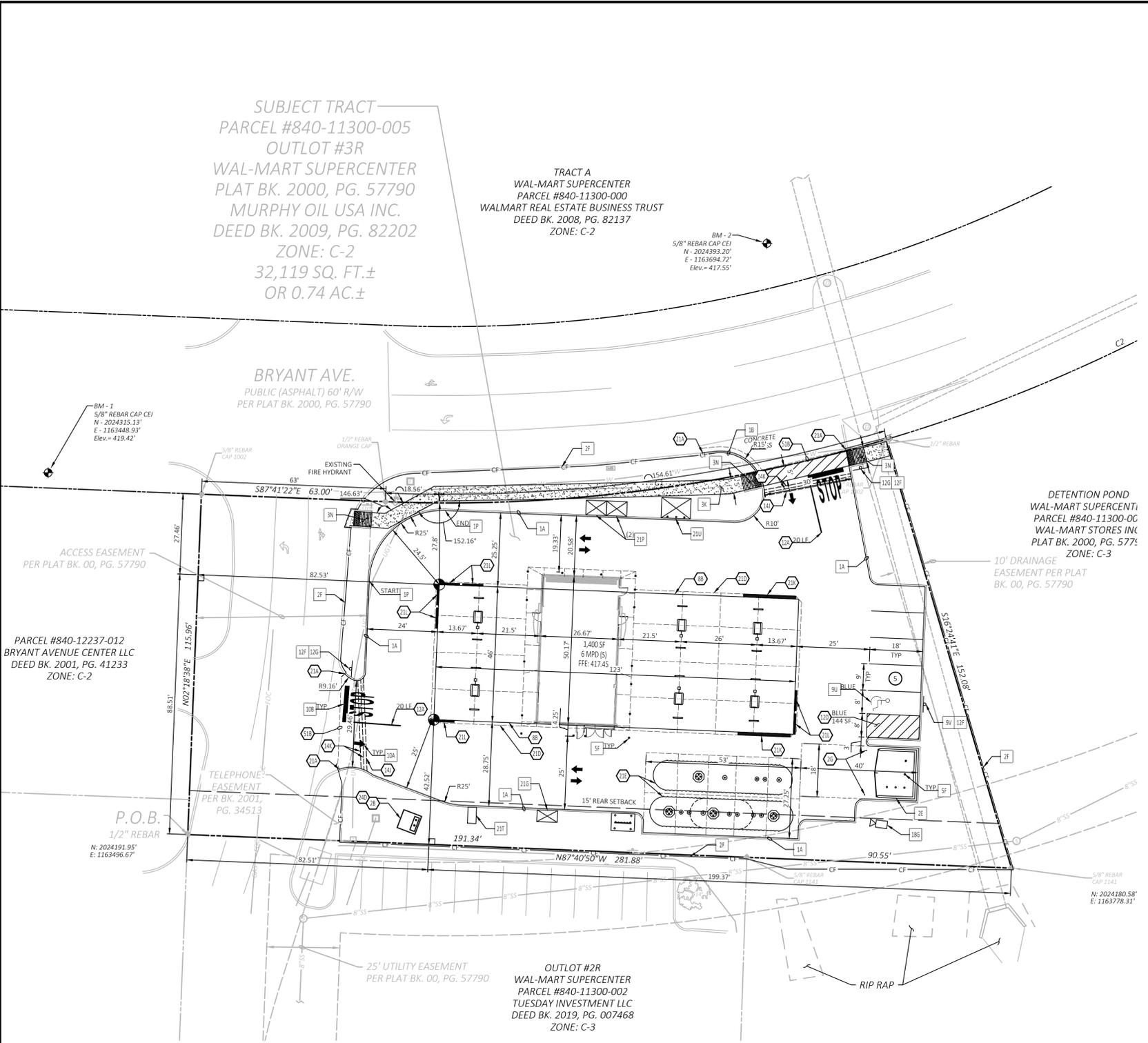
PROPOSED LEGEND

---	PROPERTY LINE/RIGHT OF WAY LINE
---	CONCRETE CURB AND GUTTER. SEE DETAIL 01A
●	BUILDING CONTROL POINT
---	LIMITS OF SIDEWALKS AND CONCRETE APRONS (PER ARCH. PLANS)

- GENERAL SITE NOTES**
- ALL DIMENSIONS SHOWN ARE TO THE FACE OF CURB UNLESS OTHERWISE NOTED.
 - ALL CURB RETURN RADII SHALL BE 3' AS SHOWN TYPICAL ON THIS PLAN, UNLESS OTHERWISE NOTED.
 - UNLESS OTHERWISE SHOWN, CALLED OUT OR SPECIFIED HERON: ALL CURB AND GUTTER ADJACENT TO EXISTING PAVING SHALL BE INSTALLED PER SHEET C-8
PAVEMENT SHALL BE INSTALLED IN ACCORDANCE WITH THE PAVING PLAN OVER THE ENTIRE PARKING LOT AREA AND ALL APPROACH DRIVES.
SEE ASSOCIATED PLANS FOR CANOPY, COLUMN, PUMP ISLAND DETAILS AND LAYOUT.
 - CONTRACTOR SHALL BEGIN CONSTRUCTION OF ANY LIGHT POLE BASES FOR RELOCATED LIGHT FIXTURES AND RELOCATION OF ELECTRICAL SYSTEM AS SOON AS DEMOLITION BEGINS. CONTRACTOR SHALL BE AWARE THAT INTERRUPTION OF POWER TO ANY LIGHT POLES OR SIGNS SHALL NOT EXCEED 24 HOURS.
 - IF DEMOLITION OR CONSTRUCTION ON SITE WILL INTERFERE WITH THE WAL-MART TRAFFIC FLOW OR ADJACENT PROPERTY OWNER'S TRAFFIC FLOW, THE CONTRACTOR SHALL COORDINATE WITH THE WAL-MART CONSTRUCTION/STORE MANAGER AND/OR ADJACENT PROPERTY OWNER, TO MINIMIZE THE IMPACT ON TRAFFIC FLOW. TEMPORARY RE-ROUTING OF TRAFFIC IS TO BE ACCOMPLISHED BY USING DOT APPROVED TRAFFIC BARRICADES, BARRELS, AND/OR CONES. TEMPORARY SIGNAGE AND FLAGMEN MAY ALSO BE NECESSARY.
 - ALL WAL-MART PROPERTY DAMAGED DUE TO CONSTRUCTION ACTIVITIES MUST BE REPLACED/RESTORED TO MATCH THE EXISTING TYPE AND QUALITY OF WORK AND MATERIALS, AND IS SUBJECT TO WAL-MART APPROVAL.
 - CONTRACTOR TO PROTECT EXISTING LANDSCAPE/IRRIGATION MATERIAL.
 - ALL SLOPES AND AREAS DISTURBED BY CONSTRUCTION SHALL BE GRADED SMOOTH AND FOUR INCHES OF TOPSOIL APPLIED. IF ADEQUATE TOPSOIL IS NOT AVAILABLE ON SITE, THE CONTRACTOR SHALL PROVIDE TOPSOIL, APPROVED BY THE OWNER, AS NEEDED. THE AREA SHALL THEN BE SEED/SODDED, FERTILIZED, MULCHED, WATERED AND MAINTAINED UNTIL HARDY GRASS GROWTH IS ESTABLISHED IN ALL AREAS. ANY AREAS DISTURBED FOR ANY REASON PRIOR TO FINAL ACCEPTANCE OF THE PROJECT SHALL BE CORRECTED BY THE CONTRACTOR AT NO ADDITIONAL COST TO THE OWNER.
 - THE MURPHY STATION WILL NOT DROP THE WAL-MART GREEN SPACE BELOW CITY REQUIREMENTS.
 - CONTRACTOR IS TO VERIFY LOCATION OF WAL-MART IRRIGATION SYSTEM, VALVE BOXES, CONTROL BOXES, AND LOW FLOW PREVENTION DEVICES AND OTHER ITEMS WHICH ARE PART OF THE SYSTEM. IF DAMAGES OCCUR THEY MUST BE REPAIRED AT CONTRACTOR'S COST.
 - THE LOCATION OF THE CONSTRUCTION FENCE ON THE DRAWING IS FOR GRAPHICAL REPRESENTATION ONLY. THE CONTRACTOR IS TO ENSURE THAT THE CONSTRUCTION FENCE ENCOMPASSES THE ENTIRE WORK AREA.
 - CONTRACTOR SHALL PURCHASE AND INSTALL A MAILBOX, AND SHALL COORDINATE LOCATION OF MAILBOX WITH MURPHY CONSTRUCTION MANAGER AND/OR ON-SITE REPRESENTATIVE AND LOCAL POSTMASTER.
 - ALL PROPOSED PAVEMENT STRIPING OR MARKINGS SHALL FOLLOW THE SPECIFICATIONS FOR PAINT INCLUDED IN DETAIL 01A.

- SITE DETAILS**
- 1A TYPE A CONCRETE CURB AND GUTTER
 - 1B TYPE B CONCRETE INTEGRAL CURB AND GUTTER
 - 1P RAISED CURB AND GUTTER
 - 2E DUMPSTER ENCLOSURE
 - 2F CONSTRUCTION FENCE
 - 3K CONCRETE SIDEWALK
 - 3N WHEELCHAIR RAMP IN SIDEWALK (TYPICAL AT EACH DRIVEWAY CURB RETURN)
 - 5F GUARD POST (SINGLE)
 - 9U ACCESSIBLE PARKING SYMBOL (SEE PAINT COLOR INDICATED AT SYMBOL)
 - 9V ACCESSIBLE / VAN PARKING SIGN MOUNTED IN BOLLARD
 - 10A TRAFFIC FLOW ARROW (TYP.)
 - 10B STOP BAR (TYP.)
 - 12F SIGN BASE
 - 12G STOP SIGN
 - 13A SITE LIGHT POLE (SEE PHOTOMETRIC PLANS FOR POLE BASE DETAIL, FIXTURE TYPE, AND MOUNTING DETAILS)
 - 18G CONSTRUCTION CAMERA COORDINATE WITH MUSA PM FOR LOCATION
 - 21G AIR VACUUM UNIT WITH 4"x7" CONCRETE SLAB
 - 21P 5"x7" ICE UNIT. SEE NUMBER INDICATED AT SYMBOL.
 - 21T MAILBOX (CONTRACTOR SHALL COORDINATE WITH MURPHY PM POSTMASTER PRIOR TO INSTALLATION)
 - 21U CONCRETE PAD FOR PROPANE RACK.

- SITE NOTES**
- 2B TRANSFORMER PAD
 - 2G DRILL (2) 3/4" X 5/8" DIA. HOLES (1) EACH FOR OPEN POSITION & CLOSED POSITION OF GATES. TO BE USED ON BOTH SIDES OF GATE. SEE DUMPSTER DETAIL.
 - 8B OVERHEAD CANOPY (TYP. PER ARCH. PLANS)
 - 12A 4 INCH TRAFFIC YELLOW LANE STRIPE (SEE LENGTH INDICATED AT SYMBOL)
 - 12D 4 INCH WIDE PAINTED STRIPE, 2.0 FOOT O.C. @ 45 DEGREES (SEE SIZE INDICATED AT SYMBOL)
 - 14J GC TO INSTALL (1) 4" PVC SLEEVE FOR IRRIGATION LINE. SEE UTILITY PLAN FOR INSTALLATION REQUIREMENTS.
 - 14K GC TO INSTALL (2) 4" PVC SLEEVE FOR FUTURE USE. SEE UTILITY PLAN FOR INSTALLATION REQUIREMENTS.
 - 21A TAPER CURB TO MATCH EXISTING CURB.
 - 21D EDGE OF CONCRETE SLAB (PER TANK AND PIPING PLANS)
 - 21E UNDERGROUND STORAGE TANKS (1) 25,000 GAL.-REGULAR, (1) 8,000 GAL.-PREMIUM, (1) 10,000 GAL.-DIESEL, (1) 8,000 GAL.-E-O
 - 21K MURPHY USA ID SIGN PER APPROVED ELEVATION.
 - 21L PRICE SIGN PER APPROVED ELEVATION.
 - 24D PROPOSED ELECTRIC TRANSFORMER
 - 51B LIMITS OF SAWCUT AND PAVEMENT REMOVAL.



SUBJECT TRACT
PARCEL #840-11300-005
OUTLOT #3R
WAL-MART SUPERCENTER
PLAT BK. 2000, PG. 57790
MURPHY OIL USA INC.
DEED BK. 2009, PG. 82202
ZONE: C-2
32,119 SQ. FT.±
OR 0.74 AC.±

TRACT A
WAL-MART SUPERCENTER
PARCEL #840-11300-000
WALMART REAL ESTATE BUSINESS TRUST
DEED BK. 2008, PG. 82137
ZONE: C-2

BRYANT AVE.
PUBLIC (ASPHALT) 60' R/W
PER PLAT BK. 2000, PG. 57790

DETENTION POND
WAL-MART SUPERCENTER
PARCEL #840-11300-00
WAL-MART STORES INC.
PLAT BK. 2000, PG. 57790
ZONE: C-3

PARCEL #840-12237-012
BRYANT AVENUE CENTER LLC
DEED BK. 2001, PG. 41233
ZONE: C-2

OUTLOT #2R
WAL-MART SUPERCENTER
PARCEL #840-11300-002
TUESDAY INVESTMENT LLC
DEED BK. 2019, PG. 007468
ZONE: C-3

PARKING INFORMATION MURPHY OIL

DESCRIPTION	BUILDING AREA (S.F.)	REQUIRED:				
		RATIO	SPACES			
MURPHY OIL	1,400	1/300 S.F.	REGULAR	ACCESSIBLE	VAN ACCESSIBLE	TOTAL
STALL DIMENSIONS:			4		1	5
9' X 18'		PROVIDED:				
		RATIO	REGULAR	ACCESSIBLE	VAN ACCESSIBLE	TOTAL
		1/300 S.F.	4		1	5
NO. OF FUEL ISLANDS: 8			NO. OF VEHICLE FUELING POINTS: 16			

PRE-CONSTRUCTION IMPERVIOUS SITE RATIO (ISR)

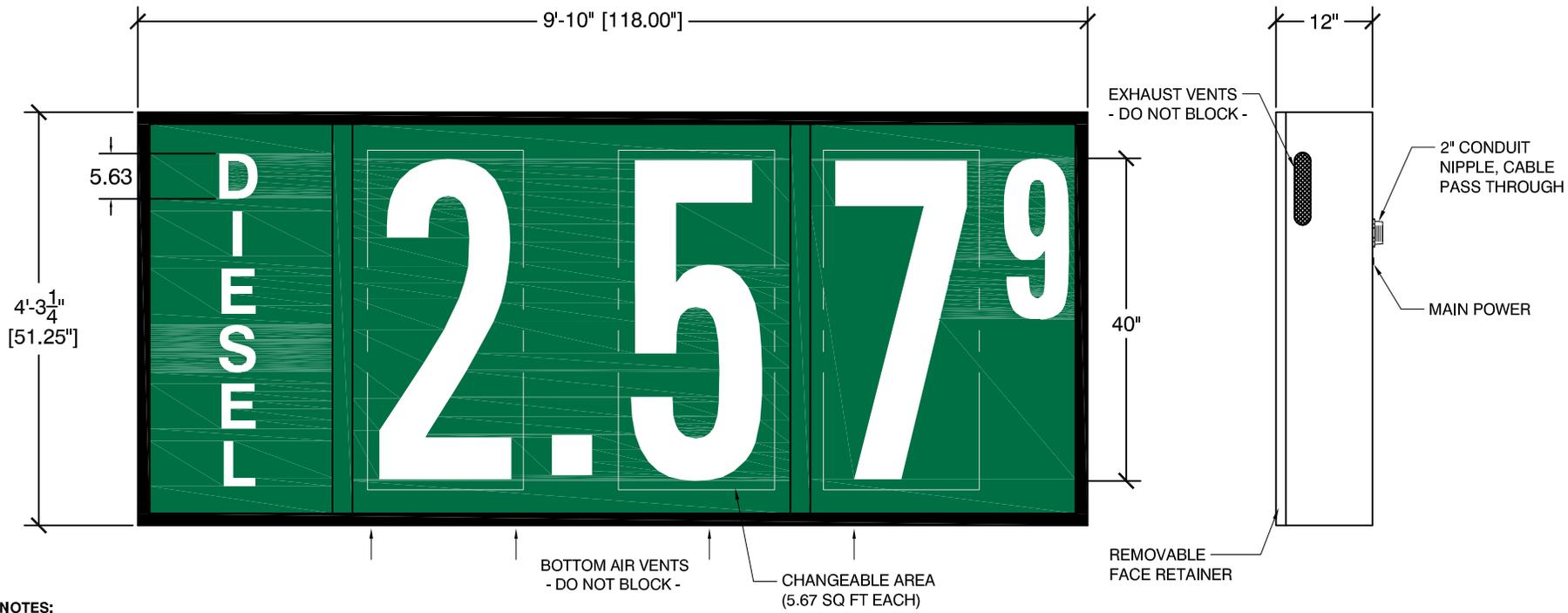
AREA	SQUARE FEET	%
IMPERVIOUS (ROOF AND PAVING)	22,754	71%
GREEN SPACE	9,368	29%
GROSS SITE	32,122	100%

POST-CONSTRUCTION IMPERVIOUS SITE RATIO (ISR)

AREA	SQUARE FEET	%
IMPERVIOUS (ROOF AND PAVING)	24,564	78%
GREEN SPACE	6,996	22%
GROSS SITE	32,122	100%

Sign A

"SIGN SPECIFICATION & CUT-SHEET"



NOTES:

1. CONFORMS TO UL STD 48
2. FONT: HELVETICA EXTENDED
3. CABINET PAINTED **BLACK**
4. PLEASE SPECIFY ANY SPECIAL MOUNTING REQUIREMENTS.
5. FACE VINYL TO BE APPLIED ON OUTSIDE SURFACE (1st SURFACE)
6. ALL PANELS TO BE 3/16" CLEAR OR WHITE ACRYLIC
7. COMMODITY BACKGROUND & COPY TO BE TRANSLUCENT (7.60 SQ FT)
8. PRICE AREA BACKGROUND TO BE OPAQUE WITH TRANSLUCENT COPY (24.58 SQ FT)
9. TOTAL CHANGEABLE AREA = 17.00 SQ FT
10. TOTAL SIGN AREA = 42.00 SQ FT
11. APPROX. SIGN WEIGHT: 340 lbs
12. **INTERIOR ILLUMINATION:**
12 VDC LED BACKLIGHTING
TOTAL ILLUMINATED AREA: 17.42 SQ FT
.58 WATTS/SIGN SQ FT
1192 LUMENS, 737 NITS
13. **ELECTRICAL REQUIREMENTS:**
Input Voltage: 120 VAC
Control 24/7 = 2 Amps
Lighting = 2 Amps

COLORS	REVISIONS	CUSTOMER REVIEW STATUS	THE INTENT OF THE DRAWING IS TO SHOW A CONCEPTUAL REPRESENTATION OF THE PROPOSED SIGNAGE. THE FINISHED SIGN MAY DIFFER SLIGHTLY FROM DRAWING.
<ul style="list-style-type: none"> ● GREEN, 3M 3632-26 ● DIGIT, GREEN/WHITE 	1: 2: 3: 4: 5:	SKYLINE PRODUCTS, INC. REQUIRES THAT AN "APPROVED" DRAWING BE OBTAINED FROM THE CUSTOMER PRIOR TO ANY PRODUCTION RELEASE OR PRODUCTION RELEASE REVISION. <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> REVISE AND RESUBMIT NAME: _____ DATE: _____	DRAWING NUMBER: MURP0091-122316-03A MODEL NUMBER: PSE1-40-1P1F-329-NSC SIGN TOLERANCES: +1/8 -1/2"

CUSTOMER: **MURPHY OIL**

ADDRESS:

SALESPERSON: **COMPANY**

DATE: **01/08/17**

STORE #:

SALES ORDER#:

SIGN AREA: **42.00 sq ft**

DRAWN BY: **KRC**

2903 DELTA DRIVE
COLORADO SPRINGS,
CO 80910-1012
719-392-9046
800-759-9046

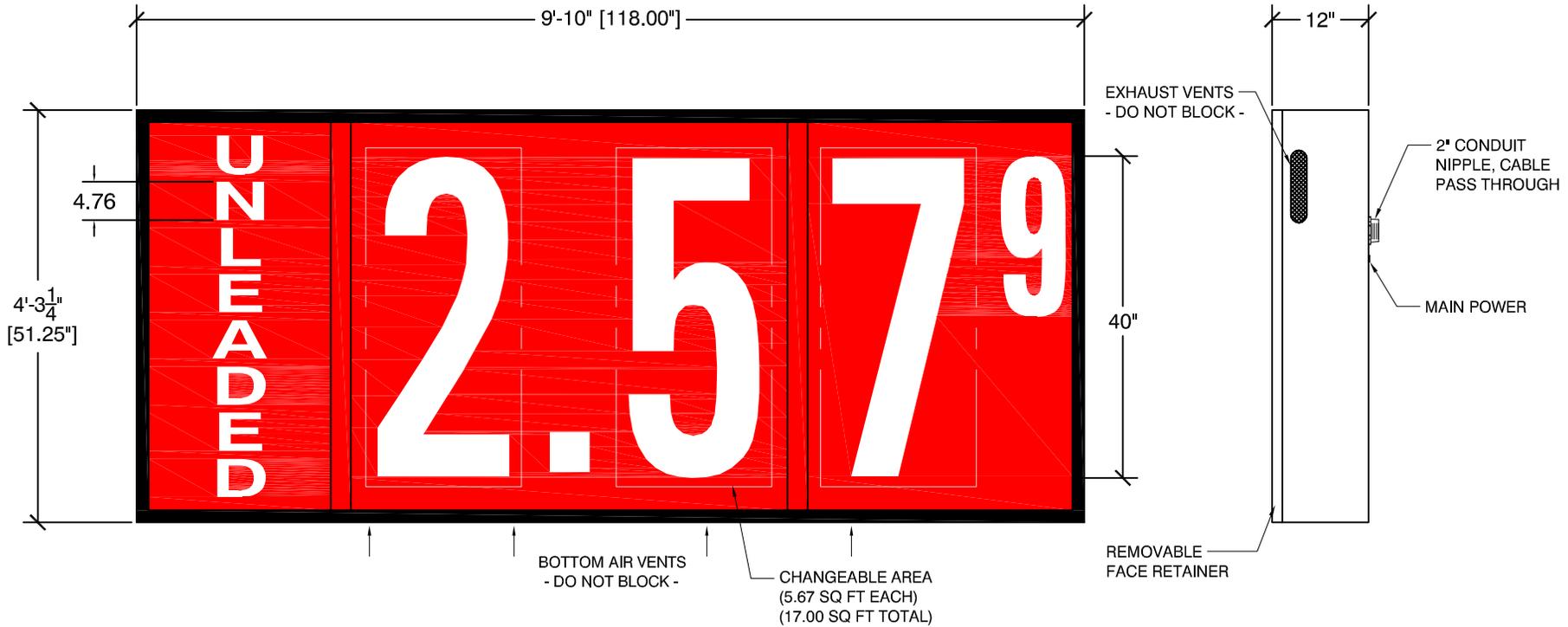
SKYLINE PRODUCTS

MODEL, 40" SINGLE PRODUCT
SINGLE FACE, 12" DEEP
SCROLL, FUEL PRICE DISPLAY

REV # 01 MURP-40CAN-GW-DSL

All installation details are suggested only. All signs must be installed in accordance with NATIONAL STATE ELECTRICAL AND BUILDING CODES. Unless specifically contracted for Skyline Products, Inc. shall have no responsibility for wind loads, installations, or electrical circuits. These are the sole responsibility of the buyer/user.

"SIGN SPECIFICATION & CUT-SHEET"



NOTES:

1. CONFORMS TO UL STD 48
2. FONT: HELVETICA EXTENDED
3. CABINET PAINTED **BLACK**
4. PLEASE SPECIFY ANY SPECIAL MOUNTING REQUIREMENTS.
5. FACE VINYL TO BE APPLIED ON OUTSIDE SURFACE (1st SURFACE)
6. ALL PANELS TO BE 3/16" CLEAR OR WHITE ACRYLIC
7. COMMODITY BACKGROUND & COPY TO BE TRANSLUCENT (7.60 SQ FT)
8. PRICE AREA BACKGROUND TO BE OPAQUE WITH TRANSLUCENT COPY (24.58 SQ FT)
9. TOTAL CHANGEABLE AREA = 17.00 SQ FT
10. TOTAL SIGN AREA = 42.00 SQ FT
11. APPROX. SIGN WEIGHT: 340 lbs
12. **INTERIOR ILLUMINATION:**
12 VDC LED BACKLIGHTING
TOTAL ILLUMINATED AREA: 17.42 SQ FT
13. **ELECTRICAL REQUIREMENTS:**
Input Voltage: 120 VAC
Control 24/7 = 2 Amps
Lighting = 2 Amps

COLORS	REVISIONS	CUSTOMER REVIEW STATUS	THE INTENT OF THE DRAWING IS TO SHOW A CONCEPTUAL REPRESENTATION OF THE PROPOSED SIGNAGE. THE FINISHED SIGN MAY DIFFER SLIGHTLY FROM DRAWING.
<ul style="list-style-type: none"> ● RED, 3M 3632-73 ● DIGIT, RED/WHITE 	<ol style="list-style-type: none"> 1: 2: 3: 4: 5: 	SKYLINE PRODUCTS, INC. REQUIRES THAT AN "APPROVED" DRAWING BE OBTAINED FROM THE CUSTOMER PRIOR TO ANY PRODUCTION RELEASE OR PRODUCTION RELEASE REVISION. <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> REVISE AND RESUBMIT NAME: _____ DATE: _____	DRAWING NUMBER: MURP0091-122316-03A MODEL NUMBER: PSE1-40-1P1F-329-NSC SIGN TOLERANCES: +1/8 -1/2"

CUSTOMER:	MURPHY OIL
ADDRESS:	
SALES PERSON:	COMPANY
DATE:	01/08/17
STORE #:	
SALES ORDER#:	
SIGN AREA:	42.00 sq ft
DRAWN BY:	KRC

2903 DELTA DRIVE
 COLORADO SPRINGS,
 CO 80910-1012
 719-392-9046
 800-759-9046

SKYLINE PRODUCTS

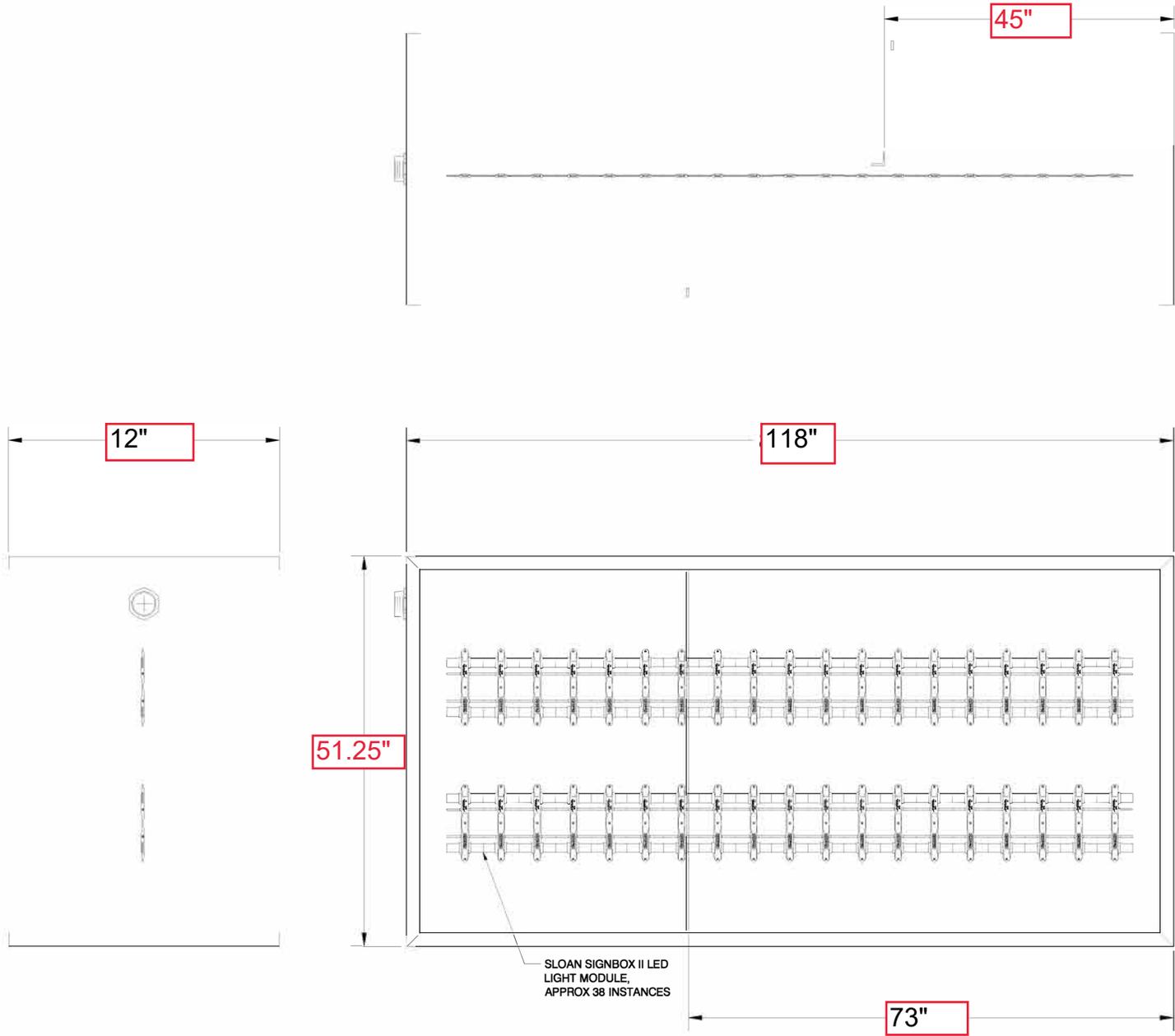
TITLE: MODEL, 40" SINGLE PRODUCT
 SINGLE FACE, 12" DEEP
 SCROLL, FUEL PRICE DISPLAY

REV. #/P.#: 01

01MURP-40CAN-RW-UNL

All installation details are suggested only. All signs must be installed in accordance with NATIONAL, STATE ELECTRICAL, AND BUILDING CODES. Unless specifically contracted for Skyline Products, Inc. shall have no responsibility for wind loads, installations, or electrical circuits. These are the sole responsibility of the buyer/user.

"SIGN SPECIFICATION & CUT-SHEET"



REVISIONS	THE INTENT OF THE DRAWING IS TO SHOW A CONCEPTUAL REPRESENTATION OF THE PROPOSED SIGNAGE. THE FINISHED SIGN MAY DIFFER SLIGHTLY FROM DRAWING.
1:	DRAWING NUMBER: MURP0091-030520-01B
2:	MODEL NUMBER: PSE1-32-1P2F-329-NPG
3:	FOR PERMITTING INFORMATION ONLY
4:	
5:	SIGN TOLERANCES: +1/8 -1/2"

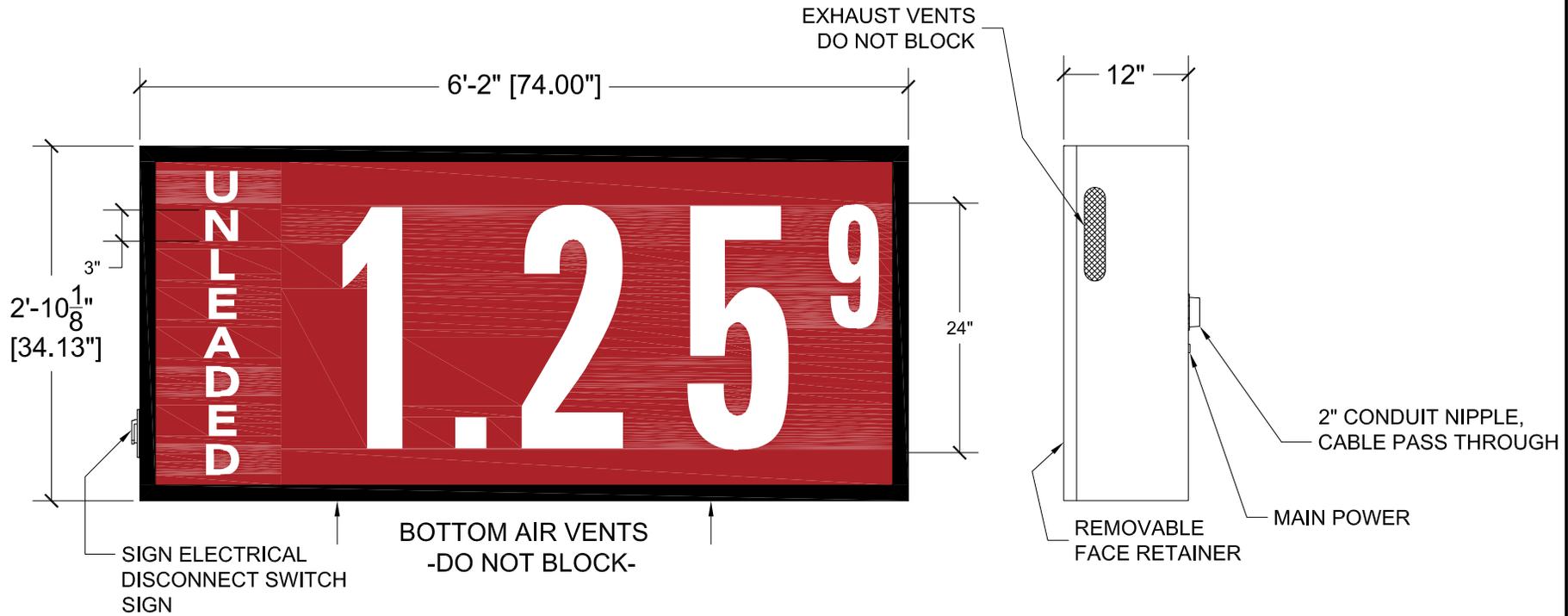
CUSTOMER:	MURPHY OIL
ADDRESS:	Abbeville, LA
SALES PERSON:	COMPANY
DATE:	3/4/2021
STORE #:	7809
SALES ORDER#:	
DRAWN BY:	SPS
SIGN AREA:	42.00 ft

2903 DELTA DRIVE
 COLORADO SPRINGS,
 CO 80910-1012
 719-392-9046
 800-759-9046

SKYLINE PRODUCTS
MODEL, 32" SINGLE PRODUCT
DOUBLE FACE
SCROLL, FUEL PRICE DISPLAY
REV: 01
SFN #:
01MURP-32PYL-GW-DSL-43

All installation details are suggested only. All Signs must be installed in accordance with NATIONAL, STATE ELECTRICAL, AND BUILDING CODES. Unless specifically contracted for Skyline Products, Inc. shall have no responsibility for wind loads, installations, or electrical circuits. These are the sole responsibility of the buyer/user.

"SIGN SPECIFICATION & CUT-SHEET"



NOTES:

- CONFORMS TO UL STD 48
- FONT: HELVETICA EXTENDED BOLD
- CABINET PAINTED **BLACK**
- PLEASE SPECIFY ANY SPECIAL MOUNTING REQUIREMENTS.
- SIGN HOUSING NOT DESIGNED TO BE LOAD BEARING
- FACE VINYL TO BE APPLIED ON OUTSIDE SURFACE (1st SURFACE)
- ALL PANELS TO BE 3/16" CLEAR
- COMMODITY BACKGROUND TO BE TRANSLUCENT WITH TRANSLUCENT COPY
- PRICE AREA BACKGROUND TO BE OPAQUE WITH TRANSLUCENT COPY
- INTERIOR ILLUMINATION :
LED BACKLIGHTING
ELECTRICAL REQUIREMENTS:
Input Voltage: 120 VAC
Control 24/7 = 2 Amps
Lighting= 1.2 Amps
TOTAL = 3.2 Amps

- REAR MOUNTING ONLY -

MOUNTING STRUCTURE & SUPPORTS BY OTHERS

COLORS	REVISIONS	CUSTOMER REVIEW STATUS	THE INTENT OF THE DRAWING IS TO SHOW A CONCEPTUAL REPRESENTATION OF THE PROPOSED SIGNAGE. THE FINISHED SIGN MAY DIFFER SLIGHTLY FROM DRAWING.																		
<ul style="list-style-type: none"> ● RED, 3M 3632-73 ○ WHITE, 3M 3632-20 ⊙ DIGIT, RED/WHITE 	<table border="1"> <tr> <td>DATE</td> <td>DRAWN</td> <td>CHECKED</td> </tr> <tr> <td>1:</td> <td></td> <td></td> </tr> <tr> <td>2:</td> <td></td> <td></td> </tr> <tr> <td>3:</td> <td></td> <td></td> </tr> <tr> <td>4:</td> <td></td> <td></td> </tr> <tr> <td>5:</td> <td></td> <td></td> </tr> </table>	DATE	DRAWN	CHECKED	1:			2:			3:			4:			5:			SKYLINE PRODUCTS, INC. REQUIRES THAT AN "APPROVED" DRAWING BE OBTAINED FROM THE CUSTOMER PRIOR TO ANY PRODUCTION RELEASE OR PRODUCTION RELEASE REVISION. <input type="checkbox"/> APPROVED <input type="checkbox"/> REVISE & RE-SUBMIT NAME: _____ DATE: _____	DRAWING NUMBER: MURP0091-060520-01A MODEL NUMBER: PSE1-24-1P1F-329-NSC SIGN TOLERANCES: +1/8 -1/2"
DATE	DRAWN	CHECKED																			
1:																					
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3:																					
4:																					
5:																					
			<table border="1"> <tr> <td>CLASS.</td> </tr> <tr> <td align="center">CS</td> </tr> </table>	CLASS.	CS																
CLASS.																					
CS																					

CUSTOMER:	MURPHY OIL COMPANY
ADDRESS:	
SALESPERSON:	COMPANY
DATE:	6/8/2020
DRAWN BY:	JJB
CHECKED BY:	KRC
STORE #:	
SALES ORDER#:	
SIGN AREA:	17.54 sq ft

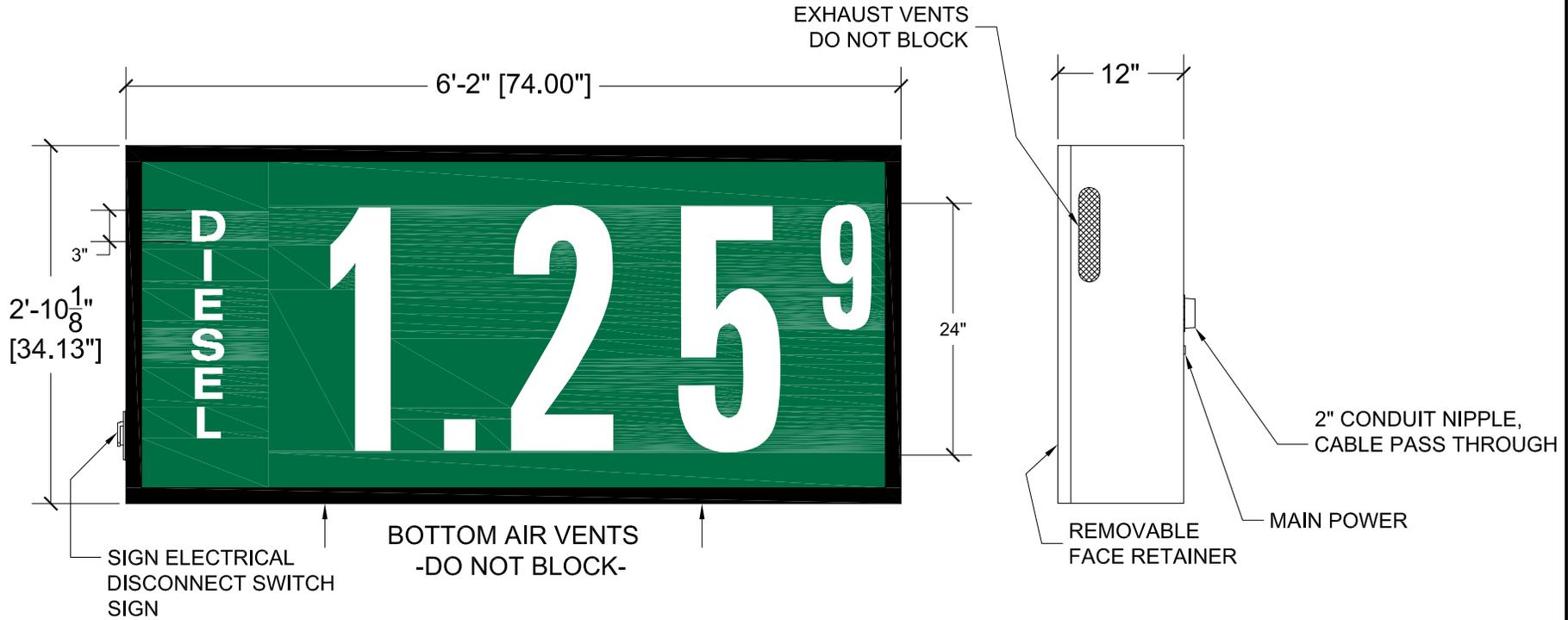
2903 DELTA DRIVE
 COLORADO SPRINGS,
 CO 80910-1012
 719-392-9046
 800-759-9046

SKYLINE PRODUCTS
 SCROLL FUEL PRICE DISPLAY

REV: 01MURP-24CAN-RW-UNL

All installation details are suggested only. All Signs must be installed in accordance with NATIONAL, STATE ELECTRICAL, AND BUILDING CODES. Unless specifically contracted for Skyline Products, Inc. shall have no responsibility for wind loads, installations, or electrical circuits. These are the sole responsibility of the buyer/user.

"SIGN SPECIFICATION & CUT-SHEET"



NOTES:

1. CONFORMS TO UL STD 48
2. FONT: HELVETICA EXTENDED BOLD
3. CABINET PAINTED **BLACK**
4. PLEASE SPECIFY ANY SPECIAL MOUNTING REQUIREMENTS.
5. SIGN HOUSING NOT DESIGNED TO BE LOAD BEARING
6. FACE VINYL TO BE APPLIED ON OUTSIDE SURFACE (1st SURFACE)
7. ALL PANELS TO BE 3/16" CLEAR
8. COMMODITY BACKGROUND TO BE TRANSLUCENT WITH TRANSLUCENT COPY
9. PRICE AREA BACKGROUND TO BE OPAQUE WITH TRANSLUCENT COPY
10. INTERIOR ILLUMINATION :
LED BACKLIGHTING
ELECTRICAL REQUIREMENTS:
Input Voltage: 120 VAC
Control 24/7 = 2 Amps
Lighting= 1.2 Amps
TOTAL = 3.2 Amps

- REAR MOUNTING ONLY -

MOUNTING STRUCTURE & SUPPORTS BY OTHERS

COLORS	REVISIONS	CUSTOMER REVIEW STATUS	THE INTENT OF THE DRAWING IS TO SHOW A CONCEPTUAL REPRESENTATION OF THE PROPOSED SIGNAGE. THE FINISHED SIGN MAY DIFFER SLIGHTLY FROM DRAWING.																		
<ul style="list-style-type: none"> ● GREEN, 3M 3632-26 ○ WHITE, 3M 3632-20 ● DIGIT, GREEN/WHITE 	<table border="1"> <tr> <td>DATE</td> <td>DRAWN</td> <td>CHECKED</td> </tr> <tr> <td>1:</td> <td></td> <td></td> </tr> <tr> <td>2:</td> <td></td> <td></td> </tr> <tr> <td>3:</td> <td></td> <td></td> </tr> <tr> <td>4:</td> <td></td> <td></td> </tr> <tr> <td>5:</td> <td></td> <td></td> </tr> </table>	DATE	DRAWN	CHECKED	1:			2:			3:			4:			5:			SKYLINE PRODUCTS, INC. REQUIRES THAT AN "APPROVED" DRAWING BE OBTAINED FROM THE CUSTOMER PRIOR TO ANY PRODUCTION RELEASE OR PRODUCTION RELEASE REVISION. <input type="checkbox"/> APPROVED <input type="checkbox"/> REVISE & RE-SUBMIT NAME: _____ DATE: _____	DRAWING NUMBER: MURP0091-060520-01B MODEL NUMBER: PSE1-24-1P1F-329-NSC SIGN TOLERANCES: +1/8 -1/2"
DATE	DRAWN	CHECKED																			
1:																					
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4:																					
5:																					
			<table border="1"> <tr> <td>CLASS.</td> </tr> <tr> <td align="center">CS</td> </tr> </table>	CLASS.	CS																
CLASS.																					
CS																					

CUSTOMER:	MURPHY OIL COMPANY
ADDRESS:	
SALESPERSON:	COMPANY
DATE:	6/8/2020
DRAWN BY:	JJB
CHECKED BY:	KRC
STORE #:	
SALES ORDER#:	
SIGN AREA:	17.54 sq ft

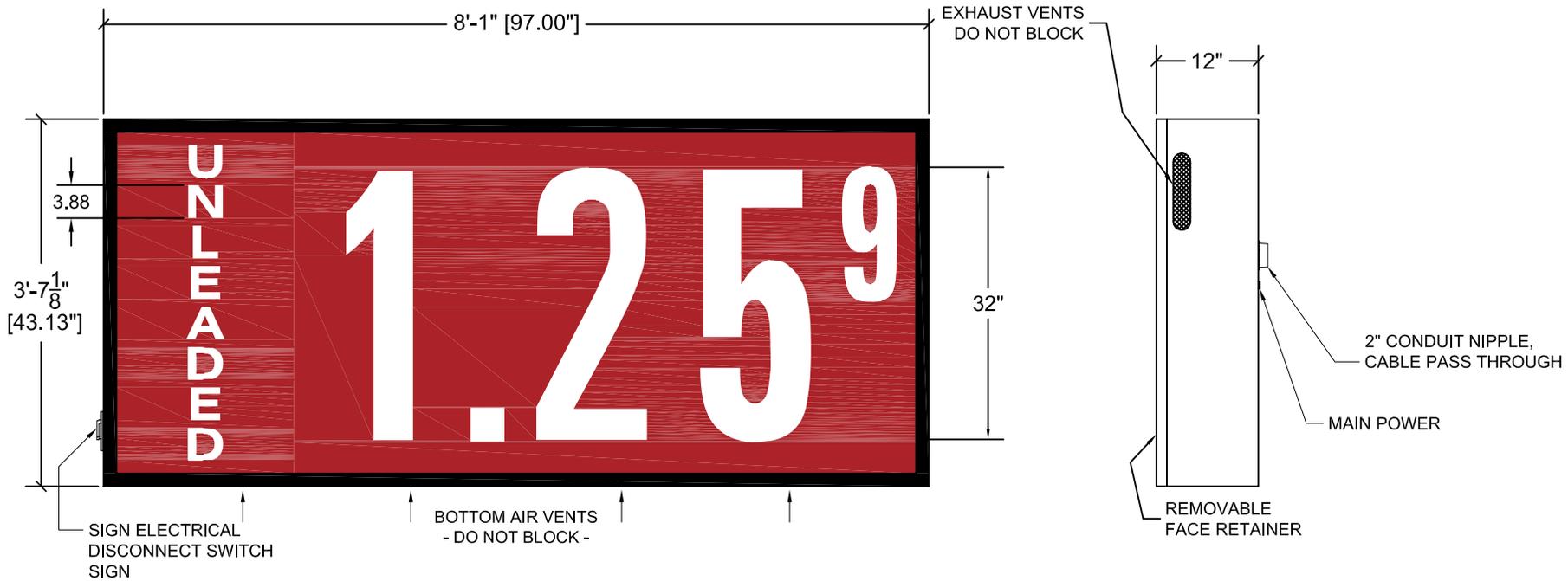
2903 DELTA DRIVE
 COLORADO SPRINGS,
 CO 80910-1012
 719-392-9046
 800-759-9046

SKYLINE PRODUCTS
 SCROLL FUEL PRICE DISPLAY

REV: 01MURP-24CAN-GW-DSL

All installation details are suggested only. All Signs must be installed in accordance with NATIONAL, STATE ELECTRICAL, AND BUILDING CODES. Unless specifically contracted for Skyline Products, Inc. shall have no responsibility for wind loads, installations, or electrical circuits. These are the sole responsibility of the buyer/user.

"SIGN SPECIFICATION & CUT-SHEET"



NOTES:

1. CONFORMS TO UL STD 48
2. FONT: HELVETICA EXTENDED BOLD
3. CABINET PAINTED **BLACK**
4. PLEASE SPECIFY ANY SPECIAL MOUNTING REQUIREMENTS.
5. SIGN HOUSING NOT DESIGNED TO BE LOAD BEARING
6. FACE VINYL TO BE APPLIED ON OUTSIDE SURFACE (1st SURFACE)
7. ALL PANELS TO BE 3/16" CLEAR
8. COMMODITY BACKGROUND TO BE TRANSLUCENT WITH TRANSLUCENT COPY
9. PRICE AREA BACKGROUND TO BE OPAQUE WITH TRANSLUCENT COPY
10. INTERIOR ILLUMINATION :
LED BACKLIGHTING
ELECTRICAL REQUIREMENTS:
Input Voltage: 120 VAC
Control 24/7 = 2 Amps
Lighting= 2.4 Amps
TOTAL = 4.4 Amps

- REAR MOUNTING ONLY -

MOUNTING STRUCTURE & SUPPORTS BY OTHERS

COLORS	REVISIONS	CUSTOMER REVIEW STATUS	THE INTENT OF THE DRAWING IS TO SHOW A CONCEPTUAL REPRESENTATION OF THE PROPOSED SIGNAGE. THE FINISHED SIGN MAY DIFFER SLIGHTLY FROM DRAWING.																		
<ul style="list-style-type: none"> ● RED, 3M 3632-73 ○ WHITE, 3M 3632-20 ● DIGIT, RED/WHITE 	<table border="1"> <tr> <td>DATE</td> <td>DRAWN</td> <td>CHECKED</td> </tr> <tr> <td>1:</td> <td></td> <td></td> </tr> <tr> <td>2:</td> <td></td> <td></td> </tr> <tr> <td>3:</td> <td></td> <td></td> </tr> <tr> <td>4:</td> <td></td> <td></td> </tr> <tr> <td>5:</td> <td></td> <td></td> </tr> </table>	DATE	DRAWN	CHECKED	1:			2:			3:			4:			5:			SKYLINE PRODUCTS, INC. REQUIRES THAT AN "APPROVED" DRAWING BE OBTAINED FROM THE CUSTOMER PRIOR TO ANY PRODUCTION RELEASE OR PRODUCTION RELEASE REVISION. <input type="checkbox"/> APPROVED <input type="checkbox"/> REVISE & RE-SUBMIT NAME: _____ DATE: _____	DRAWING NUMBER: MURP0091-060920-01A MODEL NUMBER: PSE1-32-1P1F-329-NSC SIGN TOLERANCES: +1/8 -1/2"
DATE	DRAWN	CHECKED																			
1:																					
2:																					
3:																					
4:																					
5:																					
			CLASS. CS																		

CUSTOMER:	MURPHY OIL COMPANY
ADDRESS:	
SALES PERSON:	COMPANY
DATE:	6/10/2020
DRAWN BY:	JJB
CHECKED BY:	KRC
SIGN AREA:	29.05 sq ft
STORE #:	
SALES ORDER#:	

2903 DELTA DRIVE
 COLORADO SPRINGS,
 CO 80910-1012
 719-392-9046
 800-759-9046

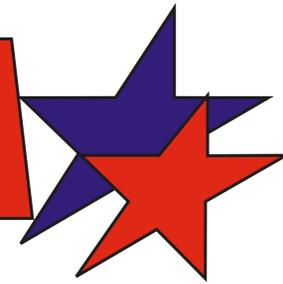
	TITLE:	SCROLL, FUEL PRICE DISPLAY
	REV. SPT#:	01 01MURP-32CAN-RW-UNL

All installation details are suggested only. All signs must be installed in accordance with NATIONAL, STATE ELECTRICAL, AND BUILDING CODES. Unless specifically contracted for Skyline Products, Inc. shall have no responsibility for wind loads, installations, or electrical circuits. These are the sole responsibility of the buyer/user.

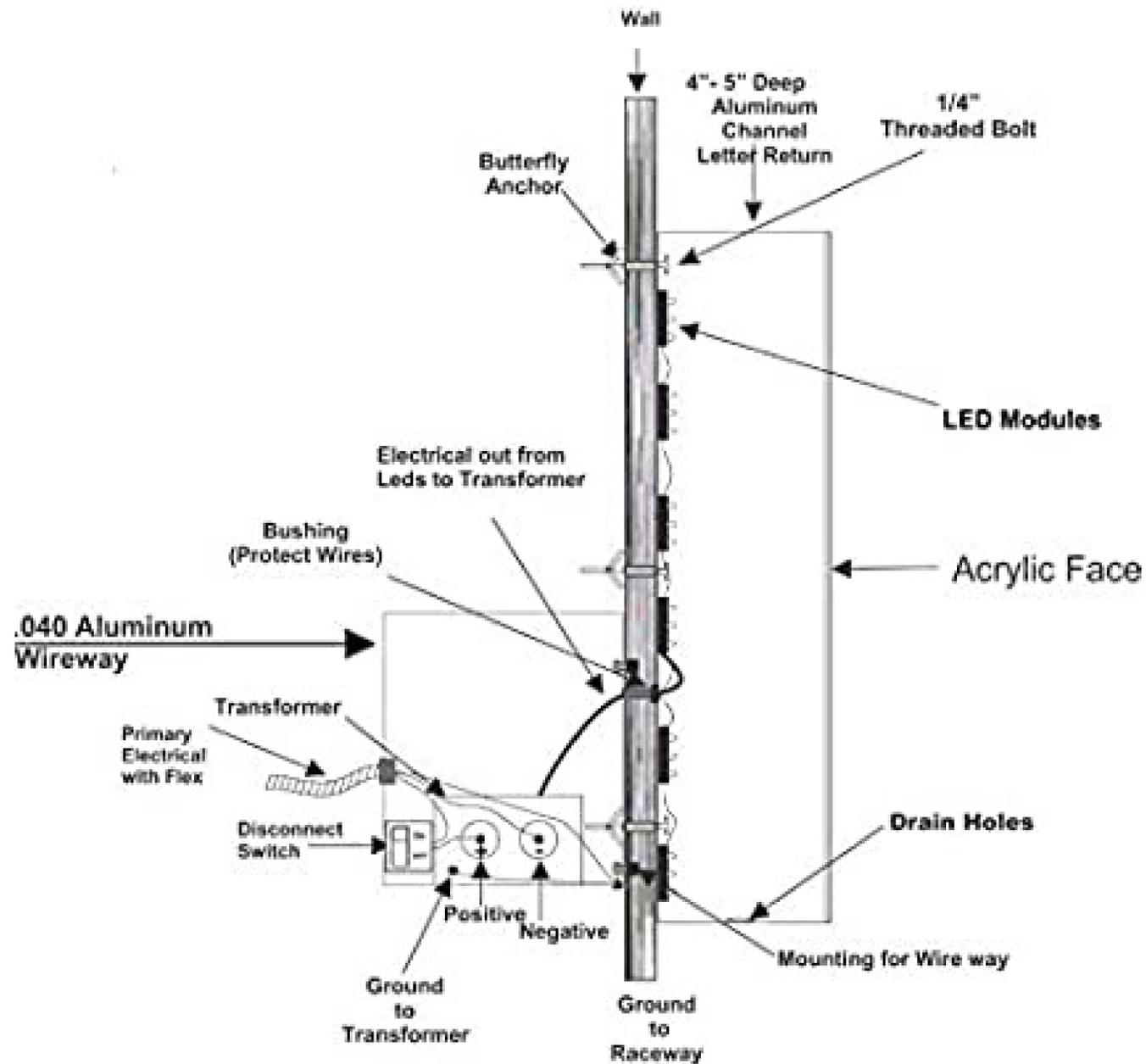
16'9-1/4"

2'-0"

MURPHY USA



3354 S.F.



1231 Central Avenue
Hot Springs, AR 71901

(501) 623-3181 www.seizsigns.com

Job Info

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

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

Production

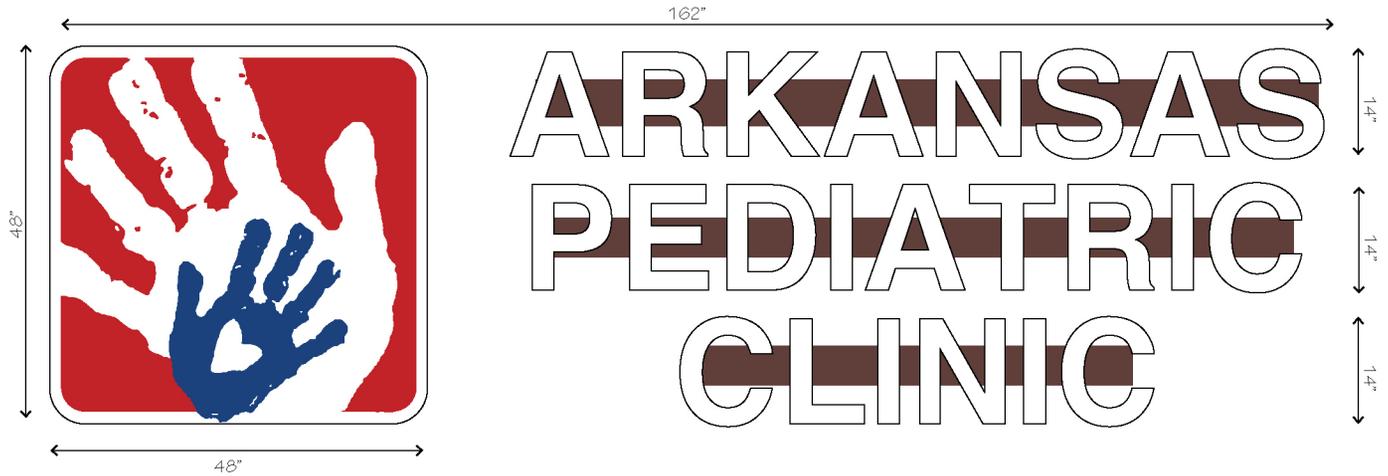
Designer: Scott Telfer
Email: scott@seizsigns.com
Substrate:
Quantity: 1 SF
Notes:

Specifications

Fonts:

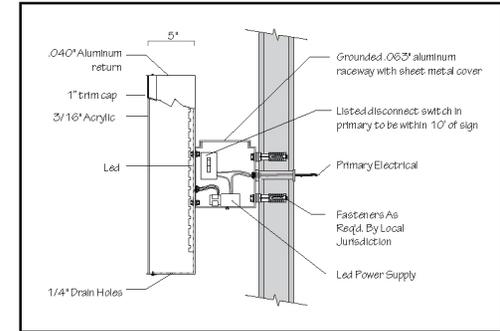
Client Approval

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



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

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



Signature:

Option:

Date:

← 14' →



↑ 20' ↓

TOBACCO & VAPE 4

↑ 20' ↓

↑ 25' ↓

↑ 16' ↓

340

REEDS
For Lease
Call: 800-333-ACRE

REEDS
For Lease
Call: 800-333-ACRE

← 19' →

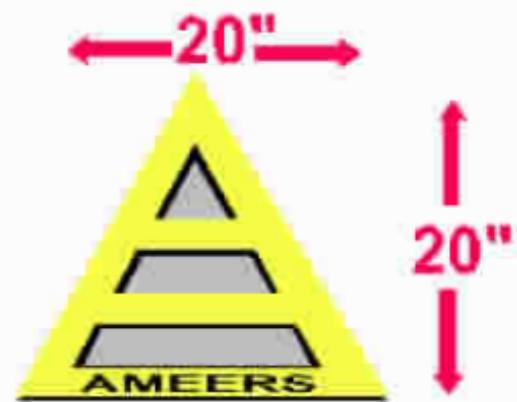
Dash
& DAYCARE

DAYCARE

INDOOR &
OUTDOOR AREAS
TAKE NEW PRICES!

CHRISTOPHER
AND GIL

Channel Letters on raceway



TOBACCO & VAPE 4

14'

20"

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

LANDLORD APPROVAL



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

REPRESENTATIVE: KEVIN HONEA

DATE/DWG: 09/26/23 - DWG1

DESIGNER: LORA RAND

ALL IDEAS, DESIGNS AND ARRANGEMENTS INDICATED OR REPRESENTED BY THIS DRAWING (EXCEPT FOR REGISTERED TRADEMARKS) ARE OWNED BY AND ARE THE PROPERTY OF ARKANSAS SIGN & NEON. USE OF THIS DOCUMENT IS PROHIBITED UNLESS WRITTEN AUTHORIZATION IS OTHERWISE GIVEN.
DELIVERY TIMES VARY PER SCOPE OF WORK. TYPICAL DELIVERY TIME FROM ACCEPTANCE AND PERMITTING ARE 4-8 WEEKS. OUR GOALS IS TO DELIVER IN A TIMELY MANNER BARRING UNFORSEEN CIRCUMSTANCES.

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

DATE:

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



SIGNATURE OF APPROVAL REQUIRED FOR PRODUCTION

AMPLE STORAGE

RACEWAY COOL GRAY 11C MATTE

specs:

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



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

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

Designer
Ann

File Name
Shelter Insurance - Matt Steele.fs

Job Number
30882

QTY: 1 Set of Channel Letters



Description
QTY: In File

ARTWORK IS PROPERTY OF ACTION SIGN & NEON AND SHALL NOT BE DUPLICATED OR COPIED IN ANY MANNER.



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

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

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

Customer
Shelter Insurance

Name
Beth

Design Time

Phone
954-3022

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

Date
10/25/2023

Minutes

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

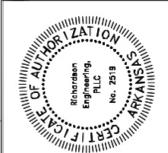
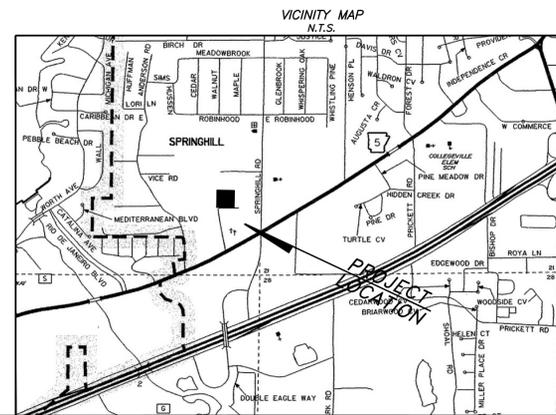
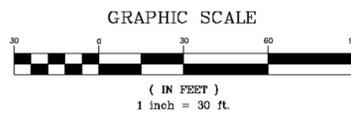
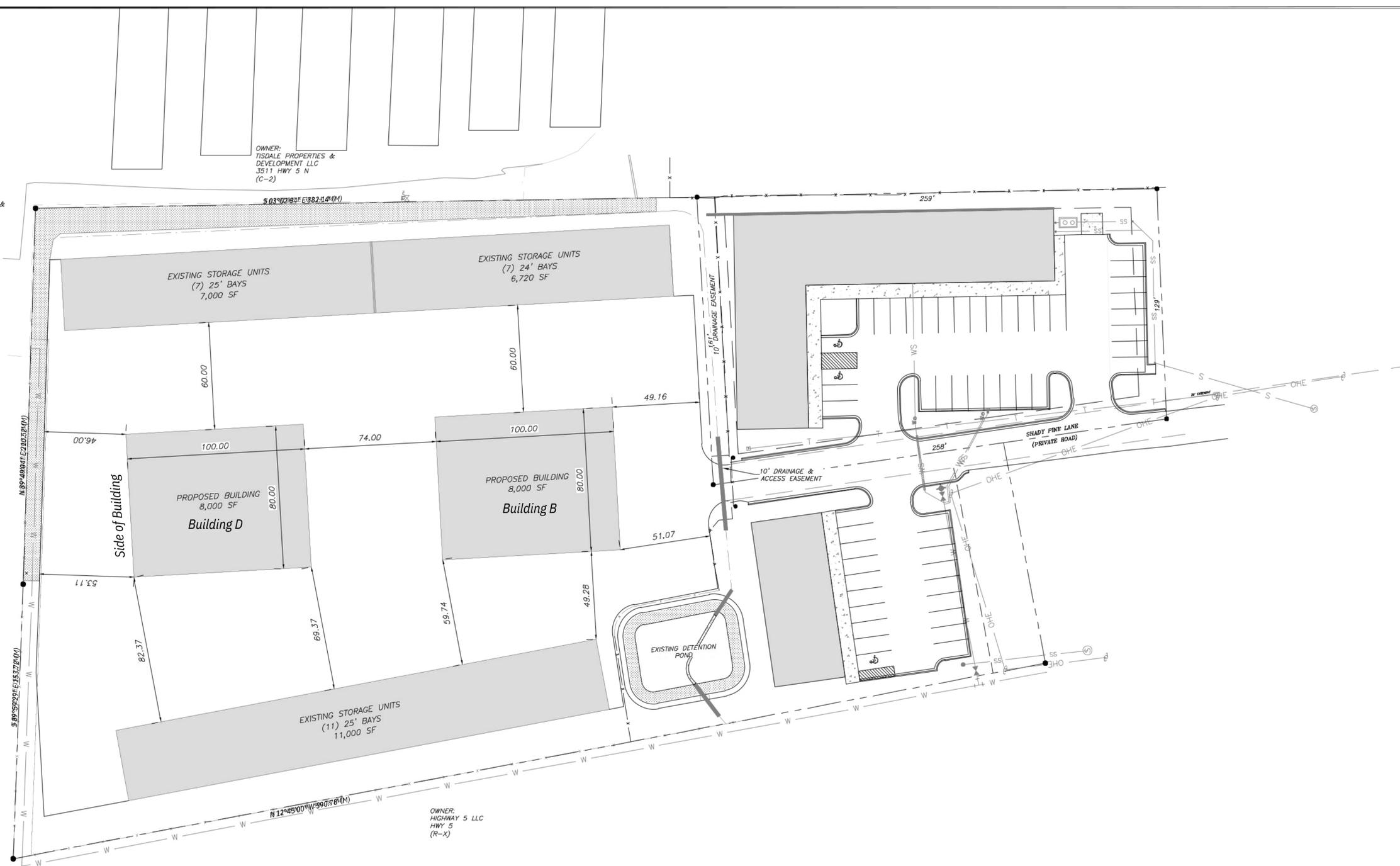
COLORS SHOWN ARE FOR REFERENCE ONLY. COLORS MAY VARY.

OWNER:
TISDALE PROPERTIES &
DEVELOPMENT LLC
3515 HWY 5 N
(C-2)

OWNER:
GLADYS AREY
2703 SPRINGHILL RD.
(R-X)

OWNER:
TISDALE PROPERTIES &
DEVELOPMENT LLC
3515 HWY 5 N
(C-2)

OWNER:
HIGHWAY 5 LLC
HWY 5
(R-X)



SITE PLAN
SHADY PINE
STORAGE CENTER
PART OF THE SE 1/4 OF THE
SE 1/4, SECTION 20, T-1-S, R-14-W

Prepared For:
ALAN SCHRADER
P.O. BOX 824
BRYANT, AR 72089

No.	Revisions	Date



Colton Leonard <cleonard@cityofbryant.com>

Shady Pine Warehouse Non-Standard Building Approval

2 messages

Bascon Office <basconoffice@yahoo.com>

Thu, Oct 19, 2023 at 9:30 AM

To: "tsmith@cityofbryant.com" <tsmith@cityofbryant.com>, "cleonard@cityofbryant.com" <cleonard@cityofbryant.com>

Cc: Alan Schrader <schraderhomes@yahoo.com>

Good morning,

We are seeking non-standard building approval for two 8,000 sf buildings to be added to the Shady Pine Warehouse complex. I have attached an updated site map for the project here for you. Please let me know if you need anything else.

Thank you,
Loran Greenleaf
Bascon General Contractors LLC
501-847-1940

 **Updated Site Plan.pdf**
1481K

Truett Smith <tsmith@cityofbryant.com>

Thu, Oct 19, 2023 at 10:06 AM

To: Bascon Office <basconoffice@yahoo.com>

Cc: "cleonard@cityofbryant.com" <cleonard@cityofbryant.com>, Alan Schrader <schraderhomes@yahoo.com>

Thank you!

[Quoted text hidden]

--



Truett Smith, MPA, AICP, PCED

Community Development Director

City of Bryant

501-943-0309

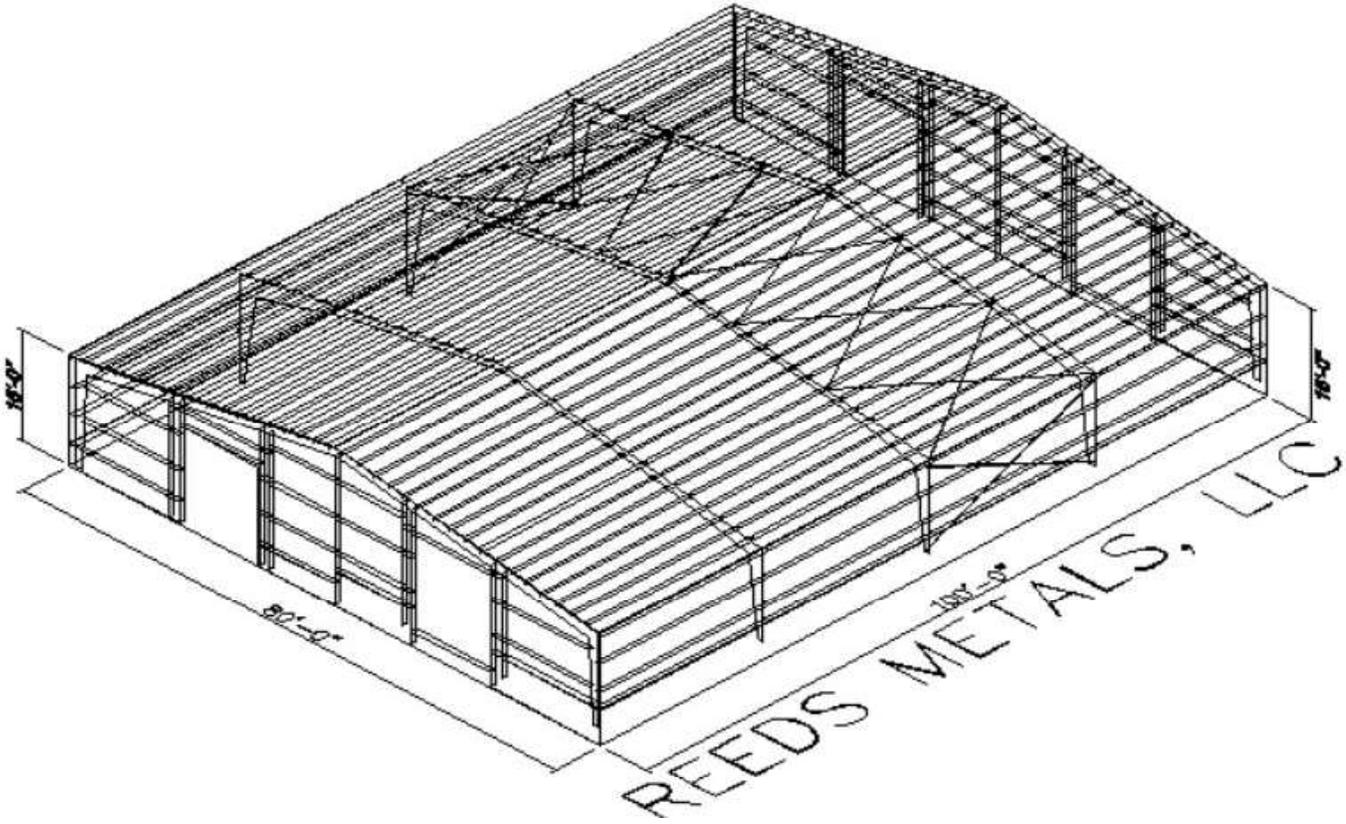
tsmith@cityofbryant.com

www.cityofbryant.com

210 SW 3rd St, Bryant, AR 72022

BUILDING LAYOUT SKETCH

Sketches are shown for reference ONLY and should be considered Preliminary. Actual design may vary.



Quote Number: CK23-053



Fwd: Fire approval

1 message

Truett Smith <tsmith@cityofbryant.com>
To: Colton Leonard <cleonard@cityofbryant.com>

Fri, Nov 3, 2023 at 9:54 AM

This is the timeframe for this project. They did get a 6 month extension. That puts the deadline at 7/22/24.

----- Forwarded message -----

From: **Thomas Hammond** <thammond@cityofbryant.com>
Date: Fri, Nov 3, 2023 at 9:46 AM
Subject: Fwd: Fire approval
To: Truett Smith <tsmith@cityofbryant.com>

----- Forwarded message -----

From: **Shannon Nuckols** <slaureen.nuckols@gmail.com>
Date: Fri, Jul 22, 2022 at 1:41 PM
Subject: Re: Fire approval
To: Thomas Hammond <thammond@cityofbryant.com>

Thank you!

On Fri, Jul 22, 2022 at 1:27 PM Thomas Hammond <thammond@cityofbryant.com> wrote:
Mrs. Nuckols,

The purpose of this email is to confirm our conversation we had today, 7/22/22. The topic was using your living room area as a temporary classroom for children 3 to 6 years of age. Temporary in this instance would be a time period of no more than 18 months from the date of this email. In order to use the space discussed @ 4910 Springhill Rd. the following changes shall be made prior to approval.

1. The rear entrance door shall swing in the way of travel (outward) and be equipped with hardware requiring one motion to open.
2. ADA approved ramp shall be installed to service the rear entrance door. Ramp shall be a minimum of 44" in width. If the ramp is elevated it shall require a handrail on both sides.
3. Exits shall be marked with proper signage.
4. Fire Extinguisher shall be provided.
5. Room shall be integrated into existing daycare fire alarm system.
6. An Occupant Load of 15 school age (> 3) shall be assigned to space.
7. Remove the door going into the mudroom.
8. An inspection from the Fire Marshal and Code Enforcement shall prior to the issue of OC.

On Fri, Jul 22, 2022 at 9:26 AM Shannon Nuckols <slaureen.nuckols@gmail.com> wrote:

Fire Marshall Hammond,
I just tried to call you and left a message.

On Fri, Jul 22, 2022 at 9:18 AM Shannon Nuckols <slaureen.nuckols@gmail.com> wrote:
Sorry- It is 501-381-4607. Ill try to call you also.

On Fri, Jul 22, 2022 at 8:46 AM Thomas Hammond <thammond@cityofbryant.com> wrote:
Mrs. Nuckols,

I have tried calling the # listed below a couple of times. It keeps stating that the call failed. Give me a call and we can discuss further.

On Thu, Jul 21, 2022 at 12:12 PM Shannon Nuckols <slaureen.nuckols@gmail.com> wrote:
Fire Marshall Hammond-
Could you give me a call when you have a chance? Licensing came out today and said she would approve a space for us and wanted us to call fire department.
--
Shannon Nuckols, M.Ed
Cornerstone Montessori Christian Academy
[Slaureen.nuckols@gmail.com](mailto:slaureen.nuckols@gmail.com)
<https://www.cornerstone-montessori-christian.com>
501-381-4607

--
Tommy Hammond
Battalion Chief
Fire Marshal
CFPE
Bryant Fire Department

312 Roya Lane
Bryant, AR 72022
501-943-0964 Ext. 397 - Office
501-943-0982 - Fax

--
Shannon Nuckols, M.Ed
Cornerstone Montessori Christian Academy
Slaureen.nuckols@gmail.com
<https://www.cornerstone-montessori-christian.com>
501-381-4607

--
Shannon Nuckols, M.Ed
Cornerstone Montessori Christian Academy
Slaureen.nuckols@gmail.com
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501-381-4607

--
Tommy Hammond
Battalion Chief
Fire Marshal
CFPE
Bryant Fire Department
312 Roya Lane
Bryant, AR 72022
501-943-0964 Ext. 397 - Office
501-943-0982 - Fax

--
Shannon Nuckols, M.Ed
Cornerstone Montessori Christian Academy
Slaureen.nuckols@gmail.com
<https://www.cornerstone-montessori-christian.com>
501-381-4607



Tommy Hammond
Fire Marshal / Battalion Chief
City of Bryant

501-943-0964
thammond@cityofbryant.com
www.cityofbryant.com
[312 Roya Lane, Bryant, AR 72022](https://www.cityofbryant.com)

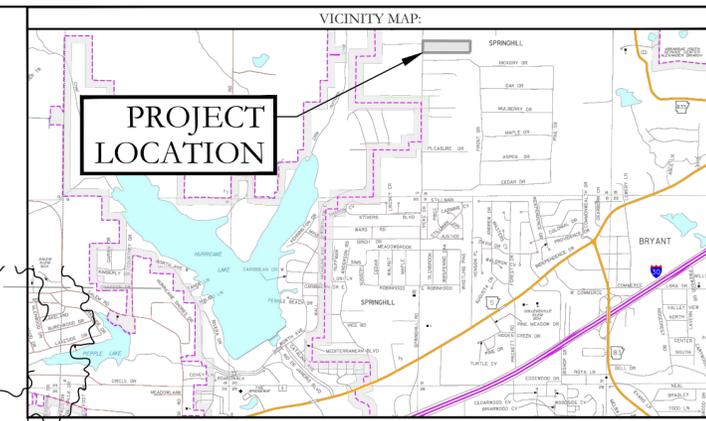


Truett Smith, MPA, AICP, PCED

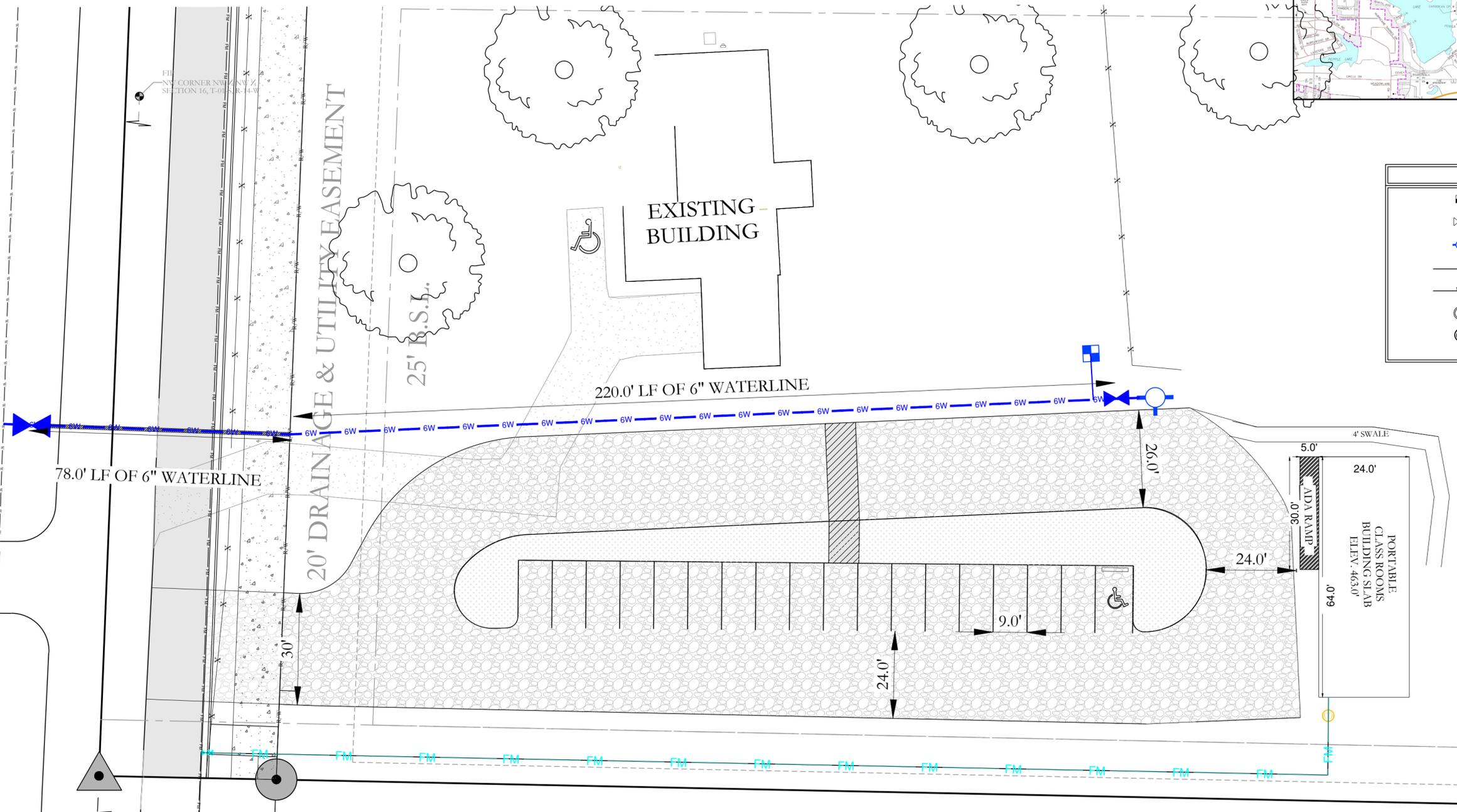
Community Development Director
City of Bryant

501-943-0309
tsmith@cityofbryant.com
www.cityofbryant.com

[210 SW 3rd St, Bryant, AR 72022](https://www.cityofbryant.com)



UTILITY PLAN LEGEND	
	WATER METER
	WATER VALVE
	FIRE HYDRANT
	SANITARY SEWER LINE
	WATER LINE
	SEWER MANHOLE
	SANITARY SEWER CLEANOUT



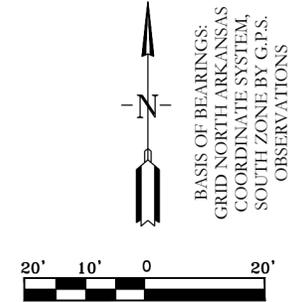
LEGAL DESCRIPTION:
 PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER, SECTION 16, TOWNSHIP 1 SOUTH, RANGE 14 WEST, DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF SAID NORTHWEST QUARTER OF THE NORTHWEST QUARTER, THENCE S2°15'35"W ALONG WEST LINE OF SAID NORTHWEST QUARTER, A DISTANCE OF 819.14 FEET TO THE POINT OF BEGINNING, THENCE S89°26'33"E, A DISTANCE OF 333.66 FEET TO A FOUND IRON PIN AT THE SOUTHEAST CORNER OF LAND DESCRIBED IN INSTRUMENT #2017-006510 FILED IN SALINE COUNTY, ARKANSAS; THENCE ALONG THE SOUTH PROPERTY LINE OF LAND DESCRIBED IN INSTRUMENT #2009-57630 FILED IN SALINE COUNTY, ARKANSAS, S89°23'57"E, A DISTANCE OF 967.93 FEET TO A 2" FOUND IRON PIN WITH CAP #128 ON THE WEST PROPERTY LINE OF LANDS OWNED BY RONNY BROADWAY DESCRIBED INSTRUMENT #2020-017777 FILED IN SALINE COUNTY, ARKANSAS; THENCE LEAVING SAID SOUTH LINE ALONG THE WEST LINE OF BROADWAY, S03°06'57"W, A DISTANCE OF 494.53 FEET TO A 2" REBAR AND THE NORTH LINE OF LANDS DESCRIBED IN SALINE COUNTY DOCUMENT #2012-36651; THENCE N89°23'43"W, A DISTANCE OF 1313.94 FEET ALONG THE NORTH LINE OF LANDS OWNED BY BALISTERRI, WOOTEN AND VAUGH; THENCE N02°15'55"E, A DISTANCE OF 493.91 FEET TO THE POINT OF BEGINNING, CONTAINING 14.71 ACRES, MORE OR LESS.

A PORTION OF THE PROPERTY DESCRIBED HEREON LIES WITHIN THE 100 YEAR FLOODPLAIN, ACCORDING TO THE FLOOD INSURANCE RATE MAP, PANEL #05125C0225E, DATED: 6/5/2020.

BUILDING SETBACKS:
 FRONT - 25' OR AS SHOWN
 REAR - 25' OR AS SHOWN
 SIDE - 15' OR AS SHOWN

EASEMENTS: UTILITY & DRAINAGE (D.E. & U.E.)
 FRONT - 15' OR AS SHOWN
 REAR - 10' OR AS SHOWN
 SIDE - 5' OR AS SHOWN
 LOT CORNERS: SET 1/2" REBAR WITH CAP

LEGEND	
	- Found Aliquot Corner
	- Found monument

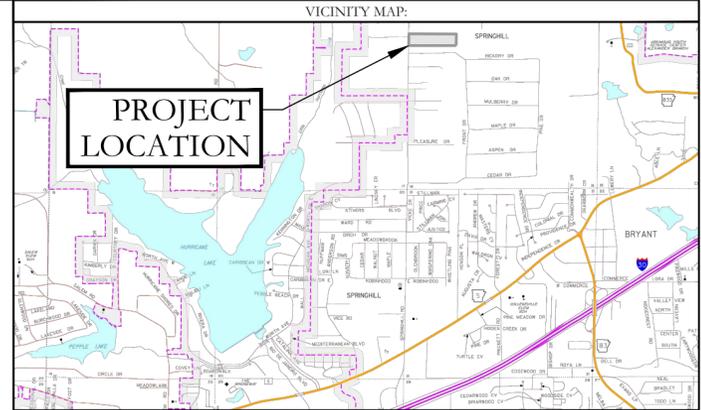


SITE PLAN
NUCKOLS ESTATES
 A SUBDIVISION, IN THE CITY OF BRYANT, SALINE COUNTY, ARKANSAS



HOPE CONSULTING ENGINEERS - SURVEYORS		129 North Main Street, Benton, Arkansas 72015 PH. (501)315-2626 FAX (501) 315-0024 www.hopeconsulting.com	
FOR USE AND BENEFIT OF: SHANNON NUCKOLS			
SITE PLAN BUILDING ADDITION CORNERSTONE CITY OF BRYANT, SALINE COUNTY, ARKANSAS			
DATE: 10/2/2023	C.A.D. BY: BJOHNSON	DRAWING NUMBER:	
REVISED:	CHECKED BY:	20-0673	
SHEET: 500	SCALE: 1" = 100'		
01S	14W	0	16
400	62	1762	

K:\Land Projects\2019\Commercial\2019\0673 Springfield Road Cornerstone\Map\20-0673.dwg



CENTERLINE SPRINGHILL ROAD
 EXISTING EDGE OF ASPHALT
 NEW ASPHALT
 NEW CURB

NEW SHARED
 USE TRAIL

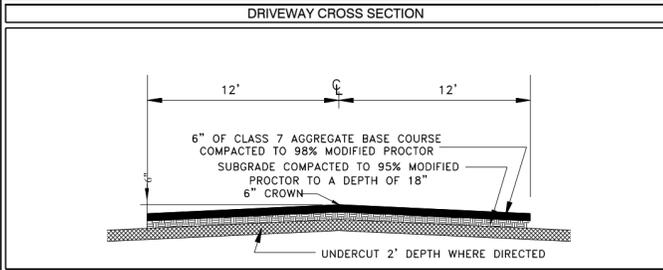
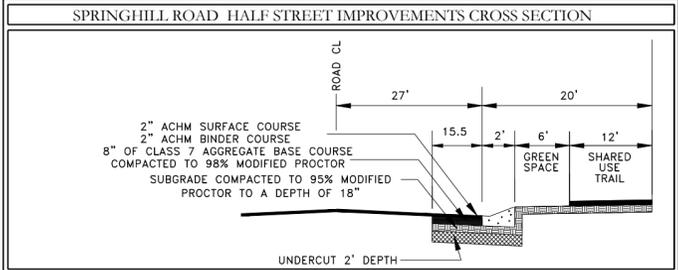
REMOVE
 EXISTING
 FENCE

EXISTING
 BUILDING

NEW GRAVEL DRIVE (6" GRAVEL)
 AND PARKING

4' SWALE
 24.0'
 ADA RAMP
 PORTABLE
 CLASS ROOMS
 BUILDING SLAB
 ELEV. 463.0'

BASIS OF BEARINGS:
 GRID NORTH ARKANSAS
 COORDINATE SYSTEM,
 SOUTH ZONE BY G.P.S.
 OBSERVATIONS



HOPE
CONSULTING
 ENGINEERS - SURVEYORS

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

FOR USE AND BENEFIT OF:
SHANNON NUCKOLS

GRADING PLAN-1
BUILDING ADDITION CORNERSTONE
 BRYANT, SALINE COUNTY, ARKANSAS

DATE:	10/02/2023	C.A.D. BY:	BJOHNSON	DRAWING NUMBER:	
REVISED:		CHECKED BY:		20-0673	
SHEET:		SCALE:			
500	01S	14W	0 16	400	62 1762

K:\Land Projects\2019\2019-06-03\Springhill\road\Grading\Homesite\20-0673.dwg (09/06/2023) Lmg

Double Wide Hi-Rib Steel Portable Classrooms



General Specifications

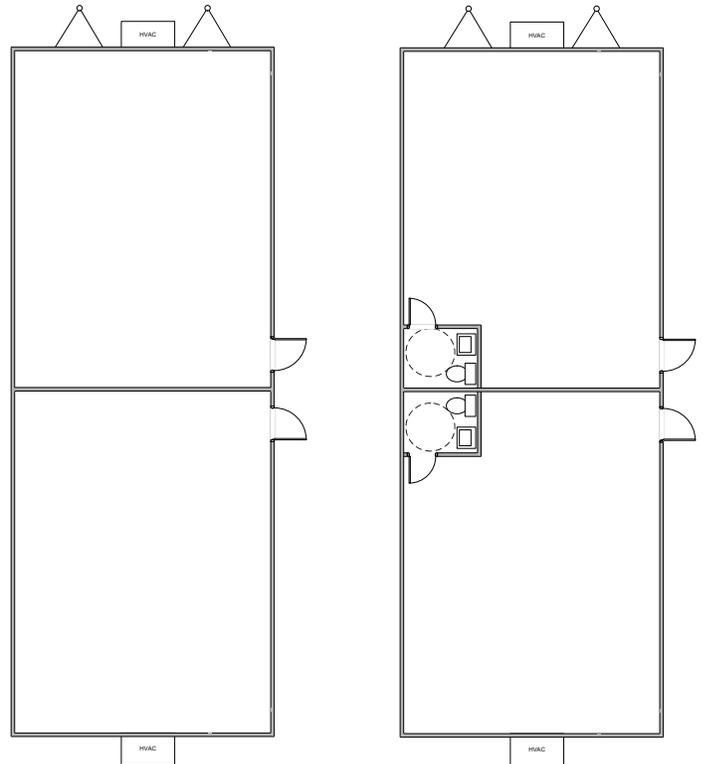
- 24' x 64' Building
- Vinyl Covered Gypsum Walls
- Vinyl Tile or Carpeted Flooring
- T-Grid Ceiling
- Electric Heating and Cooling System
- Hi-Rib Steel Exterior Siding
- Diffused Fluorescent Ceiling Lights
- Vertical Sliding Windows
- 220 Volt Power
- Models with and without ADA Restrooms
- Galvalume Hi-Rib Steel Roof
- ADA & Multi-State Coded

Perks of Being A Satellite Customer

- No Hidden Fees - Don't Get Surprises on your Invoice
- Full Circle Solutions - Get all your Amenities in one stop
- Pick From the Newest Fleet in the Industry
- Transparent Pricing
- Work With Local Experts

Satellite Shelters, Inc.

Since 1972, we have been the national provider of temporary and permanent space solutions including Mobile Offices, Modular Buildings, Ground-Level Offices, Storage Containers and Blast Resistant Modules.



Flexible Financing

We have rental, lease and purchase options to fit your needs.

*Building exteriors and interiors may differ based on region. For more information, contact your local Satellite office.

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

FOR EXCLUSIVE USE & BENEFIT OF:

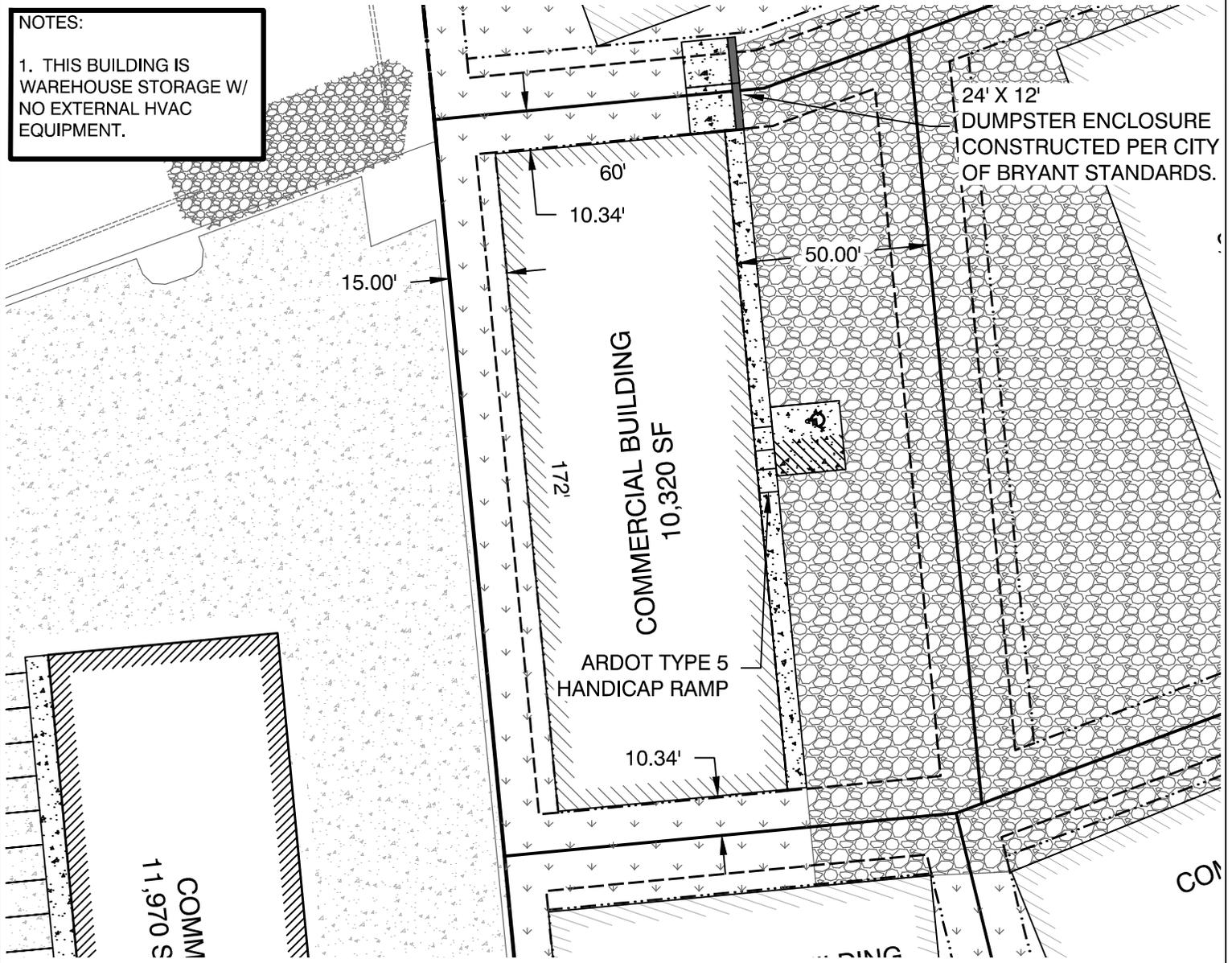
Name: BART FERGUSON

LEGEND

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

NOTES:

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



PROPERTY DESCRIPTION:

LOT 21



JOB NUMBER:

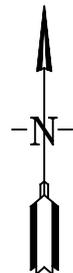
**18087
 MARKET PLACE II
 PHASE 3**

10/03/23

PLOT PLAN

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

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



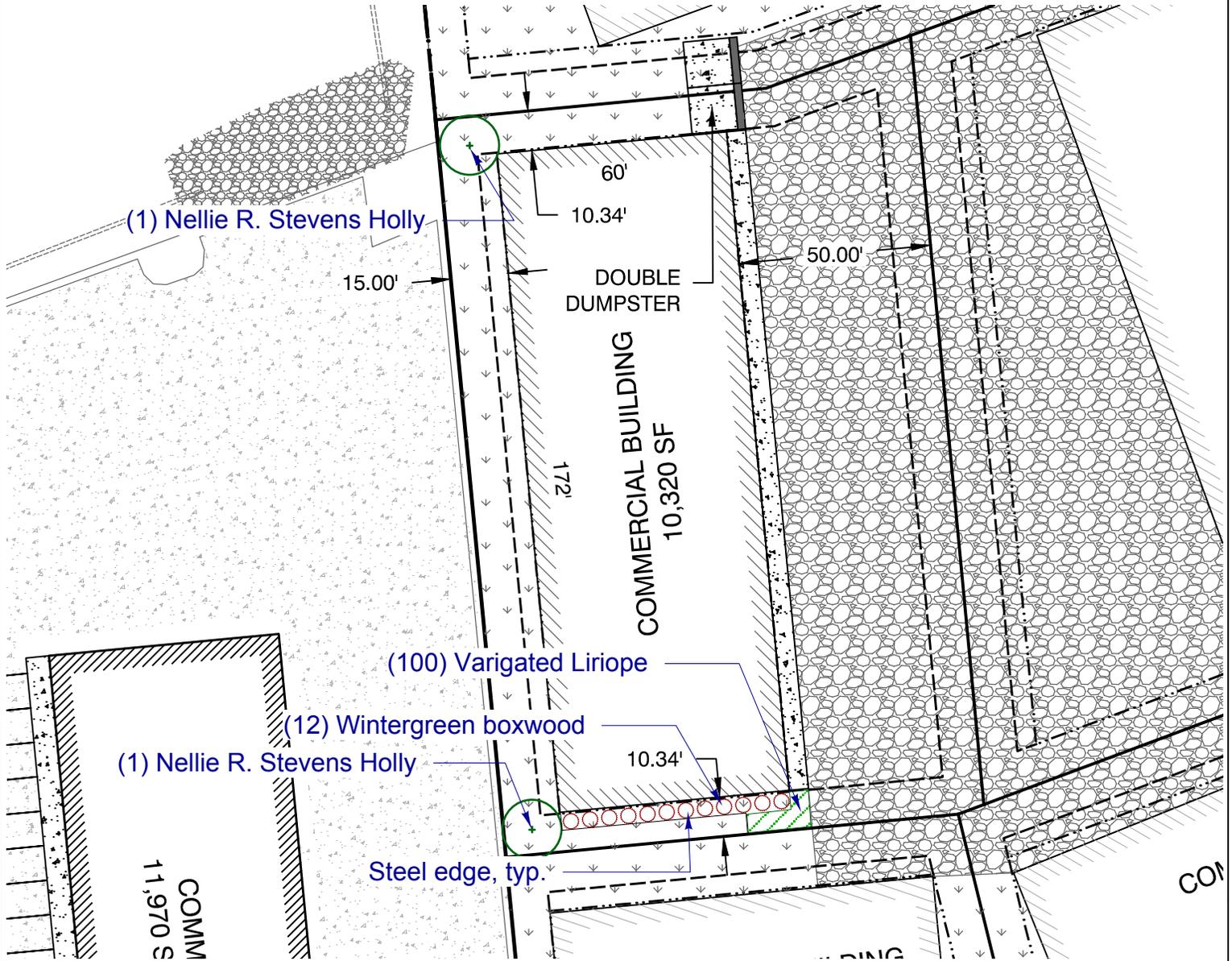
P.O. Box 116 3825 Mt Carmel Rd
 Benton, AR 72018 Bryant, AR 72022
 Ph (501) 408-4650 garnatengineering@gmail.com

FOR EXCLUSIVE USE & BENEFIT OF:

Name: BART FERGUSON

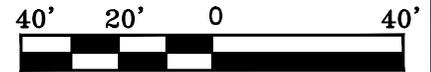
LEGEND

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



PROPERTY DESCRIPTION:

LOT 21



Landscape Requirements

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

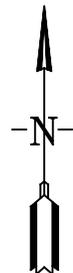
**MARKET PLACE II
 PHASE 3**

10/03/23

PLOT PLAN

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>403.0</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

Policy Number: _____
Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

- | | | | |
|---|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>405.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>405.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>405.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>405.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>405.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Enginner, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>402.8</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

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

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

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

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

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

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

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

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

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>401.5</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

Policy Number: _____
Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

- | | | | |
|---|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>403.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>403.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>403.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>403.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>403.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Enginner, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>401.8</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

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

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

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

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

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

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

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

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

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>402.0</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

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

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

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

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

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

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

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

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

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72015

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>402.5</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

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

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

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

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

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

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

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

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

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>402.6</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 404.6 feet meters

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

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

d) Attached garage (top of slab): 404.6 feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 404.6 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 404.6 feet meters

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

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 404.6 feet meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>403.0</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

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

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

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

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

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

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

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

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

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>403.3</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 405.3 feet meters

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

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

d) Attached garage (top of slab): 405.3 feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 405.3 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 405.3 feet meters

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

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 405.3 feet meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>403.8</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

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

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

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

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

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

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

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

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

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

FOR INSURANCE COMPANY USE

City: _____ State: _____ ZIP Code: _____

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Saline County</u>	B1.b. NFIP Community Identification Number: <u>050191</u>		
B2. County Name: <u>Saline</u>	B3. State: <u>Arkansa</u>	B4. Map/Panel No.: <u>05125C0240</u>	B5. Suffix: <u>E</u>
B6. FIRM Index Date: <u>06-05-2020</u>	B7. FIRM Panel Effective/Revised Date: <u>06-05-2020</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>404.0</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

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

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

Benchmark Utilized: ArDOT GPS Network Vertical Datum: VAVD 1988

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

NGVD 1929 NAVD 1988 Other: _____

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

Yes No

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

Check the measurement used:

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

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

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

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

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

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

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

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

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

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

Check here if attachments and describe in the Comments area.

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

Title: Civil Engineer, PE

Company Name: Hope Consulting

Address: 129 North Main Street

City: Benton State: Arkansas ZIP Code: 72015

Date: _____

Telephone: _____ Ext.: _____ Email: _____

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

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



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

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

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

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

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

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

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

See Instructions for Item A6.

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo One

Photo One Caption:

Clear Photo One

Photo Two

Photo Two Caption:

Clear Photo Two

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

Continuation Page

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

3420 Hilldale Road

City: Alexander State: Arkansas ZIP Code: 72002

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

Photo Three

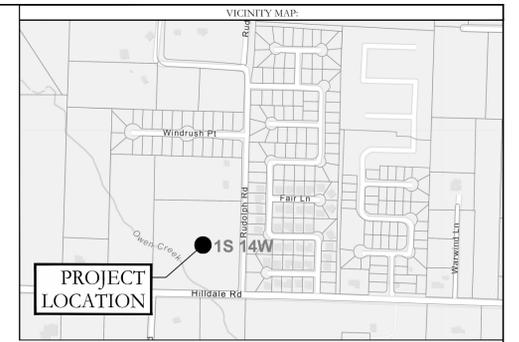
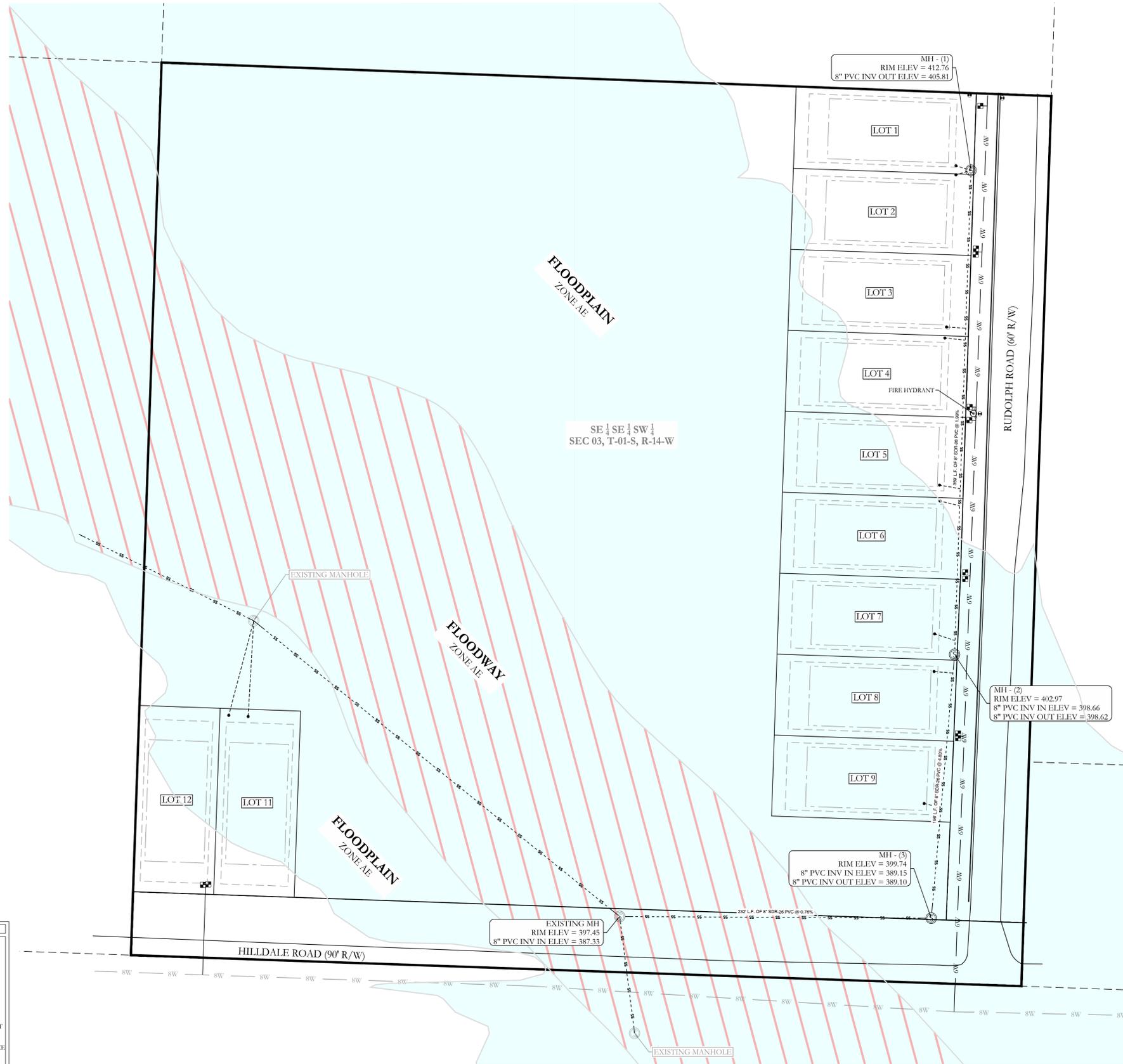
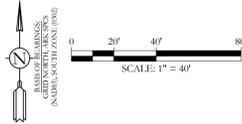
Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four



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

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

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

AS-BUILTS



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

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

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

HOPE CONSULTING
 ENGINEERS - SURVEYORS

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

FOR USE AND BENEFIT OF:
GIRON BUILDERS INC.

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

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

Bond # 1001201972

MAINTENANCE BOND

KNOW ALL MEN BY THESE PRESENTS:

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

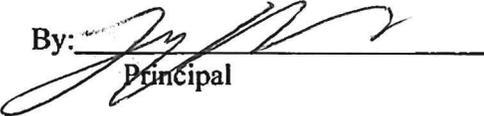
NOW, THEREFORE, the condition of this obligation is such that if the Principal, upon receiving notice within a period of one year from 8/15/2023 to 8/15/2024 from the date of this bond of and defects in the following improvements: Site Utilities & Road Improvements In connection with Jacob's Corner -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

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

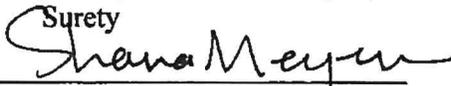
No right of action shall accrue on this bond to or for the use of any person or corporation other than the Owner named herein or their heirs, executors, administrators or successors of Owner.

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

Marshall Excavating, LLC

By: 
Principal

U.S. Specialty Insurance Company

Surety
By: 
Shana Meyer, Attorney-in-Fact





**TOKIOMARINE
HCC**

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

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

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

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

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

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

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

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

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

State of California
County of Los Angeles



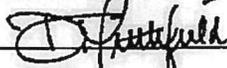
By: 
Daniel P. Aguilar, Vice President

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

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

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

WITNESS my hand and official seal.

Signature  (seal)



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

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

Corporate Seals
Bond No. 1001201972
Agency No. 17061




Kio Lo, Assistant Secretary

BILL OF ASSURANCE
JACOBS CORNER SUBDIVISION

PART A. PREAMBLE

WHEREAS, GIRON BUILDERS INC, is the Owner/Developer, by virtue of property listed as the following land situated in Saline County, Arkansas, to wit:

LEGAL DESCRIPTION – JACOBS CORNER SUBDIVISION

The Southeast Quarter of the Southeast Quarter of the Southwest Quarter Section 3, Township 1 South, Range 14, West, Saline County, Arkansas.

ADD LEGAL

WHEREAS, Owner has caused said land to be surveyed and a plat thereof made, dividing said land into lots as shown on said plat and showing the dimensions of each lot and the width of the streets as known as JACOBS CORNER SUBDIVISION, to the City of Bryant, Saline County, Arkansas.

WHEREAS, the Saline County Real Estate Assessor and Office of Emergency Services have approved said Subdivision and road names.

NOW THEREFORE, GIRON BUILDERS INC in consideration of the purposes herein stated, does hereby designate said land and make part hereof to be known as JACOBS CORNER SUBDIVISION, to the City of Bryant, Saline County, Arkansas, and that hereafter any conveyance by the Owners of said land by lot number shall forever be held to be good and legal description and the streets shown on said plat in said Subdivision are hereby and will become a public road to be accepted by the City of Bryant for maintenance. The property owners will establish Jacobs Corner Property Owner's Association for the purpose of maintaining and ownership of common areas and appurtenants belonging thereto. The use of the land in said Subdivision being subject to the following Protective and Restrictive Covenants:

PART B. AREA OF APPLICATION

B-1 FULLY PROTECTED RESIDENTIAL AREA. The residential area covenants in Part C in their entirety shall apply to the entire Subdivision.

PART C: RESIDENTIAL AREA COVENANTS:

C-1 LAND USE AND BUILDING TYPE. No lot shall be used except for residential purposes. No business of any nature or kind shall at any time be conducted in any building located on any of the lots. No building shall be erected, altered, placed or allowed to remain on any lot other than one detached, single-family dwelling not to exceed two stories in height, excluding basement area. No lot can be subdivided for any purpose without the prior approval

from the City of Bryant Planning Board and the consent of 51% of the voting members of the Property owners associations.

C-2 ARCHITECTURAL CONTROL. No dwelling or structure shall be erected, placed or altered on any lot until the construction plans and specifications and a plan showing the location of the structure, including landscaping, have been approved by the architectural control committee as to quality of workmanship and materials, harmony of external design with existing structures, and as to location with respect to topography and finish grade elevation, and intended objectives of the Architectural Control Committee to achieve a subdivision that accomplishes the desired architectural design in the structure and subdivision ascetics. No fence or wall shall be erected, placed or altered on any lot nearer than the setbacks as shown on the Plat. The term structure is defined to include any and all types of fences, antennas, decks, permanent basketball goals, swimming pools and television satellite dishes, which in no event shall be placed in front of dwellings. Each property owner requesting approval shall submit to the Architectural Control Committee at least two weeks prior to the time approval is needed, a complete set of house plans and completed material and specifications list. Approval shall be a provided in Part D.

C-3. DWELLING COST, QUALITY AND SIZE. All dwellings must be a minimum of 2,000 square feet for single-level home and 2,400 square foot for a two-story home. It being the intention and purpose of the covenants to assure that all dwellings shall be of a quality of workmanship and materials substantially the same or better than that for the minimum permitted dwelling size. All residential dwellings must include, at minimum, a double enclosed garage; open carports are not allowed. No manufactured houses are allowed, site-built homes only.

C-4. BUILDING LOCATION. No building shall be located on any lot, nearer to the side street line, than the minimum building set back lines as shown on the recorded plat. No building shall be located nearer than 5 feet to an interior lot line, or, nearer than 20 feet to the rear lot line, or, as shown on the recorded plat. For the purposes of this covenant, eaves, steps and open porches shall not be considered as part of the building. No lot shall be subdivided and no more than one dwelling shall be permitted on any one lot.

C-5 BUILDING REQUIRMENTS. All buildings shall have roof pitch of no less than 8/12. Houses may be Brick, Siding or any other material approved by the Architectural Control Committee. Chain link fences shall are not allowed unless approved by the Architectural committee, all fences shall be approved by the Architectural control committee.

C-6 SIDEWALKS. It shall be the responsibility of all owners of lots to construct a four foot wide side walk approximately 24 inches from the back of curb along all street frontage in complicate with all requirements of the Americans With Disabilities Act (ADA) and any requirement of the City of Bryant.

C-7. EASEMENTS. Easements for installation and maintenance of utilities and drainage facilities, and construction, repair and maintenance of adequate walls, roofs and eaves are reserved as shown on recorded plat.

C-8. NUISANCES. No noxious or offensive trade or activities shall be carried on, nor shall anything be done thereon which may be or become a nuisance to the neighborhood.

C-9. TEMPORARY STRUCTURES. No structure of a temporary character, basement, tent, shack, garage, barn or other out building shall be used on any tract at any time as a residence either temporarily or permanently; except that the developer may have a temporary construction, storage facility and/or sales office.

C-10 OUT BUILDINGS. One outbuilding for storage shall be permitted, if approved by the Architectural Control Committee and shall conform to the same architectural design and construction of the dwelling. No pre-fabricated outbuilding may be installed, placed or located upon any lot. Above ground swimming pools are prohibited.

C-11. SIGNS. No sign of any kind shall be displayed to the public view on any lot, except, one professional sign of not more than one square foot; one sign of not more than five square feet advertising the property for sale or rent or any signs used by a builder to advertise the property during the construction and sales period.

C-12. OWNER RESPONSIBILITY. All property owners shall insure that any contractor performing services for the property owner shall comply with the provisions of this Bill of Assurance.

C-13. CONTRACTOR RESPONSIBILITY. No contractor shall damage in any way the utilities or streets in any manor.

C-14. OIL AND MINING OPERATIONS. No oil drilling, oil development operations, oil refining, quarrying or mining operations of any kind shall be permitted upon or in any lot, nor shall oil wells, tanks, tunnels, mineral excavations or shafts be permitted upon or in any lot. No derrick or structures designated for use in boring for oil or natural gas shall be erected, maintained or permitted upon any lot.

C-15. LIVESTOCK AND POULTRY. No animals, livestock or poultry of any kind may be raised, bred or kept on any tract, except that dogs or cats may be kept, on any lot provided that they are not kept, bred or maintained for any commercial purpose and provided that facilities for maintenance of same are approved by the Architectural Control Committee and that the keeping of same does not constitute a nuisance.

C-16. GARBAGE AND REFUSE DISPOSAL. No lot or easement shall be used or maintained as a dumping ground for rubbish. Trash, garbage and other waste shall not be kept except in sanitary containers. There shall be no burning of trash, rubbish, leaves or yard waste.

C-17 SIGHT DISTANCE AT INTERSECTIONS. No fence, wall, hedge or shrub planting which obstructs sight lines at elevations between 2 and 6 feet above the roadways shall be placed or permitted to remain on any lot corner which the triangular area formed by the street property lines and the line connecting them at points 15 feet from the intersection of street right of way lines, or in the case of a rounded property corner, from the intersection of the street property line extended. The same sight line limitations shall apply on any lot within 10 feet from the intersection of the street property line with the edge of a driveway pavement. No tree shall be permitted to remain within such distances or such intersections unless the foliage line is maintained at sufficient height to prevent obstruction of such sight lines.

C-18. LOT, YARD AND HOME MAINTENANCE. All property owners, after acquisition of any lot, shall keep all grounds and yards mowed, trimmed and clean. All houses shall be painted and stained. No deviation from the original plans shall be permitted without approval of the Architectural Control Committee.

C-19 COMMENCEMENT OF CONSTRUCTION. A property owner may start construction of an approved dwelling at any time.

C-20 COMPLETION OF CONSTRUCTION. Any dwelling must be completed in its entirety within a period of one year from date such construction is commenced.

C-21 MOTOR VEHICLE PARKING. Abandoned or unused motor vehicles shall not be parked or permitted to remain on any lot or within the dedicated street. Boats, recreational vehicles and trailers cannot be parked at the front or side of any dwelling or in the dedicated street and must be parked in back of the dwelling. Owners or permanent residents are prohibited from parking in the street. There shall be no non-functioning vehicles kept on the lot or in view of the public. There shall be no repair work done outside of the garage.

C-22. MINIMUM FLOOR LEVEL ELEVATIONS. The Architectural Control Committee reserves the right to prescribe the minimum floor elevations for lots. All homes shall have a minimum floor elevation of one foot above the back of the curb unless waived in writing by the Architectural Control Committee.

PART D. ARCHITECTURAL CONTROL COMMITTEE:

D-1 MEMBERSHIP. The Architectural Control Committee shall be composed of Edvin Giron and Kevin Barrientos. The owners of 51% or more of the owners of the lots within the subdivision may vote to expand or reduce the membership of the Architectural Control Committee. A majority of the committee may designate a representative to act for it. In the event of death or resignation of any member of the committee, the remaining members shall have full authority to designate a successor. Neither the members of the committee nor its designated representative shall be entitled to any compensation for there services performed pursuant to this covenant. Any member of the Architectural Control Committee may be removed by a vote of 51% or more of the owners of lots in the subdivision. In the event of any vacancy in the Architectural Control Committee, the owners of 51% or more of the lots within the subdivision may select additional members.

D-2 PROCEDURE. The committee's approval or disapproval as required in these covenants shall be in writing and in the form hereto attached marked Exhibit "A" which, when executed, should be retained by the owner/builder as proof of the Committee's approval. In the event the committee or its designated representative fails to approve or disapprove within 30 days after plans and specification have been submitted to it or in the event no suit to enjoin the construction or compliance with these covenants has been commenced within 180 days after the completion thereof will not be required and the related covenants shall be deemed to have been fully complied with.

PART E. PROPERTY OWNERS ASSOCIATION

E-1 OWNERS EASEMENTS OF ENJOYMENT. Every owner shall have a right and easement of enjoyment in and to the common area which shall be appurtenant to and shall pass with the title to every tract. Subject to the following provision:

(a) The right of the Association to charge reasonable fees for maintenance of the common area;

E-2. MEMBERSHIP AND VOTING RIGHTS

SECTION 1: Every owner of a tract which is subject to assessment shall be a member of the Association. Membership shall be appurtenant to and may not be separated from ownership of any tract which is subject to assessment.

SECTION 2: The Association shall have two classes of voting membership:

Class A: Class A members shall be all owners, with the exception of the Declarant, and shall be entitled to one vote for each tract owned, which may be voted at such time as all tracts are sold by the Declarant. When more than one person holds an interest in any tract, all such persons shall be members. The vote for such tract shall be exercised as they determine, but in no event shall more than one vote be cast with respect to any Tract.

Class B: The Class B member(s) shall be the Declarant and shall be entitled to one vote per tract owned. The Class B membership shall cease on the happening of the following events.

(a) When all tracts are sold by declarant.

E-3. COVENANT FOR MAINTENANCE ASSESSMENTS

SECTION 1: Creation of the Lien and Personal Obligation of Assessments: The Declarant, for each tract owned within the properties, hereby covenants, and each owner of any tract by acceptance of a deed therefore, whether or not it shall be so expressed in such deed, is deemed to covenant and agree to pay to the Association annual assessment or charges, such assessments to be established and collected as hereinafter provided. The annual assessments, together with interest, costs and reasonable attorneys' fees, shall be a charge on the land and shall be a continuing lien upon the property against which each such assessment is made. Each such assessment, together with interest, costs, and reasonable attorneys' fees, shall also be the personal obligation of the person who is the owner of such property at the time when the assessment fell due. The personal obligation for delinquent assessments shall not pass to his successors in title unless expressly assumed by them.

SECTION 2: Purpose of Assessment: The assessments levied by the Association shall be used as follows:

- (a) For the maintenance and upkeep of all common areas including detention ponds and other drainage structures that serve the entire subdivision even if located in a different phase of the subdivision.
- (b) For any other purposes deemed in the best interest of the property owners by the Association

SECTION 3: Annual Assessment: Commencing on January 1, 2024, the property owners association will assume total responsibility for maintenance of the common area and the amenities and assess each property owner an assessment of \$300.00 per lot effective January 1, 2024 and annually thereafter. The fees may be adjusted each January 1st thereafter. The sole intent and purpose of these fees are for operation, maintenance, improvements and other amenities, including detention pond, mailboxes and common areas, in a manner determined by the association membership.

- a) The developer is exempt from paying POA dues.

SECTION 4: Notice and Quorum for Any Action Authorized Under Section 3: Written Notice of any meeting called for the purpose of taking any action authorized under Section 3 shall be sent to all members not less than 10 days in advance of the meeting. At the first such meeting called, the presence of member or proxies entitled to cast 60% of all votes shall constitute a quorum. If the required quorum is not present, another meeting may be called subject to the same notice requirement, and the required quorum at the preceding meeting shall be one-half (1/2) of the required quorum at the preceding meeting. No such subsequent meeting shall be held more than 60 days following the preceding meeting. Each tract as conveyed by Declarant shall have one vote.

SECTION 5: Uniform Rate of Assessment: Both annual and special assessments must be fixed at a uniform rate and may be collected on a semi-annual or annual basis.

SECTION 6: Date of Commencement of Annual Assessments: Due Dates: The annual assessments provided for herein shall commence as to all Lots on the first day of January following the date of recordation of this instrument. The Board of Directors shall fix the amount of the annual assessment against each Lot at least thirty (30) day in advance of each annual assessment period. Written notice of the annual assessment shall be sent to every Owner subject thereto. The due date shall be established by the Board of Directors. The Association shall, upon demand, and for a reasonable charge, furnish a certificate signed by an officer of the Association setting forth whether the assessments on a specified Lot have been paid. A properly executed certificate of the Association as to the status of assessments on a Lot is binding upon the Association as of the date of its issuance.

SECTION 7: Effect of Nonpayment of Assessments: Remedies of the Association: Any assessment not paid within thirty (30) days after the due date shall bear interest from the due date at the rate of ten percent per annum. The Association may bring an action at law against the owner personally obligated to pay the same, or foreclose the lien against the property. No owner may waive or otherwise escape liability for the assessments provided for herein by non-use of the common area or abandonment of the property.

SECTION 8: Subordination of the Lien to Mortgages: The lien of the assessments provided for herein shall be subordinate to the lien of any first mortgage. Sale or transfer of any tract shall not affect the assessment lien. However, the sale or transfer of any tract pursuant to mortgage foreclosure or any proceeding in lieu thereof, shall extinguish the lien of such assessments as to payments which became due prior to such sale or transfer. No sale or transfer shall relieve such tract from liability for any assessments thereafter becoming due or from the lien thereon.

SECTION 9: Special Assessments for Capital Improvements: In addition to the annual assessments authorized above, the members may levy, in any assessment year, a special assessment applicable to that year only for the purpose of defraying, in whole or in part, the cost of any construction, reconstruction, repair or replacement of a capital improvement upon the common areas, provided that such assessment shall have the assent of two-thirds (2/3) of the votes of the members who are voting in person or by proxy at a meeting duly called for this purpose.

PART F. GENERAL PROVISIONS:

F-1. TERM. These covenants are to run with the land and shall be binding on all parties and all persons claiming under them for a period of twenty-five years from the date these covenants are recorded after which time, said covenants shall be automatically extended for successive period of ten years, subject to the express provision that these covenants may be amended at any time after the date of execution hereby by an instrument signed by the members of the Architectural Control Committee and the owner or owners of a majority of the lots herein platted.

F-2 ENFORCEMENT. Enforcement shall be by proceedings at law or in equity against any person or persons violating or attempting to violate any covenant either to restrain violations or to recover damages.

F-3 SEVERABILITY Invalidation of any one of these covenants by judgment or court order shall in no way affect any of the other provisions which shall remain in full force and effect.

F-4 AMENDMENT. These covenants may be amended, modified or rescinded, in whole or in part, upon the express written consent of at least sixty-six and two thirds' percent (66 2/3%) of the owners of the lots within the subdivision. Any and all amendments, modifications or recessions, if any, shall be recorded in the office of the Circuit Clerk of Saline County, or in any county in which any of the lots might lie and shall not be effective until the date of such recording.

IN WITNESS WHEREOF, the name of Owner is hereby affixed by its Members this 20th day of APRIL, 2023.

Giron Builders INC

BY: Edvin Giron
Edvin Giron, President

ACKNOWLEDGEMENT

STATE OF ARKANSAS)
)ss
COUNTY OF PULASKI)

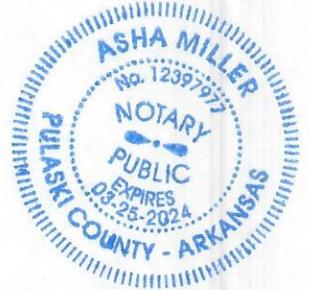
On this day appeared before me, a Notary Public, EDVIN GIRON, known to me to be the President OF GIRON BUILDERS INC and acknowledged that he is authorized to execute the foregoing on its behalf and that they had executed same for the consideration and purpose therein mentions and set forth.

WITNESS my hand and seal this 20th day of April, 2023.

Asha Miller
Notary Public

My commission expires

3-25-24





**Saline County Road Department
5500 Cynamide Road
Benton, Arkansas 72015
(501) 303-5690**

March 22, 2023

Jonathan Hope
Hope Consulting
Engineers-Surveyors
129 N Main Street
Benton, Arkansas 72015

Ref: Road and Drainage Improvements to a part of Rudolph Road

Dear Mr. Hope:

Based on inspections of the work to improve Rudolph Road including drainage facilities and the satisfactory results of a observations to determine final in place base gravel (minimum of 8") and observing the laying of the asphalt (minimum of 2.5") thicknesses and the satisfactory results of a representative sample of subgrade density test (minimum of 95% modified) and base gravel density test (minimum 98% modified), the road and drainage structures are deemed to be complete and constructed to County standards. But based on an inspection today the following things need to be done; 1. Rework shoulders and make sure back fill soil is placed along edge of shoulders, 2. Re-shape and maybe use smaller rip rap, the existing stones stick up too high may even cause sight problems, 3. Remove or rework and clean out rock checks.

John Wofford PE, PLS

Saline County Engineer