

**FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE**

OMB No 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME		Policy Number
BUILDING STREET ADDRESS (Including Apt, Unit, Suite and/or Bldg No) OR P.O. ROUTE AND BOX NO		Company NAIC Number
CITY	STATE	ZIP CODE
803 Wildrose Springs	IL	60174
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
09-28-203-006		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc.) Use a Comments area if necessary		
Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or ##.###)	HORIZONTAL DATUM	SOURCE
41° 55' 30.40" 88° 19' 36.32"	<input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	<input type="checkbox"/> GPS (Type) <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other: Reference Monument

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME		B3. STATE	
St. Charles, City of 170330		KANE County		Illinois	
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
17089 C0262	F		Dec 20, 2002	AE	701.00

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

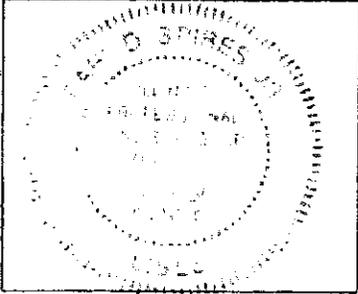
C1. Building elevations are based on: Construction Drawings Building Under Construction Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 7 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARI/AE, ARIA1-A30, ARIA/H, ARIA/O
 Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion
 Datum NGVD 1929 Conversion/Comments RM 262-4 Found RM 262-3 Not Found

Elevation reference mark used 690.10 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>704.75</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>713.55</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	_____ ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>704.08</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>706.07</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>0</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3 h	<u>0</u> sq. in. (sq. cm)



License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
 I certify that the information in Sections A, B, and C 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.

CERTIFIER'S NAME	LICENSE NUMBER	
Earl D. Spiros Jr	035-003531	
TITLE	COMPANY NAME	
Land Surveyor	WD Partners	
ADDRESS	CITY	STATE
650 Warrenville Rd Suite 350	Lisle	Illinois
SIGNATURE	DATE	ZIP CODE
<i>[Signature]</i>	10/18/05	60532
	TELEPHONE	
	(630) 829-3279	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt. Unit, Suite and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 803 Wildrose Springs			Policy Number	
CITY St. Charles	STATE Illinois	ZIP CODE 60174	Company NAIC Number	

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

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

COMMENTS
 Raw closed level loop from RM 262-4. RM 262-3 was not found. Grading Plan for Lot 18 indicates house was constructed outside of Floodplain (el 701.00) lot was elevated to match road grades. No crawl space vents were observed.

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1. through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft.(m) _____ in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. For Zone AO only. If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G

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

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME: Mei-Li Lin
 ADDRESS: 803 Wildrose Springs Drive, St. Charles CITY: St. Charles STATE: IL ZIP CODE: 60174
 SIGNATURE: _____ DATE: _____ TELEPHONE: 630-803-3611

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME: _____ TITLE: _____
 COMMUNITY NAME: _____ TELEPHONE: _____
 SIGNATURE: _____ DATE: _____

COMMENTS

Check here if attachments



partners

Job name:

Location: 803 Wildrose Springs

Job No.:

Subject: Elevation Certificate

By: EDS / ES

Date: 10/18/05

