

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE	
A1. Building Owner's Name LNL ENTERPRISES, INC.	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2419 HUEY P. LONG AVE.	Company NAIC Number:
City GRETNA State LA ZIP Code 70053	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Subdivision SLATTERYVILLE District JEFFERSON Lot 6 Square 14	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential	
A5. Latitude/Longitude: Lat. 29.8997 Long. -90.052782 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	
A7. Building Diagram Number 1A	
A8. For a building with a crawlspace or enclosure(s):	A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) N/A sq ft	a) Square footage of attached garage N/A sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A8.b N/A sq in	c) Total net area of flood openings in A9.b N/A sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CVITY OF GRETNA, 225198		B2. County Name JEFFERSON		B3. State LA	
B4. Map/Panel Number 22051C0145	B5. Suffix E	B6. FIRM Index Date 3/23/1995	B7. FIRM Panel Effective/Revised Date 3/23/1995	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) -1.50
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input 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 Date: _____ / _____ / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

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, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: **V-375** Vertical Datum: **NAVD '88**

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
 Datum used for building elevations must be the same as that used for the BFE.


Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	-0.84	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	-0.86	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	-3.55	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	-3.09	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name Louis C. Hartmann		License Number 4995	
Title Professional Land Surveyor		Company Name Gilbert, Kelly & Couturié, Inc.	
Address 2121 N. Causeway Blvd., Suite 121		City Metairie	State LA
Signature 		ZIP Code 70001	Telephone (504) 836-2121
Date 11/3/2015			



ELEVATION CERTIFICATE, page 2

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. 2419 HUEY P. LONG AVE.			Policy Number:
City GRETNA	State LA	ZIP Code 70053	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
SECTION C2E IS A/C COMPRESSOR, THE CENTERLINE OF THE STREET IS -4.08 NAVD., TO CONVERT TO NGVD ADJUST UP
.21 (NOT APPLIED)

Signature Date
11/3/2015

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

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, 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, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name _____

Address	City	State	ZIP Code
Signature	Date	Telephone	
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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 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–G10) 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: _____ . _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

Check here if attachments.

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
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City GRETNA	State LA	ZIP Code 70053	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View 11/3/2015



Rear View 11/3/2015



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If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Left View 11/3/2015



Right View 11/3/2015



RECEIVED
NOV 05 2015
BY: KDK



CITY OF GRETNA

Second Street and Huey P. Long Avenue
P.O. Box 404
Gretna, LA 70054-0404
Call 363-1563 8:00 a.m. to 4:00 p.m.

RESIDENTIAL NEW CONSTRU PERMIT

PERMIT #:	132838	EXPIRATION DATE:	9/11/2015
JOB ADDRESS:	2419 HUEY P LONG AVE	LOT #:	6
PARCEL ID:		SQUARE #:	14
SUBDIVISION:	SLATTERYVILLE	ZONING:	R-1
OWNER:	LNL ENT INC	CONTRACTOR:	LNL ENT INC
ADDRESS:	130 BRENTWOOD DR	ADDRESS:	130 BRENTWOOD DR
CITY, STATE ZIP:	BELLE CHASSE LA 70037-2632	CITY, STATE ZIP:	BELLE CHASSE LA 700372632
PHONE:	504-394-7473	PHONE:	
PROP.USE:	RESIDENTIAL	STORIES:	1
VALUATION:	\$ 70,500.00	UNITS:	1
SQ FT:	1,100.00	FIRE SPRINKLERS:	NO
OCCP TYPE:	SINGLE FAMILY DWELLING	OCCUPANT LOAD:	0
CNST TYPE:	WOOD	FLOOD ZONE:	

FEE CODE	DESCRIPTION	QTY	AMOUNT
BLD	BUILDING FEE	70500	\$ 380.00
PR	PLAN REVIEW	90200	\$ 50.00
SEW ESCRO	SEWAGE ESCROW IMPACT FEE	0	\$ 450.00
TOTAL			\$ 880.00

NOTES: Conditions: CONSTRUCTION OF A NEW 1100 SQ. FT. SINGLE FAMILY DWELLING AS PER ABFE, BUILDING CODE, AND REQUIREMENTS.

NOTICE

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING, AIR CONDITIONING, SIGNS OR FENCES. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 10 DAYS. THIS PERMIT EXPIRES SIX MONTHS FROM DATE OF ISSUE. THIS PERMIT MUST BE RENEWED IF WORK IS NOT COMPLETED WITHIN 6 MONTHS. THE ISSUANCE OF THIS PERMIT IN NO WAY RELIEVES CONTRACTOR, OWNER OR AUTHORIZED AGENT FROM COMPLYING WITH ALL OTHER RELEVANT CITY REQUIREMENTS AND RESTRICTIONS.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISION OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

I UNDERSTAND I AM RESPONSIBLE FOR THE DISPOSITION OF TRASH OR DEBRIS RESULTING FROM ANY ACTIVITY CONNECTED TO THIS BUILDING PERMIT. IT IS NOT TO BE PLACED FOR COLLECTION AS PART OF NORMAL GARBAGE PICKUP. I ALSO UNDERSTAND A CITATION WILL BE ISSUED WITHOUT FURTHER NOTIFICATION IF SUCH TRASH OR DEBRIS IS PLACED ON ANY PUBLIC RIGHT-OF-WAY OR OTHER PROPERTY

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

_____/_____/_____
DATE

(APPROVED BY)

_____/_____/_____
DATE



CITY OF GRETNA

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(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

____/____/____
DATE

(APPROVED BY)

____/____/____
DATE