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

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Policy Number: KELLY STEELE					ber:		
Box No	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:					NAIC Number:	
47 H	47 HOLLY DRIVE						
City GRETN	A	State LOUISIANA ZIP Code 70053					
1		nd Block Numbers, Tax I PARK SUBDIVISION		l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Residen	tial, Non-Residential, A	dditior	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longit	A5. Latitude/Longitude: Lat. 29°55'02.5"N Long. 090°03'10.6"W Horizontal Datum: NAD 1927 NAD 1983						1927 🗵 NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	cate is being used to	o obtain flood insura	ince.	
A7. Building Diagram Number5							
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foot	age of crawls	space or enclosure(s)		N/A sq ft			
b) Number of p	permanent flo	od openings in the cra	wispac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	adeN/A
c) Total net area of flood openings in A8.b N/A sq in							
d) Engineered flood openings?							
A9. For a building with an attached garage:							
a) Square footage of attached garage N/A sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A							
			/A	sq in	, .		
d) Engineered flood openings?							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number B2. County Name B3. State				B3. State			
CITY OF GRETNA - 225198		JEFFERSON PAI	EFFERSON PARISH		Louisiana		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
22051C 0220	F	02/02/2018	02/02	/2018	×		N/A
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate eleva	tion datum us	sed for BFE in Item B9	: 🗌 N	GVD 1929 🕱 NA	.VD 1988	er/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes 🗵 No							
Designation Date: CBRS OPA							

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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. 47 HOLLY DRIVE				Policy Number:		
City State ZIP Code GRETNA LOUISIANA 70053			Company NAIC Number			
SECTION C – BUILDING EL	EVATION INFORMAT	ION (SURVEY R	EQUIRED)			
C1. Building elevations are based on: Constructi *A new Elevation Certificate will be required when c C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a-h below according to the buil Benchmark Utilized: GPS OBSERVATIONS GEOM	construction of the buildir VE, V1–V30, V (with BF iding diagram specified in	FE), AR, AR/A, AR n Item A7. In Puer	/AE, AR/A1-	-A30, AR/AI	onstruction H, AR/AO. rs.	
Benchmark Utilized: GPS OBSERVATIONS GEOID12B Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for the elevations in items a) through h) below. Indicate elevation datum used for building elevations must be the same as that used for the BFE.						
a) Top of bottom floor (including basement, crawls	pace, or enclosure floor)	3.8	7-16-17 X	[이 본] - 이번 2000 2011 [1914]	meters	
b) Top of the next higher floor		12.9	M X		meters	
c) Bottom of the lowest horizontal structural memb	er (V Zones only)	N/A	X		meters	
d) Attached garage (top of slab)		N/A		feet	meters	
e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Cor	rvicing the building nments)	<u>3</u> , <u>5</u>	🗵	and the first of t	meters	
f) Lowest adjacent (finished) grade next to building	g (LAG)	<u> </u>	×	feet 🗌	meters	
g) Highest adjacent (finished) grade next to buildin	g (HAG)	1.1	×	feet 🗌	meters	
 h) Lowest adjacent grade at lowest elevation of de structural support 	ck or stairs, including		×	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 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.						
Certifier's Name JONATHAN P DUFRENE	License Number 5158		Willing *	E OF LO	IISIAN III	
Title LAND SURVEYOR			, , , , , , , , , , , , , , , , , , ,		*	
Company Name DUFRENE SURVEYING & ENGINEERING INC.		- 7	JONA	THAN P Dicense No.	UFRENE E	
Address 1624 MANHATTAN BLVD			JONA L	PROFESSIO	UFRENE HISTORY OF THE STATE OF	
City HARVEY	State Louisiana	ZIP Code 70058	7-1-19	SURV	5158	
Signature	Date 07/01/2019	Telephone 504-368-6390				
Copy all pages of this Elevation Pertificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per NOTE: CENTER OF STREET ELEVATION= -0.4' NAVI C2e: A/C PAD REVISED C2b ON 07/16/2019						

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MPORTANT: In these spaces, copy the corresponding information from		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. 47 HOLLY DRIVE	Route and Box No.	Policy Number:
GRETNA LOUISIANA	ZIP Code 70053	Company NAIC Number
SECTION E – BUILDING ELEVATION INFORMA FOR ZONE AO AND ZONE A (TION (SURVEY NOT WITHOUT BFE)	required)
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate complete Sections A, B,and C. For Items E1–E4, use natural grade, if available enter meters.	is intended to support ble. Check the measure	a LOMA or LOMR-F request, ement used. In Puerto Rico only,
E1. Provide elevation information for the following and check the appropriate the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).	boxes to show wheth	er the elevation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement,	X feet	ers above or below the HAG.
crawlspace, or enclosure) is	X feet	
E2. For Building Diagrams 6–9 with permanent flood openings provided in State next higher floor (elevation C2.b in the diagrams) of the building is	ection A Items 8 and/o	
E3. Attached garage (top of slab) is	X feet	ers above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	X feet	ers above or below the HAG.
E5. Zone AO only: If no flood depth number is available, is the top of the boti floodplain management ordinance? Yes No Unknown.	tom floor elevated in a The local official must	ccordance with the community's certify this information in Section G.
SECTION F - PROPERTY OWNER (OR OWNER'S F	REPRESENTATIVE) C	ERTIFICATION
The property owner or owner's authorized representative who completes Sec community-issued BFE) or Zone AO must sign here. The statements in Section	tions A, B, and E for Z ons A, B, and E are co	one A (without a FEMA-issued or rrect to the best of my knowledge.
The property owner or owner's authorized representative who completes Sectommunity-issued BFE) or Zone AO must sign here. The statements in Section Property Owner or Owner's Authorized Representative's Name	tions A, B, and E for Z ons A, B, and E are co	one A (without a FEMA-issued or rrect to the best of my knowledge.
community-issued BFE) or Zone AO must sign here. The statements in Section	ons A, B, and E are co	one A (without a FEMA-issued or rrect to the best of my knowledge. tate ZIP Code
community-issued BFE) or Zone AO must sign here. The statements in Section Property Owner or Owner's Authorized Representative's Name	ons A, B, and E are co	rrect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Name Address City	ons A, B, and E are co	tate ZIP Code
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	ons A, B, and E are co	tate ZIP Code
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	ons A, B, and E are co	tate ZIP Code
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	ons A, B, and E are co	tate ZIP Code
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	ons A, B, and E are co	tate ZIP Code
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	ons A, B, and E are co	tate ZIP Code
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Property Owner or Owner's Authorized Representative's Name Address City Signature Date	ons A, B, and E are co	tate ZIP Code
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IMPORTANT: In these spaces, copy the corr		FOR INSUR	RANCE COMPANY USE
Building Street Address (including Apt., Unit, S 47 HOLLY DRIVE	uite, and/or Bldg. No.) or P.O. Route and Box I	lo. Policy Numb	
City GRETNA	State ZIP Code	Company N	AIC Number
	LOUISIANA 70053		
	ON G - COMMUNITY INFORMATION (OPTIO		
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	rdinance to administer the community's floodplance to administer the applicable item(s) and ter meters.	in management ord d sign below. Chec	inance can complete k the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	ken from other documentation that has been sig zed by law to certify elevation information. (Indi	ned and sealed by a ate the source and	a licensed surveyor, date of the elevation
G2. A community official completed Sect or Zone AO.	ion E for a building located in Zone A (without a	FEMA-issued or co	ommunity-issued BFE)
G3. The following information (Items G4-	-G10) is provided for community floodplain mar	agement purposes.	
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificat Compliance/Od	e of ccupancy Issued
G7. This permit has been issued for:	New Construction Substantial Improvement	nt	
G8. Elevation of as-built lowest floor (including of the building:	g basement)	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	7	
Signature	Date		
Comments (including type of equipment and loc	cation, per C2(e), if applicable)		
		☐ Che	ck here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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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.

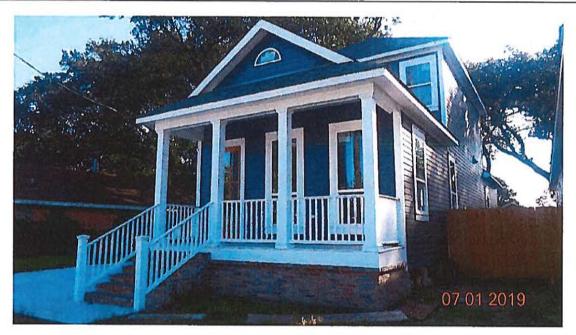


Photo One

Photo One Caption FRONT VIEW



Photo Two

Photo Two Caption REAR VIEW

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Building Street Address (including a 47 HOLLY DRIVE	Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
^{City} GRETNA	State ZIP Code LOUISIANA 70053	Company NAIC Number

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.



Photo One

Photo One Caption FRONT LEFT VIEW



Photo Two

Photo Two Caption REAR/SIDE VIEW