

CRS EC Checklist

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: _____ | Policy Number: _____ |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: _____ Either A2 or A3 must be completed, with City, State and Zip included | Company NAIC Number: _____ |
| City: _____ State: _____ ZIP Code: _____ | |
| A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: _____ | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): _____ describe as accurately as possible must be formatted correctly (see Instructions) _____ one must be chosen | |
| A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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). 2, preferably 4, photos required (photos must be in color and clear) | |
| A7. Building Diagram Number: _____ Must be: 1A,1B,2A,2B,3,4,5,6,7,8,9 | |
| A8. For a building with a crawlspace or enclosure(s): Enter "N/A" in fields that are not applicable. Blank fields are assumed to be "N/A" | |
| a) Square footage of crawlspace or enclosure(s): _____ sq. ft. | |
| b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A one must be chosen | |
| 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: _____ | |
| d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in. Enter actual opening size | |
| e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): Enter total rated area sq. ft. | |
| f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft. Only required when both non-engineered and engineered openings are present | |
| A9. For a building with an attached garage: Enter "N/A" in fields that are not applicable. Blank fields are assumed to be "N/A" | |
| a) Square footage of attached garage: _____ 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 type="checkbox"/> N/A one must be chosen | |
| 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: _____ | |
| d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in. Enter actual opening size | |
| e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): Enter total rated area sq. ft. | |
| f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft. Only required when both non-engineered and engineered openings are present | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | |
| B1.a. NFIP Community Name: _____ Must be entered and correct B1.b. NFIP Community Identification Number: _____ Must be entered and correct | |
| B2. County Name: _____ B3. State: _____ B4. Map/Panel No.: _____ B5. Suffix: _____ | |
| B6. FIRM Index Date: _____ B7. FIRM Panel Effective/Revised Date: _____ | |
| B8. Flood Zone(s): _____ B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): _____ | |
| B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input 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 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 type="checkbox"/> No Designation Date: _____ <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 type="checkbox"/> No | |

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City: _____ State: _____ ZIP Code: _____

Must match page 1 and all other pages

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. **only submit "Finished Construction" ECs**

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: _____ Vertical Datum: _____

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

NGVD 1929 NAVD 1988 Other: _____

if "Yes", provide conversion factor in Comments Section

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.

Items a), f) and g) must always have an elevation. If items b) - h) are not applicable, enter "N/A"

Check the measurement used:

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

b) Top of the next higher floor (see Instructions): _____ feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): _____ feet meters

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

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

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished **one must be chosen** _____ feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished _____ feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: _____ 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: _____ License Number: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

All 4 highlighted items must be in this Section

Telephone: _____ Ext.: _____ Email: _____

Place Seal Here

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):

Use this space to describe type of mach/equip in C2e and location, engineered flood opening model #s and rated areas, datum conversions, map changes between permitting and certifying EC, and other relevant information not specified elsewhere on the certificate.

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Must match page 1
and all other pages

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. **submit only "Finished Construction" ECs**

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.
only when this applies must one of these be chosen

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: _____ **Complete Section F if Section E is used.**

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

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FOR INSURANCE COMPANY USE

City:

Must match page 1 and all other pages

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 **one must be selected for every EC. Only submit "New Const." or "Sub Imp." for CRS purposes.**

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: _____ **one must be selected for every EC**

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: _____

Signature: _____ Date: _____

Complete all 4 highlighted fields. When any field (G1 - G11) in Section G is completed, these 4 fields must be completed.

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):

The local floodplain manager can use this section to add any additional notes or to make corrections on the form

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

NOT REQUIRED FOR CRS

City: _____ State: _____ ZIP Code: _____

FOR INSURANCE COMPANY USE

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 LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

NOT REQUIRED FOR CRS

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 LAG

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: _____

NOT REQUIRED FOR CRS

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____