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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 INSUF	RANCE COMPANY USE		
A1. Building Owne						Policy Num	ber:
Blaine Internation							
A2. Building Street Box No.	: Address (in	cluding Apt., Unit, Suit	e, and/o	r Bldg. No.) o	r P.O. Route and	Company N	IAIC Number:
10454 Ce	entral Aver	nue Northeast (11	19 104t	th Ave NE)		
City				State		ZIP Code	
Blaine				Minne		5543	4
		nd Block Numbers, Ta			gal Description, et	c.)	
		el Number: 20-31-2					
1	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longit	tude: Lat. 4	15.15917	Long	93.24219	Horizonta	l Datum: 🔲 NAD 1	1927 🔽 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foo	tage of crawl	lspace or enclosure(s)	N/A		sq ft		
b) Number of r	permanent flo	ood openings in the cr	awlspace	e or enclosure		above adiacent gra	ade N/A
		penings in A8.b N/A		sq in		. a.z o r o a ajacom g. c	
·				34 III			
d) Engineered	flood openir	ngs? ∐ Yes ☑ N	No				
A9. For a building v	vith an attach	ned garage:					
a) Square foot	age of attach	ned garage N/A		sq ft			
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above adj	acent grade N/A	
c) Total net are	ea of flood o	penings in A9.b N/A		sq	in		
d) Engineered	flood openin	ngs? ☐ Yes 🗸 N	No.				
a, managana		.901 🗀 100 🛂 1					
	SE	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Commun	ity Name & 0	Community Number		B2. County	Name		B3. State
City of Blaine 270	007			Anoka			Minnesota
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
27003C0336	E	12/16/2015	12/16/	2015	A	N/A	
R10 Indicate the s	ourse of the	Base Flood Elevation	(BEE) d	ota or baso fle	and don'th ontorou	Lin Itom PO:	
1		Community Deter	` ,		•	riir itein bə.	
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building	g located in a	a Coastal Barrier Resc	ources Sy	stem (CBRS) area or Otherwis	se Protected Area (0	DPA)? ☐ Yes ☑ No
Designation I	Date:	П	CBRS	□ OPA			
				_			

			Expiration Bato: November 66, 2022			
IMPORTANT: In these spaces, copy the corresponding	information from Sect	ion A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or 10454 Central Avenue Northeast (1119 104th	,	e and Box No.	Policy Number:			
City		Code	Company NAIC Number			
Blaine	linnesota g	55434				
SECTION C – BUILDING EL	EVATION INFORMATI	ON (SURVEY RE	QUIRED)			
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co	_	ing Under Construd g is complete.	ction*			
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: MnCORS Station - Arden Hills Vertical Datum: NAVD1988						
Indicate elevation datum used for the elevations in it	ems a) through h) below	<i>'</i> .				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the sam		-E.				
		906.3	Check the measurement used.			
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor)					
b) Top of the next higher floor		N/A				
c) Bottom of the lowest horizontal structural membe	er (V Zones only)	N/A	feet meters			
d) Attached garage (top of slab)		N/A	feet meters			
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com	vicing the building iments)	906.3	✓ feet ☐ meters			
f) Lowest adjacent (finished) grade next to building	(LAG)	902.2	✓ feet meters			
g) Highest adjacent (finished) grade next to building	ı (HAG)	903.7	✓ feet meters			
h) Lowest adjacent grade at lowest elevation of dec	,	903.3				
structural support	k or stairs, including		feet meters			
SECTION D – SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIFI	CATION			
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to intern	ret the data availa	law to certify elevation information. ble. I understand that any false			
Were latitude and longitude in Section A provided by a lie	censed land surveyor?	☑Yes ☐ No	Check here if attachments.			
Certifier's Name	License Number		NAME OF			
Thomas M. Healy	41577		NINNESON			
Title Professional Land Surveyor			The state of the s			
Company Name			THOMAS M.			
Healy Land Surveying			☐ HEALY : ☆ -			
Address			PLS NO. 41577			
P.O. Box 221			. A			
City	State	ZIP Code	SURVE			
Niagara	Wisconsin	54151	7, 1111111			
Signature M. L.	Date 3/3/2021	Telephone 715-548-0566	Ext.			
Copy all pages of this Elevation Certificate and all attachme	ents for (1) community offi	cial, (2) insurance a	agent/company, and (3) building owner.			
Comments (including type of equipment and location, per	C2(e), if applicable)					

IMP	ORTANT: In these spaces, copy the correspor	m Section A.	FOR INSURANCE COMPANY USE					
	ding Street Address (including Apt., Unit, Suite, a 0454 Central Avenue Northeast (111			Policy Number:				
City	Blaine	State Minnesota	ZIP Code 55434	Company NAIC Number				
	SECTION E – BUILDING E FOR ZO	LEVATION INFORM NE AO AND ZONE A		REQUIRED)				
con	Zones AO and A (without BFE), complete Items Inplete Sections A, B,and C. For Items E1–E4, useer meters.							
E1.	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	2.6		rs ☑ above or ☐ below the HAG.				
	b) Top of bottom floor (including basement, crawlspace, or enclosure) is	4.1		rs ☑ above or ☐ below the LAG.				
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in N/A	Section A Items 8 and/or					
E3.	Attached garage (top of slab) is	N/A	feet	rs 🗌 above or 🗌 below the HAG.				
E4.	Top of platform of machinery and/or equipment servicing the building is	4.1		rs 🔲 above or 🗌 below the HAG.				
E5.	Zone AO only: If no flood depth number is availar floodplain management ordinance?			cordance with the community's certify this information in Section G.				
	SECTION F - PROPERTY O	WNER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION				
The	property owner or owner's authorized representant nmunity-issued BFE) or Zone AO must sign here.	ative who completes S The statements in Se	ections A, B, and E for Zoctions A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.				
Pro	perty Owner or Owner's Authorized Representative	/e's Name						
Add	lress	City	St	ate ZIP Code				
Sig	nature	Dat	e Te	elephone				
Cor	nments							
				Check here if attachments.				

IMPORTANT: In these spaces, copy the corre	<u> </u>		FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Su	,	r P.O. Route and Box N	o. Policy Number:		
10454 Central Avenue Northeast (11		710.0	100000000000000000000000000000000000000		
City Blaine	State Minnesot a	ZIP Code 55434	Company NAIC Number		
		NFORMATION (OPTION	Δ1)		
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	dinance to administer th Certificate. Complete t	ne community's floodplai	n management ordinance can complete		
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 or Zone AO.	on E for a building loca	ted in Zone A (without a	FEMA-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for co	mmunity floodplain mana	agement purposes.		
G4. Permit Number	G5. Date Permit Issu	ed	G6. Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	Substantial Improvement	nt		
G8. Elevation of as-built lowest floor (including of the building:] feet ☐ meters Datum				
G9. BFE or (in Zone AO) depth of flooding at the building site: feet _ meters					
G10. Community's design flood elevation:] feet				
Local Official's Name		Title			
Community Name		Telephone			
Signature		Date			
Comments (including type of equipment and loc	cation, per C2(e), if app	licable)			
			Check here if attachments.		

ELEVATION CERTIFICATE

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE (COMPANY USE
Building Street Address (including Apt., Unit, 10454 Central Avenue Northea			Policy Number:	
City	State	ZIP Code	Company NAIC Nur	mber
Blaine	Minnesota	55434		
If using the Elevation Certificate to obtain instructions for Item A6. Identify all photogra "Left Side View." When applicable, photog vents, as indicated in Section A8. If submitting	aphs with date taken; "Front Vi graphs must show the founda	ew" and "Rear View"; and tion with representative o	d, if required, "Right Sexamples of the floo	Side View" and
	Photo One	e		
	Photo One			
Photo One Caption				Clear Photo One
	Photo Two)		
	T Hoto TW			
Photo Two Caption	Photo Two			Clear Photo Two

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022 Continuation Page

IMPORTANT: In these spaces, copy the corres	FOR INSURANCE	COMPANY USE			
Building Street Address (including Apt., Unit, Suite 10454 Central Avenue Northeast (12	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10454 Central Avenue Northeast (1119 104th Ave NE)				
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Nu	mber	
If submitting more photographs than will fit on with: date taken; "Front View" and "Rear View photographs must show the foundation with repr	ew"; and, if required, "	Right Side View" and "	Left Side View." Wh	nen applicable,	
	Photo Thr	700			
	Piloto IIII	ee			
	District.				
Photo Three Caption	Photo Three			Clear Photo Three	
	Photo Fo	ur			
	Photo Four				
Photo Four Caption				Clear Photo Four	

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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 INSUI	RANCE COMPANY USE		
A1. Building Owne						Policy Num	ber:
Blaine Internation							
A2. Building Street Box No.	: Address (in	cluding Apt., Unit, Suit	e, and/o	r Bldg. No.) o	r P.O. Route and	Company N	NAIC Number:
10454 Ce	entral Avei	nue Northeast (11	25 1041	th Ave NE)		
City				State		ZIP Code	
Blaine				Minne		5543	4
		nd Block Numbers, Ta			gal Description, e	c.)	
		el Number: 20-31-2				•	
1	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longit	tude: Lat. 4	15.15915	Long	93.24196	Horizonta	l Datum: NAD	1927 🔽 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)	N/A		sq ft		
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent gr	ade N/A
		penings in A8.b N/A		sq in		, 0	
d) Engineered							
d) Liigiileered	nood openii	ngs? ∐ Yes ☑ N	NO				
A9. For a building v	vith an attach	ned garage:					
a) Square foot	age of attach	ned garage N/A		sq ft			
b) Number of p	permanent flo	ood openings in the at	tached g	arage within '	1.0 foot above ad	jacent grade N/A	
c) Total net are	ea of flood o	penings in A9.b N/A		sq	in		
d) Engineered				·			
a) Engineered	nood openin	.go105 _v 1	10				
	SE	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Commun	ity Name & 0	Community Number		B2. County	Name		B3. State
City of Blaine 270	007			Anoka			Minnesota
B4. Map/Panel	B5. Suffix	B6. FIRM Index	1	RM Panel	B8. Flood	B9. Base Flood B	Elevation(s)
Number		Date		ective/ vised Date	Zone(s)	(Zone AO, us	se Base Flood Depth)
27003C0336	E	12/16/2015	12/16/	2015	Α	N/A	
R10 Indicate the s	ource of the	Base Flood Elevation	(BEE) d	ata or hase flo	and denth entered	l in Item R0:	
1			` ,		•	in item ba.	
	☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate eleva	B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:						
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes 🗸 No						
Designation I	Date:		CBRS	□ OPA		·	
j							

IMPORTANT: In these spaces, copy the corresponding inform	nation from Sect	ion A.	FOR INSURANCE COMPANY USE			
, , , , , , , , , , , , , , , , , , , ,	Suilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10454 Central Avenue Northeast (1125 104th Ave NE)					
City State	ZIP C	Code	Company NAIC Number			
Blaine Minnes	sota g	55434				
SECTION C – BUILDING ELEVAT	ON INFORMATI	ON (SURVEY RE	QUIRED)			
C1. Building elevations are based on: Construction Draw *A new Elevation Certificate will be required when construction.	• 🗀	ing Under Construc g is complete.	ction*			
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: MnCORS Station - Arden Hills Vertical Datum: NAVD1988						
Indicate elevation datum used for the elevations in items a) through h) below	<i>1</i> .				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Source Datum used for building elevations must be the same as the		E.				
- \ T		906.1	Check the measurement used.			
a) Top of bottom floor (including basement, crawlspace, o	r enclosure floor)	N/A				
b) Top of the next higher floor		N/A	let meters			
c) Bottom of the lowest horizontal structural member (V Z	ones only)		l feet l meters			
d) Attached garage (top of slab)		N/A				
e) Lowest elevation of machinery or equipment servicing to (Describe type of equipment and location in Comments	he building)	906.1	feet meters			
f) Lowest adjacent (finished) grade next to building (LAG))	902.1	feet meters			
g) Highest adjacent (finished) grade next to building (HAG	6)	903.1				
h) Lowest adjacent grade at lowest elevation of deck or st structural support	airs, including	903.0				
SECTION D – SURVEYOR, ENG	NEER, OR ARC	HITECT CERTIFIC	CATION			
This certification is to be signed and sealed by a land surveyor, I certify that the information on this Certificate represents my be statement may be punishable by fine or imprisonment under 18	est efforts to intern	ret the data availab	law to certify elevation information. ble. I understand that any false			
Were latitude and longitude in Section A provided by a licensed	I land surveyor?	☑Yes ☐No	Check here if attachments.			
	nse Number		200111111			
eg	577		NNESOX			
Title Professional Land Surveyor						
Company Name			THOMAS M HEALY ☆			
Healy Land Surveying			HEALY ☆ - PLS NO. 41577			
Address			1 LO NO. 415//:			
P.O. Box 221			1, N			
City	е	ZIP Code	SURVE			
	consin	54151	THINK			
Signature Date 3	e 8/3/2021	Telephone 715-548-0566	Ext.			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per C2(e)	, if applicable)					

IMPORTANT: In these spaces, copy the correspond		FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and 10454 Central Avenue Northeast (1125		oute and Box No.	Policy Number:			
,		P Code 55434	Company NAIC Number			
SECTION E – BUILDING EL FOR ZONI	EVATION INFORMATI AO AND ZONE A (W		REQUIRED)			
For Zones AO and A (without BFE), complete Items E1 complete Sections A, B,and C. For Items E1–E4, use n 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 	3.0	_	rs 🗸 above or 🗌 below the HAG.			
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	4.0					
E2. For Building Diagrams 6–9 with permanent flood o	penings provided in Sec	tion A Items 8 and/or	9 (see pages 1–2 of Instructions),			
the next higher floor (elevation C2.b in the diagrams) of the building is	N/A	feet meter	rs above or below the HAG.			
E3. Attached garage (top of slab) is	N/A	feet meter	rs above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is	3.0	_	rs ☑ above or ☐ below the HAG.			
E5. Zone AO only: If no flood depth number is availabl floodplain management ordinance?	e, is the top of the bottor No Unknown. TI	m floor elevated in ac he local official must (cordance with the community's certify this information in Section G.			
SECTION F - PROPERTY OWI	NER (OR OWNER'S RE	PRESENTATIVE) CE	ERTIFICATION			
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The community-issued BFE or Zone AO must sign here.	ve who completes Section	ons A, B, and E for Zo s A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative	's Name					
Address	City	St	ate ZIP Code			
Signature	Date	Te	lephone			
Comments						
			Check here if attachments.			

IMPORTANT: In these spaces, copy the corre	MPORTANT: In these spaces, copy the corresponding information from Section A.					
Building Street Address (including Apt., Unit, St	,		No.	Policy Number:		
10454 Central Avenue Northeast (112		<u> </u>				
City	State	ZIP Code	1	Company NAIC Number		
Blaine	Minnesota	55434	L			
SECTIO	N G - COMMUNITY	INFORMATION (OPTIO	NAL)			
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	Certificate. Complete					
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 Zone AO.	on E for a building loc	ated in Zone A (without a	a FEMA-	-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for co	ommunity floodplain mai	nagemei	nt purposes.		
G4. Permit Number	G5. Date Permit Iss	ued		ate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	Substantial Improveme	ent			
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 t	he 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 (including type of equipment and loc	cation, per C2(e), if ap	plicable)				
				Check here if attachments.		

ELEVATION CERTIFICATE

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suit 10454 Central Avenue Northeast (Policy Number:	
City	State	ZIP Code	Company NAIC Nur	nber
Blaine	Minnesota	55434		
If using the Elevation Certificate to obtain N instructions for Item A6. Identify all photographs "Left Side View." When applicable, photograph vents, as indicated in Section A8. If submitting respectively.	s with date taken; "Front Vie hs must show the foundat	ew" and "Rear View"; and ion with representative o	d, if required, "Right S examples of the floo	ide View" and
	Photo One			
	Photo One			
Photo One Caption				Clear Photo One
	Photo Two			
	Photo Two			
Photo Two Caption				Clear Photo Two

ELEVATION CERTIFICATE	Continuation Pa	age	Expiration Date: No	
IMPORTANT: In these spaces, copy the co			FOR INSURANCE	COMPANY USE
Building Street Address (including Apt., Unit, 10454 Central Avenue Northeast	Suite, and/or Bldg. No.) or P.C (1125 104th Ave NE)). Route and Box No.	Policy Number:	
City Blaine	^{State} Minnesota	ZIP Code 55434	Company NAIC Nu	ımber
If submitting more photographs than will fit with: date taken; "Front View" and "Rear photographs must show the foundation with	^r View"; and, if required, "R	tight Side View" and '	"Left Side View." Wh	nen applicable,
	Photo Thre	ee		
	District Theory			
Photo Three Caption	Photo Three			Clear Photo Three
	Photo Fou	ır		
	Dhata Farri			
Photo Four Caption	Photo Four			Clear Photo Four

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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 INSUR	ANCE COMPANY USE	
	A1. Building Owner's Name Blaine International Village					Policy Numb	er:	
		cluding Apt., Unit, Suit	e, and/oi	r Bldg. No.) oi	P.O. Route and	d	Company NV	AIC Number
Box No.	`			,			Company NA	AIC Number:
	10454 Central Avenue Northeast (1131 104th Ave NE) City State ZIP Code							
Blaine				Minne	esota		55434	
' '		nd Block Numbers, Ta			al Description,	etc.)		
Anoka County	Tax Parce	l Number: 20-31-2	23-32-0	001				
A4. Building Use (e	e.g., Resider	tial, Non-Residential,	Addition,	Accessory, e	etc.) Residen	tial		
A5. Latitude/Longit	ude: Lat	45.15914	Long.	93.24176	Horizon	tal Datur	m: NAD 19	927 🔽 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain flo	od insur	ance.	
A7. Building Diagra	ım Number	1B						
A8. For a building \	with a crawls	pace or enclosure(s):						
a) Square foot	age of crawl	space or enclosure(s)	N/A		sq ft			
b) Number of p	ermanent flo	ood openings in the cra	awlspace	e or enclosure	e(s) within 1.0 fo	ot above	adjacent gra	de N/A
c) Total net are	ea of flood o	penings in A8.b N/A		sq in				
d) Engineered	flood openir	ngs? 🗌 Yes 🔽 N	10					
A9. For a building w	vith an attach	ned garage:						
		ned garage N/A		sq ft				
		ood openings in the at	tached d	arage within 1	I.0 foot above a	diacent d	grade N/A	
,		penings in A9.b N/A	_	sq		,		
d) Engineered								
d) Engineered	nood openin	gs? 🗌 Yes 📝 N	NO					
	SE	CTION B - FLOOD I	INSURA	NCE RATE	MAP (FIRM) IN	IFORM/	ATION	
B1. NFIP Communi	ty Name & C	Community Number		B2. County	Name			B3. State
City of Blaine 270	007			Anoka				Minnesota
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)		Base Flood Ele Zone AO, use	evation(s) Base Flood Depth)
27003C0336	E	12/16/2015	12/16/	2015	Α	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	B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?							
Designation [Date:		CBRS	☐ OPA				

		<u> </u>					
IMPORTANT: In these spaces, copy the corresponding inf	ormation from Sect	ion A.	FOR INSURANCE COMPANY USE				
, , , , , , , , , , , , , , , , , , , ,	uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10454 Central Avenue Northeast (1131 104th Ave NE)						
City State	ZIP C	ode	Company NAIC Number				
Blaine Minr	nesota 5	55434					
SECTION C – BUILDING ELEVA	ATION INFORMATI	ON (SURVEY RE	QUIRED)				
C1. Building elevations are based on: Construction D *A new Elevation Certificate will be required when const	• 🗆	ing Under Construd g is complete.	ction*				
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: MnCORS Station - Arden Hills Vertical Datum: NAVD1988							
Indicate elevation datum used for the elevations in items	s a) through h) below	'.					
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Sould Datum used for building elevations must be the same as		E.					
To of hothers floor (in the direct become a second consideration		905.7	Check the measurement used.				
a) Top of bottom floor (including basement, crawlspace	e, or enclosure floor)	N/A	feet meters				
b) Top of the next higher floor							
c) Bottom of the lowest horizontal structural member (\	/ Zones only)	N/A					
d) Attached garage (top of slab)		N/A					
e) Lowest elevation of machinery or equipment servicir (Describe type of equipment and location in Comme	ng the building nts)	905.7					
f) Lowest adjacent (finished) grade next to building (LA	AG)	902.3	feet meters				
g) Highest adjacent (finished) grade next to building (H	AG)	902.8					
h) Lowest adjacent grade at lowest elevation of deck o structural support	r stairs, including	902.8					
SECTION D - SURVEYOR, EN	IGINEER, OR ARC	HITECT CERTIFIC	CATION				
This certification is to be signed and sealed by a land survey I certify that the information on this Certificate represents my statement may be punishable by fine or imprisonment under	best efforts to interp	ret the data availal	law to certify elevation information. ole. I understand that any false				
Were latitude and longitude in Section A provided by a licens	sed land surveyor?	☑Yes ☐No	Check here if attachments.				
	icense Number		STATE OF THE STATE				
[Trieffide IIII Treaty	41577		INNESON				
Title Professional Land Surveyor			S. Marian Maria				
Company Name			THOMAS M. HEALY				
Healy Land Surveying			HEALY ☆ - PLS NO. 41577				
Address			17 LO NO. 415/7				
P.O. Box 221			, N				
City	tate	ZIP Code	SURVE				
	Visconsin	54151	THI IN				
Signature D	ate 3/3/2021	Telephone 715-548-0566	Ext.				
Copy all pages of this Elevation Certificate and all attachments	for (1) community offi	cial, (2) insurance a	gent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2	2(e), if applicable)						

IMP	ORTANT: In these spaces, copy the correspor	m Section A.	FOR INSURANCE COMPANY USE	
	ding Street Address (including Apt., Unit, Suite, a 0454 Central Avenue Northeast (113			Policy Number:
City E	Blaine	State Minnesota	ZIP Code 55434	Company NAIC Number
	SECTION E – BUILDING E FOR ZO	LEVATION INFORM NE AO AND ZONE A		REQUIRED)
con	Zones AO and A (without BFE), complete Items in aplete Sections A, B,and C. For Items E1–E4, use for meters.			
E1.	Provide elevation information for the following at the highest adjacent grade (HAG) and the lowest	nd check the appropria st adjacent grade (LAG	te boxes to show whether).	r the elevation is above or below
	a) Top of bottom floor (including basement, crawlspace, or enclosure) is	2.9		rs ☑ above or ☐ below the HAG.
	b) Top of bottom floor (including basement, crawlspace, or enclosure) is	3.4		rs ☑ above or ☐ below the LAG.
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in N/A	Section A Items 8 and/or	
E3.	Attached garage (top of slab) is	N/A	feet _ meter	rs above or below the HAG.
E4.	Top of platform of machinery and/or equipment servicing the building is	2.9		rs 🔽 above or 🗌 below the HAG.
E5.	Zone AO only: If no flood depth number is availar floodplain management ordinance?			cordance with the community's certify this information in Section G.
	SECTION F - PROPERTY O	WNER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION
The	property owner or owner's authorized representant nmunity-issued BFE) or Zone AO must sign here.	ative who completes S The statements in Se	ections A, B, and E for Zo ctions A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.
Pro	perty Owner or Owner's Authorized Representation	ve's Name		
Add	Iress	City	St	ate ZIP Code
Sig	nature	Dat	e Te	elephone
Cor	nments			
				Check here if attachments.

IMPORTANT: In these spaces, copy the corre	esponding inform	nation from Section A.		FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St 10454 Central Avenue Northeast (11	No.	Policy Number:					
City	State	ZIP Code		Company NAIC Number			
Blaine	Minnesot						
		ITY INFORMATION (OPTI	ONAL)				
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.							
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 or Zone AO.	on E for a building	located in Zone A (withou	t a FEMA	A-issued or community-issued BFE)			
G3. The following information (Items G4-	·G10) is provided f	for community floodplain m	anageme	ent purposes.			
G4. Permit Number	G5. Date Permit	t Issued	G6. E	Date Certificate of compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction	on Substantial Improver	ment				
G8. Elevation of as-built lowest floor (including basement) of the building:							
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 (including type of equipment and loc	cation, per C2(e), i	if applicable)					
	☐ Check here if attachments.						

ELEVATION CERTIFICATE

See Instructions for Item A6.

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.	Policy Number:					
10454 Central Avenue Northeast (1131 104th Ave NE)						
City State ZIP Code	Company NAIC Number					
Blaine Minnesota 55434						
instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; "Left Side View." When applicable, photographs must show the foundation with representati	f using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the nstructions 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						
Photo One Caption	Clear Photo One					
Photo Two						
Photo Two Continu						
Photo Two Caption	Clear Photo Two					

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022 Continuation Page

IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE	COMPANY USE		
Building Street Address (including Apt., Unit, Suite, 10454 Central Avenue Northeast (113	Policy Number:			
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Nu	mber
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View photographs must show the foundation with repres	"; and, if required, "	Right Side View" and "	Left Side View." Wh	en applicable,
	Photo Thr	****		
	Piloto IIII	ee		
	Shots Theory			
Photo Three Caption	Photo Three			Clear Photo Three
	Photo Fo	ur		
	Photo Four			
Photo Four Caption				Clear Photo Four

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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 INSUR	ANCE COMPANY USE	
	A1. Building Owner's Name Blaine International Village					Policy Numb	er:	
		cluding Apt., Unit, Suit	e, and/oi	r Bldg. No.) oi	P.O. Rou	te and	Company N	AIC Number
Box No.	`			,			Company NA	AIC Number.
10454 Central Avenue Northeast (1137 104th Ave NE) City State ZIP Code								
Blaine				Minne	esota		55434	
' '		nd Block Numbers, Ta			al Descrip	tion, etc.)		
Anoka County	Anoka County Tax Parcel Number: 20-31-23-32-0001							
A4. Building Use (e.g., Resider	tial, Non-Residential,	Addition,	Accessory, e	etc.) Res	idential		
A5. Latitude/Longit	ude: Lat. 4	5.15910	Long	93.24156	Но	orizontal Datu	m: NAD 19	927 🔽 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obta	ain flood insu	rance.	
A7. Building Diagra	m Number	1B						
A8. For a building v	with a crawls	pace or enclosure(s):						
a) Square foot	age of crawl	space or enclosure(s)	N/A		sq	ı ft		
b) Number of p	ermanent flo	ood openings in the cra	awlspace	e or enclosure	(s) within	1.0 foot above	e adjacent gra	de N/A
c) Total net are	ea of flood o	penings in A8.b N/A		sq in				
d) Engineered	flood openir	ngs? ☐ Yes ☑ N	10					
A9. For a building w	ith an attach	ned darage:						
_		ned garage N/A		sq ft				
· ·		ood openings in the at	tachod a	·	I O foot ab	ovo adiacont	arada N/A	
			_	_		ove aujacem	grade NA	
		penings in A9.b N/A		sq	ın			
d) Engineered	flood openin	gs? 🗌 Yes 🗸 N	10					
	SE	CTION B – FLOOD I	INSURA	NCE RATE	MAP (FIR	M) INFORM	ATION	
B1. NFIP Communi				B2. County	•	,		B3. State
City of Blaine 270	007			Anoka				Minnesota
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)		Base Flood El Zone AO, use	evation(s) Base Flood Depth)
27003C0336	E	12/16/2015	12/16/	2015	Α	N	I/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	B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?							
Designation [Date:		CBRS	☐ OPA				

		'	Expiration Bato. November 60, 2022				
IMPORTANT: In these spaces, copy the corresponding	information from Sect	ion A.	FOR INSURANCE COMPANY USE				
	uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10454 Central Avenue Northeast (1137 104th Ave NE)						
City		Code	Company NAIC Number				
Blaine M	linnesota 5	55434					
SECTION C – BUILDING EL	EVATION INFORMATI	ON (SURVEY RE	QUIRED)				
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co	_	ing Under Construd g is complete.	ction*				
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: MnCORS Station - Arden Hills Vertical Datum: NAVD1988							
Indicate elevation datum used for the elevations in it	ems a) through h) below	<i>'</i> .					
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the sam							
		00F F	Check the measurement used.				
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor)	905.5					
b) Top of the next higher floor		N/A					
c) Bottom of the lowest horizontal structural membe	er (V Zones only)	N/A	feet meters				
d) Attached garage (top of slab)		N/A	feet meters				
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com	vicing the building iments)	905.5					
f) Lowest adjacent (finished) grade next to building	(LAG)	902.45	✓ feet meters				
g) Highest adjacent (finished) grade next to building	ı (HAG)	903.1	✓ feet meters				
h) Lowest adjacent grade at lowest elevation of dec	,						
structural support	or stairs, including	902.8					
SECTION D – SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIFIC	CATION				
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to intern	ret the data availal	law to certify elevation information. ble. I understand that any false				
Were latitude and longitude in Section A provided by a lie	censed land surveyor?	☑Yes ☐No	Check here if attachments.				
Certifier's Name	License Number		NAME OF THE OWNER OWNER OF THE OWNER				
Thomas M. Healy	41577		INNESOX				
Title			· A ·				
Professional Land Surveyor			THOMAS M.				
Company Name Healy Land Surveying			+ HEALY ☆				
Address			PLS NO. 41577				
P.O. Box 221			- (A)				
City	State	ZIP Code	- NO SUBVEY				
Niagara	Wisconsin	54151	7, 30RV				
Signature	Date	Telephone	Ext.				
JCM, LL	3/3/2021	715-548-0566					
Copy all pages of this Elevation Certificate and all attachme	, ,	ciai, (2) insurance a	gent/company, and (3) building owner.				
Comments (including type of equipment and location, per	C2(e), if applicable)						

IMP	ORTANT: In these spaces, copy the correspor	m Section A.	FOR INSURANCE COMPANY USE	
	ding Street Address (including Apt., Unit, Suite, a 0454 Central Avenue Northeast (113			Policy Number:
City	Blaine	State Minnesota	ZIP Code 55434	Company NAIC Number
	SECTION E – BUILDING E FOR ZO	LEVATION INFORM NE AO AND ZONE A		REQUIRED)
con	Zones AO and A (without BFE), complete Items Inplete Sections A, B,and C. For Items E1–E4, useer meters.			
E1.	Provide elevation information for the following at the highest adjacent grade (HAG) and the lowest	nd check the appropria st adjacent grade (LAG	ate boxes to show whethe	r the elevation is above or below
	a) Top of bottom floor (including basement, crawlspace, or enclosure) is	2.4		rs ☑ above or ☐ below the HAG.
	b) Top of bottom floor (including basement, crawlspace, or enclosure) is	3.1		rs ☑ above or ☐ below the LAG.
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provided in N/A	Section A Items 8 and/or	
E3.	Attached garage (top of slab) is	N/A	feet meter	rs
E4.	Top of platform of machinery and/or equipment servicing the building is	2.4		rs ☑ above or ☐ below the HAG.
E5.	Zone AO only: If no flood depth number is availa floodplain management ordinance?			cordance with the community's certify this information in Section G.
	SECTION F - PROPERTY O	WNER (OR OWNER'S	REPRESENTATIVE) CE	ERTIFICATION
The	property owner or owner's authorized representant nmunity-issued BFE) or Zone AO must sign here.	ative who completes S The statements in Se	ections A, B, and E for Zoctions A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.
Pro	perty Owner or Owner's Authorized Representation	ve's Name		
Add	lress	City	St	ate ZIP Code
Sig	nature	Dat	e Te	elephone
Cor	nments			
				Check here if attachments.

IMPORTANT: In these spaces, copy the corre	· · · · · · · · · · · · · · · · · · ·		FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, St	. Route and Box No.	Policy Number:					
10454 Central Avenue Northeast (113	<u> </u>	71D OI	NAIGN:				
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Number				
	N G – COMMUNITY INFOR						
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.							
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 Secti or Zone AO.	on E for a building located in	Zone A (without a FEM/	A-issued or community-issued BFE)				
G3. The following information (Items G4–	G10) is provided for commur	ity floodplain managem	ent purposes.				
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	New Construction Subs	tantial Improvement					
G8. Elevation of as-built lowest floor (including basement)							
G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters Datum							
G10. Community's design flood elevation:	meters Datum						
Local Official's Name	Title						
Community Name	Tele	phone					
Signature	Date	9					
Comments (including type of equipment and loc	eation, per C2(e), if applicable	e)					
			Check here if attachments.				

ELEVATION CERTIFICATE

See Instructions for Item A6.

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. 10454 Central Avenue Northeast (1137 104th Ave NE)		Policy Number:			
City State	ZIP Code	Company NAIC Nur	nber		
Blaine Minnesota	55434				
Dialile	00404				
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side Vie "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openi vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.					
Photo One					
Photo One					
Photo One Caption			Clear Photo One		
Photo Two					
Photo Two					
Photo Two Caption			Clear Photo Two		

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspondent	FOR INSURANCE	COMPANY USE		
Building Street Address (including Apt., Unit, Suite, 10454 Central Avenue Northeast (113	Policy Number:			
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Nu	mber
If submitting more photographs than will fit on th with: date taken; "Front View" and "Rear View photographs must show the foundation with repres	/"; and, if required, "	Right Side View" and "	Left Side View." Wh	ien applicable,
	Photo Thi	ee		
D. J. T. C. J.	Photo Three			
Photo Three Caption				Clear Photo Three
	Photo Fo	ur		
	11101010	м		
	Photo Four			
Photo Four Caption				Clear Photo Four

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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 INSUI	RANCE COMPANY USE	
A1. Building Owne						Policy Num	ber:
Blaine Internation							
A2. Building Street Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				Company N	NAIC Number:	
10454 C	entral Ave	nue Northeast (11	32 104	th Ave NE)		
City				State	,	ZIP Code	
Blaine				Minne		5543	4
		nd Block Numbers, Ta el Number: 20-31-2			gal Description, et	C.)	
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longit	ude: Lat. 4	5.15881	Long	93.24135	Horizonta	ıl Datum: NAD	1927 🔽 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floo	d insurance.	<u></u>
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foot	age of crawl	space or enclosure(s)	N/A		sq ft		
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent gr	ade N/A
		penings in A8.b N/A	·	sq in		, 0	
d) Engineered			Jo.	'			
A9. For a building v			NO				
1				og ft			
		ned garage N/A		sq ft		N1/A	
		ood openings in the at	_	arage within ′	1.0 foot above ad	acent grade N/A	
c) Total net are	ea of flood o _l	penings in A9.b N/A		sq	in		
d) Engineered	flood openin	igs? 🗌 Yes 🗸 N	10				
D4 NEID 0		ECTION B – FLOOD	INSURA			ORMATION	
	•	Community Number		B2. County	name		B3. State
City of Blaine 270	007			Anoka	Γ	T	Minnesota
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) se Base Flood Depth)
27003C0336	E	12/16/2015	12/16/	2015	Α	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 elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 📝 No						
Designation I			CBRS	□ OPA	•	,	, <u> </u>
2 2 3 9 1 4 4 1		U	55.10	5. /(

IMPORTANT: In these spaces, copy the corresponding i	nformation from Sect	tion A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or E	Policy Number:				
10454 Central Avenue Northeast (1132 104th	Ave NE)				
City State		I	Company NAIC Number		
Blaine	nnesota (55434			
SECTION C – BUILDING ELE	VATION INFORMAT	ION (SURVEY RE	:QUIRED)		
C1. Building elevations are based on: Construction	Drawings*	ling Under Constru	ction*		
*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: MnCORS Station - Arden Hills Vertical Datum: NAVD1988					
Indicate elevation datum used for the elevations in ite	 ms a) through h) below	V.			
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/So	, ,				
Datum used for building elevations must be the same		FE.			
		905.7	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspa	ce, or enclosure floor)	905.7 N/A	feet meters		
b) Top of the next higher floor					
c) Bottom of the lowest horizontal structural member	(V Zones only)	N/A	feet meters		
d) Attached garage (top of slab)		N/A	feet meters		
e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comn	cing the building nents)	905.7			
f) Lowest adjacent (finished) grade next to building (LAG)	902.6			
g) Highest adjacent (finished) grade next to building	(HAG)	902.9	✓ feet meters		
h) Lowest adjacent grade at lowest elevation of deck structural support	·	902.8			
SECTION D - SURVEYOR, I	ENGINEER, OR ARC	HITECT CERTIFI	CATION		
This certification is to be signed and sealed by a land surval certify that the information on this Certificate represents a statement may be punishable by fine or imprisonment und	my best efforts to interp	oret the data availa	law to certify elevation information. ble. I understand that any false		
Were latitude and longitude in Section A provided by a lice			Check here if attachments.		
Certifier's Name	License Number		VANEDO		
Thomas M. Healy	41577		NINNESON		
Title			Y. W. W. A.		
Professional Land Surveyor			3 / Tuo		
Company Name			THOMAS M HEALY ☆		
Healy Land Surveying			PLS NO. 41577		
Address P.O. Box 221			- C		
City	State	ZIP Code	NO WIND		
•			SURVE		
Niagara	Wisconsin	54151	F.M.		
Signature / M. / S	Date 3/3/2021	Telephone 715-548-0566	Ext.		
Copy all pages of this Elevation Certificate and all attachmen	ts for (1) community off	icial, (2) insurance a	agent/company, and (3) building owner.		
Comments (including type of equipment and location, per	C2(e), if applicable)				

IMP	ORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE		
	ding Street Address (including Apt., Unit, Suite, a 0454 Central Avenue Northeast (113			Policy Number:
City	Blaine	State Minnesota	ZIP Code 55434	Company NAIC Number
	SECTION E – BUILDING E FOR ZOI	LEVATION INFORM NE AO AND ZONE A		REQUIRED)
com	Zones AO and A (without BFE), complete Items Enplete Sections A, B,and C. For Items E1–E4, useer meters.			
E1.	Provide elevation information for the following ar the highest adjacent grade (HAG) and the lowes	nd check the appropriat t adjacent grade (LAG)	e boxes to show whethe	r the elevation is above or below
	a) Top of bottom floor (including basement, crawlspace, or enclosure) is	2.8		rs ☑ above or ☐ below the HAG.
	b) Top of bottom floor (including basement, crawlspace, or enclosure) is	3.1		rs ☑ above or ☐ below the LAG.
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in S	Section A Items 8 and/or	
E3.	Attached garage (top of slab) is	N/A	feet meter	rs above or below the HAG.
E4.	Top of platform of machinery and/or equipment servicing the building is	2.8		rs ☑ above or ☐ below the HAG.
E5.	Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes	ble, is the top of the bo	ottom floor elevated in ac The local official must	cordance with the community's certify this information in Section G.
	SECTION F - PROPERTY OV	WNER (OR OWNER'S	REPRESENTATIVE) CI	ERTIFICATION
The	property owner or owner's authorized representant nmunity-issued BFE) or Zone AO must sign here.	ative who completes Se The statements in Sec	ections A, B, and E for Zo tions A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.
Pro	perty Owner or Owner's Authorized Representativ	/e's Name		
Add	Iress	City	St	ate ZIP Code
Sig	nature	Date	e Te	lephone
Cor	nments			
				Check here if attachments.

IMPORTANT: In these spaces, copy the corre	· · · · · · · · · · · · · · · · · · ·		FOR INSURANCE COMPANY USE			
	Iding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box N 0454 Central Avenue Northeast (1132 104th Ave NE)					
· · · · · · · · · · · · · · · · · · ·	<u> </u>	710.0-1	NAIGN:			
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Number			
	N G – COMMUNITY INFOR					
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	dinance to administer the cor Certificate. Complete the app	nmunity's floodplain mai				
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 or Zone AO.	on E for a building located in	Zone A (without a FEM <i>i</i>	A-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for commun	ity floodplain managem	ent purposes.			
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction Subs	tantial Improvement				
G8. Elevation of as-built lowest floor (including basement) of the building:						
G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters						
G10. Community's design flood elevation:		feet	meters Datum			
Local Official's Name	Title					
Community Name	Tele	phone				
Signature	Date	;				
Comments (including type of equipment and loc	eation, per C2(e), if applicable	2)				
			Check here if attachments.			

ELEVATION CERTIFICATE

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corre	<u> </u>		FOR INSURANCE (COMPANY USE
Building Street Address (including Apt., Unit, Sui 10454 Central Avenue Northeast			Policy Number:	
City	State	ZIP Code	Company NAIC Nur	nber
Blaine	Minnesota	55434		
If using the Elevation Certificate to obtain N instructions for Item A6. Identify all photographs "Left Side View." When applicable, photograp vents, as indicated in Section A8. If submitting it	s with date taken; "Front Vie hs must show the foundat	ew" and "Rear View"; and ion with representative o	d, if required, "Right S examples of the floo	ide View" and
	Photo One			
	Photo One			
Photo One Caption				Clear Photo One
	Photo Two			
	Photo Two			
Photo Two Caption				Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the corresp	FOR INSURANCE	COMPANY USE				
Building Street Address (including Apt., Unit, Suite 10454 Central Avenue Northeast (11	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10454 Central Avenue Northeast (1132 104th Ave NE)					
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Nu	mber		
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View photographs must show the foundation with representation.	w"; and, if required, "	Right Side View" and "	Left Side View." Wh	nen applicable,		
	Photo Thr	***				
	Photo IIII	ee				
	Dhah Thua					
Photo Three Caption	Photo Three			Clear Photo Three		
	Photo Fo	ur				
Photo Form Continu	Photo Four					
Photo Four Caption				Clear Photo Four		

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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 INSUR	ANCE COMPANY USE		
A1. Building Owne Blaine Internation						Policy Numb	per:
		cluding Apt., Unit, Suit	e, and/or	r Bldg. No.) oi	P.O. Route and	Company N	AIC Number:
Box No. 10454 Central Avenue Northeast (10337 Buchanan NE)				TO Marrison.			
City State ZIP Code							
Blaine Minnesota 55434				ļ			
l ' '		nd Block Numbers, Ta			al Description, et	c.)	
<u> </u>		el Number: 20-31-2			etc.) Residenti	al	
	-	itial, Non-Residential,		33.24086			027
A5. Latitude/Longit	_		_			I Datum: NAD 1	927 🔽 NAD 1983
		hs of the building if the	e Certific	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagra							
		pace or enclosure(s):	NI/A		ç,		
, · · ·	_	space or enclosure(s)			sq ft		. NI/A
,		ood openings in the cra	awlspace	e or enclosure	e(s) within 1.0 fool	above adjacent gra	de <u>IN/A</u>
c) Total net are	ea of flood op	penings in A8.b N/A		sq in			
d) Engineered	flood openir	ngs? 🗌 Yes 🔽 N	lo				
A9. For a building w	ith an attach	ned garage:					
a) Square foota	age of attach	ned garage N/A		sq ft			
b) Number of p	ermanent flo	ood openings in the at	tached g	arage within 1	I.0 foot above adj	acent grade N/A	
c) Total net are	ea of flood op	penings in A9.b N/A		sq	in		
d) Engineered	flood openin	gs? Yes 🗸 N	10				
, ,							
	SE	CTION B - FLOOD I	NSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Communi	ty Name & C	Community Number		B2. County	Name		B3. State
City of Blaine 270	007			Anoka			Minnesota
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood El (Zone AO, use	levation(s) e Base Flood Depth)
27003C0336	E	12/16/2015	12/16/	2015	Α	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	B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:						
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No						
Designation [Date:		CBRS	☐ OPA			

			Expiration Bate: November 60, 2022		
IMPORTANT: In these spaces, copy the corresponding	information from Sect	ion A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or 10454 Central Avenue Northeast (10337 Buch	e and Box No.	Policy Number:			
City Stat		ode	Company NAIC Number		
Blaine M	innesota 5	55434			
SECTION C – BUILDING ELI	EVATION INFORMATI	ON (SURVEY RE	QUIRED)		
C1. Building elevations are based on: Constructio *A new Elevation Certificate will be required when co		ing Under Construction g is complete.	ction*		
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: MnCORS Station - Arden Hills Vertical Datum: NAVD1988					
Indicate elevation datum used for the elevations in it	ems a) through h) below	1.			
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the sam		-E.			
- \ Tag of both and floor (in classic or bosons and according	fi	905.4	Check the measurement used.		
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor)	N/A			
b) Top of the next higher floor					
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	N/A			
d) Attached garage (top of slab)		N/A			
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 	ricing the building ments)	905.4			
f) Lowest adjacent (finished) grade next to building	(LAG)	901.8	feet meters		
g) Highest adjacent (finished) grade next to building	(HAG)	902.3			
h) Lowest adjacent grade at lowest elevation of dec structural support	k or stairs, including	901.5			
SECTION D – SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIFIC	CATION		
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to intern	oret the data availal	law to certify elevation information. ble. I understand that any false		
Were latitude and longitude in Section A provided by a lic	censed land surveyor?	☑Yes ☐No	Check here if attachments.		
Certifier's Name	License Number		NAME OF		
Thomas M. Healy	41577		NINNESON		
Title Professional Land Surveyor			S. Milliam M. A. C.		
Company Name			THOMAS M.		
Healy Land Surveying			- ☆ HEALY ☆ -		
Address			PLS NO. 41577		
P.O. Box 221			7/1		
City	State	ZIP Code	SURVE		
Niagara	Wisconsin	54151	"THINK"		
Signature M. A.	Date 3/3/2021	Telephone 715-548-0566	Ext.		
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community offi	cial, (2) insurance a	agent/company, and (3) building owner.		
Comments (including type of equipment and location, per	C2(e), if applicable)				

IMPORTANT: In these spaces, copy the correspondi		FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and 10454 Central Avenue Northeast (10337)		ute and Box No.	Policy Number:		
,		Code 55434	Company NAIC Number		
SECTION E – BUILDING ELI FOR ZONE	EVATION INFORMATION AND ZONE A (WI		REQUIRED)		
For Zones AO and A (without BFE), complete Items E1-complete Sections A, B,and C. For Items E1–E4, use nature 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 	3.1	√ feet meter √ meter ✓	s 🗸 above or 🗌 below the HAG.		
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	3.6	✓ feet ☐ meter			
E2. For Building Diagrams 6–9 with permanent flood op	penings provided in Sect	ion A Items 8 and/or	9 (see pages 1–2 of Instructions),		
the next higher floor (elevation C2.b in the diagrams) of the building is	N/A	☐ feet ☐ meter	rs		
E3. Attached garage (top of slab) is	N/A	feet meter	s above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is	3.1	√ feet meter met	rs ☑ above or ☐ below the HAG.		
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the bottom No	n floor elevated in ac e local official must o	cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWN	IER (OR OWNER'S REF	PRESENTATIVE) CE	ERTIFICATION		
The property owner or owner's authorized representativ community-issued BFE) or Zone AO must sign here. The	re who completes Section re statements in Sections	ns A, B, and E for Zo A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's	s Name				
Address	City	Sta	ate ZIP Code		
Signature	Date	Te	lephone		
Comments					

IMPORTANT: In these spaces, copy the corre	MPORTANT: In these spaces, copy the corresponding information from Section A.				
Building Street Address (including Apt., Unit, St	,	P.O. Route and Box N	lo. Policy Number:		
10454 Central Avenue Northeast (103					
City	State	ZIP Code	Company NAIC Number		
Blaine	Minnesota	55434			
SECTIO	N G – COMMUNITY IN	FORMATION (OPTION	NAL)		
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.					
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 Zone AO.	on E for a building locate	ed in Zone A (without a	FEMA-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for con	nmunity floodplain man	agement purposes.		
G4. Permit Number	G5. Date Permit Issue	ed	G6. Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	Substantial Improveme	ent		
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					
G10. Community's design flood elevation:			feet meters Datum		
Local Official's Name		Title			
Community Name		Telephone			
Signature		Date			
Comments (including type of equipment and loc	cation, per C2(e), if appli	icable)			
			Check here if attachments.		

ELEVATION CERTIFICATE

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the co		FOR INSURANCE (COMPANY USE	
Building Street Address (including Apt., Unit		Policy Number:		
10454 Central Avenue Northe	ast (10337 Buchanan N	E)		
City	State	ZIP Code	Company NAIC Nur	nber
Blaine	Minnesota	55434		
If using the Elevation Certificate to obtainstructions for Item A6. Identify all photogrungurus ("Left Side View." When applicable, photovents, as indicated in Section A8. If submitted the submitted in the subm	raphs with date taken; "Front Vi ographs must show the founda	ew" and "Rear View"; and tion with representative of	d, if required, "Right Sexamples of the floo	Side View" and
	Photo On	e		
	Photo One			
Photo One Caption				Clear Photo One
	Photo Two			
	Photo Two			
Photo Two Caption				Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspondent	om Section A.	FOR INSURANCE	COMPANY USE		
Building Street Address (including Apt., Unit, Suite, 10454 Central Avenue Northeast (103	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10454 Central Avenue Northeast (10337 Buchanan NE)				
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Nu	mber	
If submitting more photographs than will fit on th with: date taken; "Front View" and "Rear View photographs must show the foundation with repres	/"; and, if required, "	Right Side View" and "	Left Side View." Wh	en applicable,	
	Photo Thr	ee			
D. A. T. C. C.	Photo Three				
Photo Three Caption				Clear Photo Three	
	Photo Fo	ur			
	1 11010 1 0	ui			
	Photo Four				
Photo Four Caption				Clear Photo Four	

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

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATEImportant: 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 INF	FOR INSUR	ANCE COMPANY USE			
A1. Building Owner's Name	Policy Numb	er:			
Blaine International Village					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Company N	AIC Number:	
10454 Central Avenue Northeast (10465 Pierce St NE)					
City State ZIP Code Blaine Minnesota 5543					
A3. Property Description (Lot and Block Numbers, Tax Pa			55434	•	
Anoka County Tax Parcel Number: 20-31-23-3		ai Description, etc.)			
A4. Building Use (e.g., Residential, Non-Residential, Add	dition, Accessory, e	tc.) Residential			
A5. Latitude/Longitude: Lat. 45.15881 Lor	ng93.24137	Horizontal Datu	um: NAD 1	927 🔽 NAD 1983	
A6. Attach at least 2 photographs of the building if the Ce	ertificate is being us	 sed to obtain flood insu	ırance.		
A7. Building Diagram Number 1B					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) N	I/A	sq ft			
b) Number of permanent flood openings in the crawls	space or enclosure	(s) within 1.0 foot above	∕e adjacent gra	de N/A	
c) Total net area of flood openings in A8.b N/A	sq in				
d) Engineered flood openings? ☐ Yes ☑ No					
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 attach	 ned garage within 1	.0 foot above adjacent	grade N/A		
c) Total net area of flood openings in A9.b N/A	sq i				
d) Engineered flood openings? Yes No					
d) Engineered 1100d openings: Tes V No					
SECTION B - FLOOD INS	URANCE RATE	MAP (FIRM) INFORM	IATION		
B1. NFIP Community Name & Community Number	B2. County N	Name		B3. State	
City of Blaine 27007	Anoka			Minnesota	
B4. Map/Panel B5. Suffix B6. FIRM Index Date B7	7. FIRM Panel Effective/ Revised Date	B8. Flood B9. Zone(s)	Base Flood El (Zone AO, use	evation(s) Base Flood Depth)	
27003C0336 E 12/16/2015 12	2/16/2015	A I	V/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 elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 📝 No					
Designation Date: CBI	BRS OPA				

IMPORTANT: In these spaces, copy the corresponding information t	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or 10454 Central Avenue Northeast (10465 Pierce St NE)	Policy Number:					
City State	ZIP Code	Company NAIC Number				
Blaine Minnesota	55434					
SECTION C – BUILDING ELEVATION INF	ORMATION (SURVEY	REQUIRED)				
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the second construction of the second construction.	Building Under Consthe building is complete.	struction*				
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: MnCORS Station - Arden Hills Vertical Datum: NAVD1988						
Indicate elevation datum used for the elevations in items a) through	n h) below.					
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Source:						
Datum used for building elevations must be the same as that used	for the BFE.					
\ - • • • • • • • • • • • • • • • • • • •	ura floor) 905.9	Check the measurement used.				
 Top of bottom floor (including basement, crawlspace, or enclos 						
b) Top of the next higher floor	N/A					
c) Bottom of the lowest horizontal structural member (V Zones on		feet meters				
d) Attached garage (top of slab)	N/A	feet meters				
e) Lowest elevation of machinery or equipment servicing the build (Describe type of equipment and location in Comments)	ing 905.9	✓ feet ☐ meters				
f) Lowest adjacent (finished) grade next to building (LAG)	902.5	✓ feet meters				
g) Highest adjacent (finished) grade next to building (HAG)	902.6					
 h) Lowest adjacent grade at lowest elevation of deck or stairs, inc structural support 	902.5					
SECTION D – SURVEYOR, ENGINEER,	OR ARCHITECT CERT	IFICATION				
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 รเ	rveyor? 🛮 Yes 🗀 No	o Check here if attachments.				
Certifier's Name	nber	MNESON				
Thomas M. Healy 41577		INNESOX				
Title Title						
Professional Land Surveyor		= 1 / man 1 2				
Company Name	THOMAS M. HEALY					
Healy Land Surveying		PLS NO. 41577				
Address		: (
P.O. Box 221	710.0	1,31,				
City State	ZIP Code	SURVE				
Niagara Wisconsir		77111				
Signature Date 3/3/202	Telephone 1 715-548-05	Ext. 566				
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per C2(e), if applicable)						
		1				

IMP	ORTANT: In these spaces, copy the correspor	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 10454 Central Avenue Northeast (10465 Pierce St NE) Policy Number:							
City	Blaine	State Minnesota	ZIP Code 55434	Company NAIC Number			
	SECTION E – BUILDING E FOR ZO	LEVATION INFORM NE AO AND ZONE A		REQUIRED)			
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.	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	3.3		rs ☑ above or ☐ below the HAG.			
	b) Top of bottom floor (including basement, crawlspace, or enclosure) is	3.4		rs ☑ above or ☐ below the LAG.			
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in N/A	Section A Items 8 and/or				
E3.	Attached garage (top of slab) is	N/A	feet _ meter	rs			
E4.	Top of platform of machinery and/or equipment servicing the building is	3.3		rs ☑ above or ☐ below the HAG.			
E5.	Zone AO only: If no flood depth number is availar floodplain management ordinance? Yes			ccordance with the community's certify this information in Section G.			
	SECTION F - PROPERTY O	WNER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION			
The	property owner or owner's authorized representant nmunity-issued BFE) or Zone AO must sign here.	ative who completes S The statements in Se	ections A, B, and E for Zo ctions A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's Name							
Add	dress	City	St	ate ZIP Code			
Sig	nature	Dat	e Te	elephone			
Cor	nments						
	☐ Check here if attachments.						

IMPORTANT: In these spaces, copy the corre		FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				Policy Number:		
10454 Central Avenue Northeast (10465 Pierce St NE)				NAIGN:		
City Blaine	State Minnesota	ZIP Code 55434		Company NAIC Number		
			ONAL)			
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 or Zone AO.						
G3. The following information (Items G4–	G10) is provided for	r community floodplain ma	anagemei	nt purposes.		
G4. Permit Number	G5. Date Permit I	ssued		ate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	Substantial Improver	ment			
G8. Elevation of as-built lowest floor (including basement)				meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	he building site:		feet	meters Datum		
G10. Community's design flood elevation:						
Local Official's Name Title						
Community Name Telephone						
Signature Date						
Comments (including type of equipment and loc	cation, per C2(e), if	applicable)				
Check here if attachments.						

ELEVATION CERTIFICATE

See Instructions for Item A6.

MPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE	COMPANY USE
Building Street Address (including Apt., Unit, Su 10454 Central Avenue Northeast	Policy Number:			
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Nur	nber
If using the Elevation Certificate to obtain I instructions for Item A6. Identify all photograph "Left Side View." When applicable, photograph vents, as indicated in Section A8. If submitting	NFIP flood insurance, affix is with date taken; "Front Viphs must show the founda	ew" and "Rear View"; and tion with representative o	d, if required, "Right Sexamples of the floo	Side View" and
	Photo One)		
	Photo One			
Photo One Caption				Clear Photo One
	Photo Two)		
	Photo Two			
Photo Two Caption				Clear Photo Two

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022 Continuation Page

IMPORTANT: In these spaces, copy the correspo	nding information from	m Section A.	FOR INSURANCE	COMPANY USE
Building Street Address (including Apt., Unit, Suite, a 10454 Central Avenue Northeast (104	and/or Bldg. No.) or P.C 65 Pierce St NE)). Route and Box No.	Policy Number:	
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Nui	mber
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View' photographs must show the foundation with represe	"; and, if required, "R	ight Side View" and "L	eft Side View." Wh	en applicable,
	Photo Thre	ee		
	Photo Three			
Photo Three Caption				Clear Photo Three
	Photo Fou	r		
	1 11010 1 00			
	Photo Four			
Photo Four Caption				Clear Photo Four