#### 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            | RANCE COMPANY USE                 |                                    |
|--|----------------------------|--|------------|-----------------------------------|----------------------|-----------------------------------|------------------------------------|
| A1. Building Owner's Name  |                            |  |            |                                   | Policy Numl          | oer:                              |                                    |
| Blaine Internation   |                            |  |            |                                   |                      |                                   |                                    |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  |                            |  |            |                                   | Company N            | AIC Number:                       |                                    |
| 10454 Ce   | entral Avei                | nue Northeast (11                          | 31 1041    | th Ave NE)                        | )                    |                                   |                                    |
| l  |                            |  |            | ZIP Code                          |                      |                                   |                                    |
| Blaine   |                            |  |            | Minne                             |                      | 55434                             | 1                                  |
|  |                            | nd Block Numbers, Ta<br>el Number: 20-31-2 |            |                                   | jal Description, et  | C.)                               |                                    |
| A4. Building Use (   | e.g., Resider              | ntial, Non-Residential,                    | Addition   | , Accessory, e                    | etc.) Residenti      | al                                |                                    |
| A5. Latitude/Longit  | ude: Lat.                  | 45.15914                                   | Long.      | 93.24176                          | Horizonta            | I Datum:  NAD 1                   | 927 🔽 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  |                            |  |            | · ·                               |                      |                                   |                                    |
|  |                            | pace or enclosure(s):                      |            |                                   |                      |                                   |                                    |
|  |                            | space or enclosure(s)                      | N/A        |                                   | sq ft                |                                   |                                    |
| , .  | •                          | ood openings in the cr                     |            | or enclosure                      |                      | ahove adjacent dra                | nde N/A                            |
|  |                            | penings in A8.b N/A                        |            |                                   |                      | above adjacent gre                | 1477                               |
| ,  |                            |  |            | sq in                             |                      |                                   |                                    |
| d) Engineered  | tiooa 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 <sub>l</sub> | penings in A9.b N/A                        |            | sq                                | in                   |                                   |                                    |
| d) Engineered  | flood openin               | ngs? ☐ Yes 🔽 N                             | No         |                                   |                      |                                   |                                    |
| , ,  | '                          | J  |            |                                   |                      |                                   |                                    |
|  | SE                         | ECTION B - FLOOD                           | INSURA     | NCE RATE                          | MAP (FIRM) INF       | ORMATION                          |                                    |
| B1. NFIP Community Name & Community Number B2. County Nar  |                            |  |            | Name                              |                      | B3. State                         |                                    |
| City of Blaine 27007   |                            |  |            | Anoka                             | Mi                   |                                   | Minnesota                          |
| B4. Map/Panel<br>Number  | B5. Suffix                 | B6. FIRM Index<br>Date                     | Effe       | RM Panel<br>ective/<br>vised Date | B8. Flood<br>Zone(s) | B9. Base Flood E<br>(Zone AO, use | levation(s)<br>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 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 [  | -                          |  | CBRS       | OPA                               |                      | ,                                 |                                    |
|  |                            |  |            |                                   |                      |                                   |                                    |
|  |                            |  |            |                                   |                      |                                   |                                    |

#### **ELEVATION CERTIFICATE**

|  | Expiration Bate: November 66; 2022 |                        |  |  |  |
|--|------------------------------------|------------------------|--|--|--|
| IMPORTANT: In these spaces, copy the corresponding i   | FOR INSURANCE COMPANY USE          |                        |  |  |  |
| Building Street Address (including Apt., Unit, Suite, and/or I 10454 Central Avenue Northeast (1131 104th  | Policy Number:                     |                        |  |  |  |
| City   | Company NAIC Number                |                        |  |  |  |
| Blaine Mi  | nnesota g                          | 55434                  |  |  |  |
| SECTION C – BUILDING ELE   | VATION INFORMATI                   | ON (SURVEY RE          | QUIRED)  |  |  |
| C1. Building elevations are based on:  Construction Drawings* Building Under Construction* Finished Construction  *A new Elevation Certificate will be required when construction of the building is complete.   |                                    |                        |  |  |  |
| C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  Benchmark Utilized: MnCORS Station - Arden Hills Vertical Datum: NAVD1988 |                                    |                        |  |  |  |
| Indicate elevation datum used for the elevations in ite  | ems a) through h) below            | <i>1</i> .             |  |  |  |
| ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Son Datum used for building elevations must be the same  |                                    | FE.                    |  |  |  |
| ) T  |                                    | 905.7                  | Check the measurement used.  |  |  |
| a) Top of bottom floor (including basement, crawlspa   | ice, or enclosure floor)           | N/A                    |  |  |  |
| b) Top of the next higher floor  |                                    |                        |  |  |  |
| c) Bottom of the lowest horizontal structural member   | (V Zones only)                     | N/A                    | l feet l meters  |  |  |
| d) Attached garage (top of slab)   |                                    | N/A                    |  |  |  |
| e) Lowest elevation of machinery or equipment servi<br>(Describe type of equipment and location in Comr  | cing the building nents)           | 905.7                  | feet meters  |  |  |
| f) Lowest adjacent (finished) grade next to building   | (LAG)                              | 902.3                  | feet meters  |  |  |
| g) Highest adjacent (finished) grade next to building  | (HAG)                              | 902.8                  |  |  |  |
| h) Lowest adjacent grade at lowest elevation of deck     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 surval certify that the information on this Certificate represents statement may be punishable by fine or imprisonment und   | 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 lice  | ensed land surveyor?               | ☑Yes ☐No               | Check here if attachments.   |  |  |
| Certifier's Name   | License Number                     |                        | N. 1111111   |  |  |
| Thomas M. Healy  | 41577                              |                        | INNESOX  |  |  |
| Title Professional Land Surveyor   |                                    |                        | S. Marian  |  |  |
| Company Name   | THOMAS M<br>HEALY ☆                |                        |  |  |  |
| Healy Land Surveying   |                                    | HEALY ☆ -              |  |  |  |
| Address  |                                    |                        | 1 LO NO. 415/1   |  |  |
| P.O. Box 221   | _                                  |                        | 1,4N   |  |  |
| City   | State                              | ZIP Code               | SURVE  |  |  |
| Niagara  | Wisconsin                          | 54151                  | THIN   |  |  |
| Signature M. A.  | Date 3/3/2021                      | 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)  |                                    |                        |  |  |  |
|  |                                    |                        |  |  |  |
|  |                                    |                        |  |  |  |
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|  |                                    |                        |  |  |  |
|  |                                    |                        |  |  |  |

### **ELEVATION CERTIFICATE**

| 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. 10454 Central Avenue Northeast (1131 104th Ave NE)   |  |   |  | Policy Number:   |  |  |
| City<br>E  | Blaine   | State<br><b>Minnesota</b>                     | ZIP Code<br>55434                                    | Company NAIC Number  |  |  |
|  | SECTION E – BUILDING E<br>FOR ZO   | LEVATION INFORM<br>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. 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   | 2.9   |  | 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<br>the next higher floor (elevation C2.b in<br>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  | 2.9   |  | 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) CE                                   | ERTIFICATION   |  |  |
| The  | property owner or owner's authorized representant<br>nmunity-issued BFE) or Zone AO must sign here.                            | ative who completes S<br>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   |   |  |  |  |  |
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|  |  |   |  | Check here if attachments.   |  |  |

### **ELEVATION CERTIFICATE**

| IMPORTANT: In these spaces, copy the corre   | FOR INSURANCE COMPANY USE      |                                |   |  |  |  |
|--|--------------------------------|--------------------------------|---|--|--|--|
| Building Street Address (including Apt., Unit, Su  | Policy Number:                 |                                |   |  |  |  |
| 10454 Central Avenue Northeast (113  | NAIGN:                         |                                |   |  |  |  |
| City State ZIP Code Blaine Minnesota 55434   |                                |                                | Company NAIC Number                             |  |  |  |
|  |                                |                                |   |  |  |  |
| 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.   | 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 of the building:   | 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   | Community Name Telephone       |                                |   |  |  |  |
| Signature Date   |                                |                                |   |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)  |                                |                                |   |  |  |  |
|  |                                |                                |   |  |  |  |
|  |                                |                                |   |  |  |  |
|  |                                |                                |   |  |  |  |
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|  |                                |                                |   |  |  |  |
|  |                                |                                | Check here if attachments.                      |  |  |  |

## **BUILDING PHOTOGRAPHS**

**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 Northe  | ast (1131 104th  Ave NE  | ≣)  |  |                 |
| City   | State  | ZIP Code  | Company NAIC Nur                                 | nber            |
| Blaine   | Minnesota  | 55434   |  |                 |
| If using the Elevation Certificate to obtainstructions for Item A6. Identify all photogrung "Left Side View." When applicable, photovents, as indicated in Section A8. If submit | raphs with date taken; "Front Vi<br>ographs must show the founda | ew" and "Rear View"; and<br>ion with representative ( | d, if required, "Right S<br>examples 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 |

# **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

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

| IMPORTANT: In these spaces, copy the correspond   | FOR INSURANCE COMPANY USE |                        |                                  |
|---|---------------------------|------------------------|----------------------------------|
| Building Street Address (including Apt., Unit, Suite, 10454 Central Avenue Northeast (113   | Policy Number:            |                        |                                  |
| City<br>Blaine  | State<br><b>Minnesota</b> | ZIP Code<br>55434      | Company NAIC Number              |
| If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View photographs must show the foundation with representation. | v"; and, if required, "R  | ight Side View" and "L | eft Side View." When applicable, |
|   |                           |                        |                                  |
|   |                           |                        |                                  |
|   | Photo Thre                |                        |                                  |
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|   | Photo Three               |                        |                                  |
| Photo Three Caption   |                           |                        | Clear Photo Three                |
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|   | Photo Four                |                        |                                  |
| Photo Four Caption  | i floto i oul             |                        | Clear Photo Four                 |