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					Policy Numb	er:		
Blaine International Village A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and					Company NV	AIC Number		
Box No.					Company NA	AIC Number.		
10454 Central Avenue Northeast (1137 104th Ave NE)				ZIP Code				
City State Z Blaine Minnesota			55434					
' '		nd Block Numbers, Ta			al Descrip	tion, etc.)		
Anoka County	Tax Parce	l Number: 20-31-2	23-32-0	001				
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		so	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:						
A9. For a building with an attached garage: a) Square footage of attached garage N/A sq ft								
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A								
	c) Total net area of flood openings in A9.b N/A sq in							
d) Engineered	d) Engineered flood openings?							
	SE	CTION B – FLOOD I	INSURA	NCE RATE	MAP (FIR	M) INFORM	ATION	
B1. NFIP Communi				B2. County	•	,		B3. State
City of Blaine 27007				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 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:		CBRS	☐ OPA				

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding infor	ion A.	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. 10454 Central Avenue Northeast (1137 104th Ave	Policy Number:					
City State	Company NAIC Number					
Blaine Minne	sota g	55434				
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.						
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: MnCORS Station - Arden Hills Vertical Datum: NAVD1988						
Indicate elevation datum used for the elevations in items a) through h) below	'.				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Source Datum used for building elevations must be the same as t		FE.				
a) Tay of hottom floor (including hospinal aroudeness		905.5	Check the measurement used. ✓ feet			
a) Top of bottom floor (including basement, crawlspace, o	or enclosure iloor)	N/A				
b) Top of the next higher floor		N/A				
c) Bottom of the lowest horizontal structural member (V Z	ones only)	N/A				
d) Attached garage (top of slab)		IN/A				
e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Comments	the building s)	905.5	feet meters			
f) Lowest adjacent (finished) grade next to building (LAG)	902.45	feet meters			
g) Highest adjacent (finished) grade next to building (HA0	3)	903.1	feet meters			
h) Lowest adjacent grade at lowest elevation of deck or s structural support	tairs, including	902.8				
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.						
Were latitude and longitude in Section A provided by a license	d land surveyor?	☑Yes ☐No	Check here if attachments.			
	nse Number		STATE OF THE STATE			
i memae iii riealy	577		INNESON			
Title Professional Land Surveyor						
Company Name	THOMAS M. HEALY					
Healy Land Surveying		HEALY ☆ - PLS NO. 41577				
Address			120 NO. 415/13			
P.O. Box 221			, 7V			
City		ZIP Code	SURVE			
	sconsin	54151	771111			
Signature Dat	e 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)						

ELEVATION CERTIFICATE

IMP	ORTANT: In these spaces, copy the correspor	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		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	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.	E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.							
	SECTION F - PROPERTY 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.				
Property Owner or Owner's Authorized Representative's Name								
Add	lress	City	St	ate ZIP Code				
Sig	nature	Dat	e Te	elephone				
Cor	nments							
				Check here if attachments.				

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corre	F	OR 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 (113							
City	State	ZIP Code	C	Company NAIC Number			
Blaine	Minnesota	55434					
SECTIO	N G - COMMUNITY	INFORMATION (OPTIO	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.							
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 Zone AO.	on E for a building loc	ated in Zone A (without a	a FEMA-is	ssued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for c	community floodplain mar	nagement	purposes.			
G4. Permit Number	G5. Date Permit Iss	sued		e Certificate of npliance/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:	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 location, per C2(e), if applicable)							
				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. 10454 Central Avenue Northeast (1137 104th Ave NE)	Policy Number:				
City State ZIP Code	Company NAIC Number				
Blaine Minnesota 55434					
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.					
Photo One					
Photo One					
Photo One Caption	Clear Photo One				
Photo Two					
Photo Two					
Photo Two Caption	Clear Photo Two				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE	COMPANY USE			
Building Street Address (including Apt., Unit, Suite, ar 10454 Central Avenue Northeast (1137	Policy Number:				
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Nui	mber	
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.					
	Photo Thr	ee			
	Photo Three				
Photo Three Caption				Clear Photo Three	
	Photo Fou	ır			
	Photo Four				
Photo Four Caption				Clear Photo Four	