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 Owner's Name					Policy Num	ber:	
Blaine International Village							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Company N	NAIC Number:	
10454 Central Avenue Northeast (1132 104th Ave NE)							
City				State	,	ZIP Code	
	Blaine Minnesota 55434						
		nd Block Numbers, Ta el Number: 20-31-2			gal Description, et	C.)	
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition	, Accessory, e	etc.) Residenti	al	
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.	_
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	TRO 01.1
	•	Community Number		B2. County	name		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)	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 located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 📝 No							
Designation I			CBRS	□ OPA	•	,	, <u> </u>

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. 10454 Central Avenue Northeast (1132 104th Ave NE)	Policy Number:						
City State	Company NAIC Number						
Blaine Minnesota	55434						
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the b	Building Under Construuilding is complete.	uction*					
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)	pelow.						
☐ NGVD 1929 ✓ NAVD 1988 ☐ Other/Source:							
Datum used for building elevations must be the same as that used for t	he BFE.						
	loor) 905.7	Check the measurement used.					
 Top of bottom floor (including basement, crawlspace, or enclosure f 							
b) Top of the next higher floor	N/A						
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 servicing the building (Describe type of equipment and location in Comments)	905.7	✓ feet meters					
f) Lowest adjacent (finished) grade next to building (LAG)	902.6	✓ feet meters					
g) Highest adjacent (finished) grade next to building (HAG)	902.9						
 h) Lowest adjacent grade at lowest elevation of deck or stairs, includin structural support 	^g 902.8						
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION							
This certification is to be signed and sealed by a land surveyor, engineer, or I certify that the information on this Certificate represents my best efforts to statement may be punishable by fine or imprisonment under 18 U.S. Code,	interpret the data availa	/ law to certify elevation information. able. I understand that any false					
Were latitude and longitude in Section A provided by a licensed land survey	or? ☑ Yes ☐ No	Check here if attachments.					
Certifier's Name License Number		MNESON					
Thomas M. Healy 41577		MNESOX					
Title		Y. W. W. A.					
Professional Land Surveyor							
Company Name		THOMAS M. HEALY					
Healy Land Surveying		PLS NO. 41577					
Address		: (
P.O. Box 221	710.0						
City State	ZIP Code	SURVE					
Niagara Wisconsin	54151	111111					
Signature Date 3/3/2021	Telephone 715-548-0566	Ext. 6					
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

MP	ORTANT: In these spaces, copy the correspo	nding information fro	m Section A.	FOR INSURANCE	CE COMPANY USE		
	Iding Street Address (including Apt., Unit, Suite,				FOR INSURANCE COMPANY USE Policy Number:		
1	0454 Central Avenue Northeast (113						
City	∕ 3laine	State Minnesota	ZIP Code 55434	Company NAIC	Number		
_	SECTION E – BUILDING			T PEOLIIPED)			
		ONE AO AND ZONE		T KLQOIKLD)			
con	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).							
	 Top of bottom floor (including basement, crawlspace, or enclosure) is 	2.8		ers 🔽 above or	below the HAG.		
	 Top of bottom floor (including basement, crawlspace, or enclosure) is 	3.1		ers 🔽 above or	below the LAG.		
E2.	For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is	od openings provided in N/A	Section A Items 8 and/o		of Instructions),		
E3.	Attached garage (top of slab) is	N/A	feet met	_	below the HAG.		
E4.	Top of platform of machinery and/or equipment servicing the building is	t <u>2.8</u>		ers 🔽 above or	below the HAG.		
E5.	Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes		oottom floor elevated in a n. The local official mus				
	SECTION F - PROPERTY C	OWNER (OR OWNER'S	S REPRESENTATIVE) (CERTIFICATION			
The	e property owner or owner's authorized represent nmunity-issued BFE) or Zone AO must sign here	tative who completes S e. The statements in Se	ections A, B, and E for z ctions A, B, and E are co	Zone A (without a Florrect to the best of	EMA-issued or my knowledge.		
Pro	perty Owner or Owner's Authorized Representat	ive's Name					
Add	dress	City	y S	State	ZIP Code		
Sig	nature	Dat	te 7	Telephone			
Cor	mments						
				Check he	ere if attachments.		

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Su	No.	Policy Number:					
10454 Central Avenue Northeast (113							
City	State	ZIP Code		Company NAIC Number			
Blaine	Minnesota	55434	L				
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.							
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation						
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 c	ommunity floodplain mai	nagemer	nt purposes.			
G4. Permit Number	G5. Date Permit Iss	ued		ate Certificate of mpliance/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			
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			
Local Official's Name		Title					
Community Name	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 corr	FOR INSURANCE (COMPANY USE		
Building Street Address (including Apt., Unit, S 10454 Central Avenue Northeas	Policy Number:			
City	State	ZIP Code 55434	Company NAIC Nur	mber
Blaine If using the Elevation Certificate to obtain instructions for Item A6. Identify all photograp "Left Side View." When applicable, photogravents, as indicated in Section A8. If submitting	ohs with date taken; "Front Vi aphs must show the founda	at least 2 building pho ew" and "Rear View"; and tion with representative o	d, if required, "Right S examples of the floo	Side View" and
	Photo One			
Photo One Caption				Clear Photo One
	Photo Two			
Photo Tue Cout	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 (1132	Policy Number:					
City Blaine	State Minnesota	ZIP Code 55434	Company NAIC Nu	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 For	ur				
	Photo Four					
Photo Four Caption				Clear Photo Four		