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	per:	
AO Duilding Chart Address (including Ant. Unit Cuite, and/or Didg. No.) on D.O. Doute and					Company N	AIC Number:	
Box No. 10454 Central Avenue Northeast (10337 Buchanan NE)					Company N.	Trainber.	
City	antial Avei	ide Northeast (100	337 Du	State)	ZIP Code	
Blaine				Minne	esota	55434	ŀ
l ' '		nd Block Numbers, Ta			al Description, et	c.)	
<u> </u>	Anoka County Tax Parcel Number: 20-31-23-32-0001 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) 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	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent 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	Е	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 Date: CBRS OPA							

ELEVATION CERTIFICATE

			Expiration Bato: November 66, 2622			
IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or 10454 Central Avenue Northeast (10337 Buch	Policy Number:					
City	Company NAIC Number					
Blaine	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 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 it	ems a) through h) below	<i>1</i> .				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the sam		E.				
- \ Tau af battan flam (in duding basement annula	fl\	905.4	Check the measurement used.			
a) Top of bottom floor (including basement, crawlsp	pace, or enclosure floor)	N/A				
b) Top of the next higher floor						
c) Bottom of the lowest horizontal structural member	er (V Zones only)	N/A				
d) Attached garage (top of slab)		N/A				
 e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Com 	vicing the building nments)	905.4	feet meters			
f) Lowest adjacent (finished) grade next to building	(LAG)	901.8	feet meters			
g) Highest adjacent (finished) grade next to building	g (HAG)	902.3				
h) Lowest adjacent grade at lowest elevation of dec structural support	ck or stairs, including	901.5				
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			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 attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per	r C2(e), if applicable)					

ELEVATION CERTIFICATE

IMP	ORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE					
	ding Street Address (including Apt., Unit, Suite, a 0454 Central Avenue Northeast (103	Policy Number:					
City	Blaine	State Minnesota	ZIP Code 55434	Company NAIC Number			
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
com	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	3.1		rs ☑ above or ☐ below the HAG.			
	b) Top of bottom floor (including basement, crawlspace, or enclosure) is	3.6		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		rs above or below the HAG.			
E4.	Top of platform of machinery and/or equipment servicing the building is	3.1	⊘ feet ☐ meter	rs ☑ above or ☐ below the HAG.			
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.							
	SECTION F - PROPERTY OV	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 Se The statements in Sec	ctions 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 Representation	/e's Name					
Add	Iress	City	Sta	ate ZIP Code			
Sig	nature	Date	Те	lephone			
Cor	nments						
				Check here if attachments.			

ELEVATION CERTIFICATE

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 (103		O NAIGNI I					
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 take engineer, or architect who is authorized data in the Comments area below.)	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						
G2. A community official completed Section or Zone AO.	on E for a building l	ocated in Zone A (without	t a FEMA	-issued or community-issued BFE)			
G3. The following information (Items G4–	G10) is provided for	r community floodplain ma	anageme	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 Improven	nent				
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	Local Official's Name Title						
Community Name	Community Name Telephone						
Signature Date							
Comments (including type of equipment and loc	cation, per C2(e), if	applicable)					
				Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

MPORTANT: In these spaces, copy the corresponding information from Secti	on A.	FOR INSURANCE (COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 10454 Central Avenue Northeast (10337 Buchanan NE)	Policy Number:		
City State ZIP C	ode	Company NAIC Nun	nber
•	434	- 1 7	
If using the Elevation Certificate to obtain NFIP flood insurance, affix at lea instructions for Item A6. Identify all photographs with date taken; "Front View" and "Left Side View." When applicable, photographs must show the foundation with vents, as indicated in Section A8. If submitting more photographs than will fit on the	l "Rear View"; and n representative e	d, if required, "Right S 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

Continuation Page

IMPORTANT: In these spaces, copy the corresp	FOR INSURANCE	COMPANY USE		
Building Street Address (including Apt., Unit, Suite, 10454 Central Avenue Northeast (10	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 repre	w"; and, if required, "	Right Side View" and "	Left Side View." Wh	nen applicable,
	Photo Thr	ee		
D. A. T. C. III	Photo Three			
Photo Three Caption				Clear Photo Three
	Photo Fo	ur		
	FilotoTo	ui		
Photo Four Caption	Photo Four			Clear Photo Four
i our ouplion				Sical Frioto Foul