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	per:	
Blaine International Village								
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company					Company N	AIC Number:		
10454 Ce	entral Aver	nue Northeast (10	465 Pie	erce St NE)				
City				State	,		ZIP Code	
Blaine				Minne			55434	ļ <u> </u>
		nd Block Numbers, Ta			gal Description, e	tc.)		
		el Number: 20-31-2						
1	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential							
A5. Latitude/Longit	tude: Lat. 4	15.15881	Long	93.24137	Horizonta	al Datum	n: 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	od insura	ince.	
A7. Building Diagra	am Number	1B						
A8. For a building	with a crawls	space or enclosure(s):						
a) Square foot	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	ot above	adjacent gra	de N/A
		penings in A8.b N/A		sq in			, 0	
d) Engineered								
d) Eligilleered	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 ac	ljacent g	rade N/A	
c) Total net are	c) Total net area of flood openings 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) IN	FORMA	TION	
B1. NFIP Community Name & Community Number B2. County Name B3. State								
City of Blaine 27007 Anoka Minnesota						Minnesota		
B4. Map/Panel	B5. Suffix	B6. FIRM Index	1	RM Panel	B8. Flood	B9. B	ase Flood El	evation(s)
Number	Number Date Effective/ Zone(s) (Zone AO, use Base Flood Depth) Revised Date							Base Flood Depth)
27003C0336	E	12/16/2015	12/16/	2015	Α	N/	Α	
12/10/2010								
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:								
PAGE In the building beated in a Greatel Bening B								
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 (10465 Piero	Policy Number:					
City	Code	Company NAIC Number				
Blaine M	linnesota g	55434				
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when c	• _	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 i	tems a) through h) below	<i>'</i> .				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/s Datum used for building elevations must be the sam						
-		005.0	Check the measurement used.			
a) Top of bottom floor (including basement, crawlsp	pace, or enclosure floor)	905.9				
b) Top of the next higher floor		N/A	feet meters			
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 ser (Describe type of equipment and location in Con	vicing the building nments)	905.9				
f) Lowest adjacent (finished) grade next to building	ı (LAG)	902.5				
g) Highest adjacent (finished) grade next to building	d (HAG)	902.6	√ feet			
h) Lowest adjacent grade at lowest elevation of dec	,		&			
structural support	or stairs, including	902.5				
SECTION D – SURVEYOR	ENGINEER, OR ARC	HITECT CERTIFIC	CATION			
This certification is to be signed and sealed by a land su I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	s 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 li	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		·				
Professional Land Surveyor			THOMAS M.			
Company Name			+ HEALY ☆			
Healy Land Surveying Address	PLS NO. 41577					
P.O. Box 221			· (8)			
City	State	ZIP Code	NO SURVEY			
Niagara	Wisconsin	54151	7, 30RV			
Signature	Date	Telephone	Ext.			
1 CM. L	3/3/2021	715-548-0566				
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					
Buil	ding Street Address (including Apt., Unit, Suite, a 0454 Central Avenue Northeast (104	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	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	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.			
Pro	perty Owner or Owner's Authorized Representative	/e's Name					
Add	dress	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		FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Su	No.	Policy Number:					
10454 Central Avenue Northeast (104		NAIGN:					
City Blaine	ZIP Code 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.							
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 of the building:	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 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 corresp	onding information fro	m Section A.	FOR INSURANCE	COMPANY USE
Building Street Address (including Apt., Unit, Suite	Policy Number:			
10454 Central Avenue Northeast (1	0465 Pierce St N	≣)		
City	State	ZIP Code	Company NAIC Nur	nber
Blaine	Minnesota	55434		
If using the Elevation Certificate to obtain NF instructions for Item A6. Identify all photographs well-by "Left Side View." When applicable, photographs vents, as indicated in Section A8. If submitting more	with date taken; "Front V s must show the founda	iew" and "Rear View"; and ation with representative of	d, if required, "Right Sexamples of the floo	Side View" and
	Photo On	е		
	Photo One			
Photo One Caption	Prioto Orie			Clear Photo One
Those one dapation	Photo Tw	0		
	Photo Two			
Photo Two Caption				Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

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

MPORTANT: 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 Number
If submitting more photographs than will fit on with: date taken; "Front View" and "Rear View photographs must show the foundation with representation.	ew"; and, if required, "R	ight Side View" and "L	eft Side View." When applicable,
	Photo Thre	е	
Photo Three Caption	Photo Three		Clear Photo Three
	Photo Fou	r	
Di i F	Photo Four		
Photo Four Caption			Clear Photo Four