

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>GUADALUPE P. COMPOS for Maria Pedrosa</i>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>1227 RYE STREET</i>		Policy Number	
CITY <i>NAPOLÉON</i>	STATE <i>OHIO</i>	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>LOT 34 PHILLIPS OUTLOTS</i>		ZIP CODE <i>43545</i>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <i>Accessory</i>			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-##.## or ##.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map	<input checked="" type="checkbox"/> Other: <i>Henry G. GIS</i> <i>- Attached -</i>

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>City of Napoleon</i>		B2. COUNTY NAME <i>Henry County</i>		B3. STATE <i>Ohio</i>	
B4. MAP AND PANEL NUMBER <i>390266 0005 D</i>	B5. SUFFIX	B6. FIRM INDEX DATE <i>11-2-95</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) <i>A</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe): <i>City of Napoleon</i>					
B11. Indicate the elevation datum used for the BFE in B9; <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other (Describe): <i>ELEV 658.00</i>					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: <i>8/16/02</i>					

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. *Other*

C2. Building Diagram Number *N/A* (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B; convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum *City Nap.* Conversion/Comments _____

Elevation reference mark used *No. 33* Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<i>659</i> . <i>00</i> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ . _____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ . _____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ . _____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	_____ . _____ ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	_____ . _____ ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	_____ . _____ ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	_____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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 in Sections A, B, and C 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.

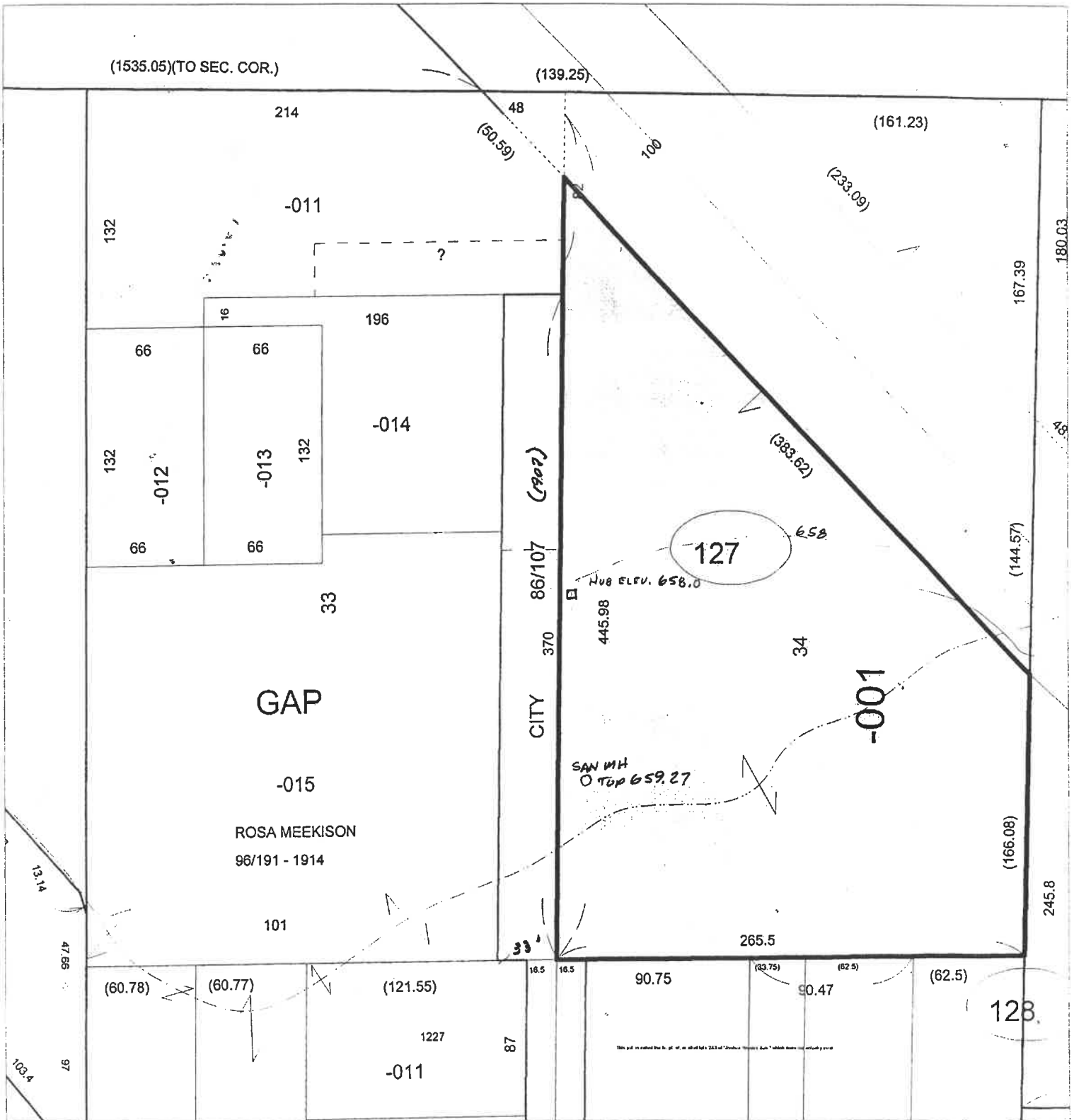
CERTIFIER'S NAME <i>HERBERT BEHRMAN</i>	LICENSE NUMBER <i>RLS 5778</i>
TITLE <i>OWNER</i>	COMPANY NAME <i>H. BEHRMAN ENGINEER/SURVEYOR</i>
ADDRESS <i>7-234 Road D</i>	CITY <i>HAMLEN</i>
SIGNATURE <i>Herbert Behrman</i>	STATE <i>OHIO</i>
	ZIP CODE <i>43524</i>
	TELEPHONE <i>419-274-6445</i>
	DATE <i>8/20/2002</i>

Henry County GIS

PUBLIC ACCESS SYSTEM

Date: August, 16 2002

This map was prepared as the tax map for Henry County as prepared by the Henry County Engineer in accordance with Section 5713 09 of the Ohio Revised Code. Henry County assumes no legal responsibility for the information contained on this map. Users noting errors or omissions are encouraged to contact the Henry County Tax Map Department.



Map #: 05-13-127-001
 Parcel #: 410094522140
 Owner: COMPOS, GUADALUPE R., ETVIR
 Address: 1227 RYE ST
 NAPOLEON OH 43545

Acres: 2.23000
 Tax District: 41
 Location: RYE ST
 Parc Suf: 01
 Deed: V 236P 279

Legal Line 1: LOT 34 PHILLIPS OUT LOTS
 Legal Line 2:
 Legal Line 3:
 Frontage: 000000
 Depth: 0000

Building Taxes: 0
 Land Taxes: 1640
 Total Taxes: 1640
 Cauv Value: 0

