

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1600-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner: PATRICK & ASSOCIATES DEVELOPMENT, INC.

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 713 ARCTIC ST.

City: LINDENHURST VILLAGE State: NY ZIP Code: 11757

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): 103-25-1-64

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL

A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number: 8

A8. For a building with a crawl space or enclosure(s), provide:
a) Square footage of crawl space or enclosure(s): 780 sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade: 6
c) Total net area of flood openings in A8.b: 972 sq in

A9. For a building with an attached garage, provide:
a) Square footage of attached garage: _____ sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade: _____
c) Total net area of flood openings in A9.b: _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number: 34103 C

B2. County Name: SUFFOLK

B3. State: NEW YORK

B4. Map/Panel Number: 0861

B5. Suffix: G

B6. FIRM Index Date: _____

B7. FIRM Panel Effective/Revised Date: 5-4-98

B8. Flood Zone(s): AE

B9. Base Flood Elevation(s) (Zone NO, use base flood depth): EL 8

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 (Describe) _____

B11. Indicate elevation datum used for BFE in item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?
Designation Date: _____ CBRS OPA Yes No

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-g below according to the building diagram specified in item A7.
Benchmark Utilized: TOWN OF BABYLON BENCHMARK Vertical Datum: NGVD

Conversion/Comments: _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor): 5.4 feet meters (Puerto Rico only)

b) Top of the next higher floor: 8.7 feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only): _____ feet meters (Puerto Rico only)

d) Attached garage (top of slab): _____ feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments): _____ feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG): 3.5 feet meters (Puerto Rico only)

g) Highest adjacent (finished) grade (HAG): 4.3 feet meters (Puerto Rico only)

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.

Check here if comments are provided on back of form.

Certifier's Name: DONALD MALM License Number: 050346

Title: PRESIDENT Company Name: RRM SURVEYING PC

Address: 60 NASSAU AVE. City: ISLIP State: NY ZIP Code: 11751

Signature: [Signature] Date: 6-21-07 Telephone: 631-581-0003

