

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For insurance Company Use: _____
 Policy Number: _____
 Building Owner's Name: Lester and Lucy Ruybal
 Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 1410 Leigh Lane
 City: Fountain
 State: CO
 Zip Code: 80817

Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Lot 22, Block 3, Southmoor Subdivision Addition No. 3, El Paso County, Colorado.
 Building Use (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.): Residential

Latitude/Longitude (Optional): _____
 Horizontal Datum: NAD 1927 NAD 1983 SOURCE: GPS (Type): _____
 USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM Community Name & Community Number: Fountain 080051
 B2. County Name: El Paso
 B3. State: CO

B4. MAP AND PANEL NUMBER: 0804100951	B5. SUFFIX: F	B6. FIRM INDEX DATE: 8/23/1999	B7. FIRM PANEL EFFECTIVE/REVISED DATE: 3/17/1997	B8. FLOOD ZONE(S): AE	B9. BASE FLOOD ELEVATION(S) (Zone A/C, use depth of flooding): 5649
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:
 FIS Profile FIRM Community Determined
 Other (Describe): _____
 NAVD 1988 Other (Describe): _____
 Yes No Designation Date: _____

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

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

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. Building Diagram Number 1 (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, ARA, AR/AE, AR/A1-A30, AR/AH, AR/VA, Complete Items C2-4 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 calculations. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 29 Conversion/Comments: _____

Elevation reference mark used U-347 Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 5650.5 ft (m)
 b) Top of next higher floor _____ ft (m)
 c) Bottom of lowest horizontal structural member ("zones only") _____ ft (m)
 d) Attached garage (top of slab) 5650.0 ft (m)
 e) Lowest elevation of machinery and/or equipment _____ ft (m)
 f) Lowest adjacent finished grade (LAG) 5650.0 ft (m)
 g) Highest adjacent finished grade (HAG) 5649.2 ft (m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 5650.4 ft (m)
 i) Total area of all permanent openings (flood vents) in cubic ft. (sq. cm) _____

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 understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: Christopher Brewer
 LICENSE NUMBER: 151880
 COMPANY NAME: Berge-Brewer & Associates, Inc.

ADDRESS: 711 N. Cascade Ave.
 CITY: Colorado Springs
 STATE: CO
 ZIP CODE: 80903

DATE: 10/28/05
 TELEPHONE: 719-227-7181

SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS

SECTION E - 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 understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: Christopher Brewer
 LICENSE NUMBER: 151880
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 TELEPHONE: 719-227-7181

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REPLACES ALL PREVIOUS EDITIONS

FEMA Form 81-31 January 2003
 Floodplain & Enumeration FP
 1. 04457
 2. LEIGH

Replaces all previous editions

Check here if attachments

LOCAL OFFICIAL'S NAME _____

TITLE _____

COMMUNITY NAME _____

TELEPHONE _____

DATE _____

SIGNATURE _____

COMMENTS _____

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of or full lowest floor (including basement) of the building is: _____ ft.(m)

G9. BFE or (in Zone A0) depth of flooding at the building site is: _____ ft.(m)

G4. PERMIT NUMBER: 0457

G5. DATE PERMIT ISSUED: 10/13/2004

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED: _____

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.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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 E for a building located in Zone A (without a FEMA-issued BFE) or Zone A0.

G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

DATE _____

TELEPHONE _____

SIGNATURE _____

COMMENTS _____

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3h and C3i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone A0 must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTATIVES NAME _____

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE A0 AND ZONE A (WITHOUT BFE)

For Zone A0 and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMRF, Section C must be completed.

E1. Building Diagram Number. (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.)

E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)

E3. For Building Diagrams 6-b with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft.(m) _____ in.(cm) above the highest adjacent grade. Complete Items C3h and C3i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is _____ ft.(m) _____ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)

E5. For Zone A0 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.

Check here if attachments

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS _____

The machinery/equipment servicing the building is a concrete or condenser pad.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1410 Leigh Lane

CITY Fourteen

STATE CO

ZIP CODE 80817

Company NAIC Number _____

Policy Number _____

For Insurance Company Use: _____