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 INSU	RANCE COMPANY USE
A1. Building Owner's Name Robert & Laurel Callahan Policy Number:					ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 11 Birch Road						NAIC Number:
					ZIP Code	
Weymouth			Massac		02191	
A3. Property Description (Lot Assessors Map 2 Block 7 Lot				gal Description, et	c.) 	
A4. Building Use (e.g., Reside	ential, Non-Residential, A	ddition	, Accessory,	etc.) Residential		
A5. Latitude/Longitude: Lat.	42-15-23.8 L	ong.	70-56-11.5	Horizonta	Datum: NAD	1927 × NAD 1983
A6. Attach at least 2 photogra	phs of the building if the	Certific	ate is being	used to obtain floo	d insurance.	
A7. Building Diagram Number	5					
A8. For a building with a craw	Ispace or enclosure(s):					
a) Square footage of crav	vispace or enclosure(s)			N/A sq ft		
b) Number of permanent	flood openings in the crav	wispac	e or enclosur	e(s) within 1.0 foot	above adjacent gra	ade
c) Total net area of flood	openings in A8.b		sq ir	1		
d) Engineered flood open	ings? Yes No					
A9. For a building with an attac	ched garage:					
a) Square footage of attached garage N/A sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade						
c) Total net area of flood openings in A9.b sq in						
d) Engineered flood openings? Yes No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number			B2. County Name			B3. State
Weymouth 250257	· · · · · · · · · · · · · · · · · · ·		Norfolk			Massachusetts
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel active/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
25021C0093 E	J	July 17	, 2012	AE	12	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
FIS Profile X 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						

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, ar	Policy Number:				
UBIRCH ROAD		710.0 4.	Company NAIC Number		
City	State	ZIP Code	Company NAIC Number		
WEYMOUTH	MA	0219	NEOLUPED)		
SECTION C - BUILDING	ELEVATION IN	IFORMATION (SURVEY R	(EQUIRED)		
C1. Building elevations are based on: Constr *A new Elevation Certificate will be required who	uction Drawings* en construction of	-	ruction* X Finished Construction		
C2 Flevations - Zones A1-A30, AE, AH, A (with B)	FE), VE, V1-V30,	V (with BFE), AR, AR/A, AR	R/AE, AR/A1-A30, AR/AH, AR/AO.		
Complete Items C2.a—h below according to the Benchmark Utilized: RTK GPS		specified in Item A7. In Puer cal Datum: NAVD 1988	rto Rico only, enter meters.		
Indicate elevation datum used for the elevations					
Indicate elevation datum used for the elevations ☐ NGVD 1929 ☒ NAVD 1988 ☐ Ot		gn ny below.			
Datum used for building elevations must be the		d for the BFE.			
			Check the measurement used.		
 a) Top of bottom floor (including basement, cra 	wispace, or enclo	sure floor)	15.1 X feet meters		
b) Top of the next higher floor			23.1 X feet meters		
c) Bottom of the lowest horizontal structural me	ember (V Zones o	nly)	N/A feet meters		
d) Attached garage (top of slab)		=	N/A feet meters		
e) Lowest elevation of machinery or equipment (Describe type of equipment and location in	servicing the buil Comments)	lding	15.3 🔀 feet 🗌 meters		
f) Lowest adjacent (finished) grade next to buil	ding (LAG)		7.0 X feet meters		
g) Highest adjacent (finished) grade next to bui	lding (HAG)		7.8 X feet meters		
h) Lowest adjacent grade at lowest elevation or structural support	f deck or stairs, in	cluding	7.0 X feet meters		
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.					
Were latitude and longitude in Section A provided by			Check here if attachments.		
Certifier's Name	License Nu	ımber			
Peter G. Hoyt	41609		NOF MA		
Title Owner - Land Surveyor			THE MITH OF MACO		
Company Name			Pater Heyting		
Hoyt Land Surveying			Hey0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Address			A SANDERS SA		
1287 Washington Street					
City Weymouth	State Massachus	ZIP Code setts 02189	HATT		
Signature	Date 3-13-2020	Telephone 781-682-9192	EST.		
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)					
All the utilities are located on the main floor of the dwelling at a minimum elevation of 15.1					

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresp	onding information fr	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite	, and/or Bldg. No.) or P	O. Route and Box No.	Policy Number:
1. 3.50 - BOAD			
City	State	ZIP Code	Company NAIC Number
SECTION E - BUILDING	PIATION INCODE	WATION (SLIPVEY NO	OT PEOUIPED)
	ONE AO AND ZONE		or regonery
For Zones AO and A (without BFE), complete Item complete Sections A, B,and C. For Items E1–E4, t enter meters.			
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low			ther the elevation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet me	eters above or below the HAG
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet me	eters above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2 b in the diagrams) of the building is	od openings provided in		/or 9 (see pages 1–2 of Instructions), sters above or below the HAG.
E3. Attached garage (top of slab) is			eters above or below the HAG.
E4. Top of platform of machinery and/or equipmer servicing the building is	nt	feet me	eters above or below the HAG.
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes	ilable, is the top of the b	oottom floor elevated in n. The local official mu	accordance with the community's st certify this information in Section G.
SECTION F - PROPERTY	OWNER (OR OWNER'S	REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized represer community-issued BFE) or Zone AO must sign her	ntative who completes S e. The statements in Se	ections A, B, and E for ctions A, B, and E are o	Zone A (without a FEMA-issued or correct to the best of my knowledge.
Property Owner or Owner's Authorized Representa	itive's Name		
Address	City	1	State ZIP Code
Signature	Dat	e	Telephone
Comments			
			Check here if attachments.

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number:				
11 BIRCH ROAD				
City	State	ZIP Code	Company NAIC Number	
WEYMOUTH	MA	02191		
SECTIO	N G - COMMUNITY INF	FORMATION (OPTIONAL)		
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the ter meters.	e applicable item(s) and sign	n below. Check the measurement	
engineer, or architect who is authoriz data in the Comments area below.)	ed by law to certify eleva	tion information. (Indicate th	e source and date of the elevation	
G2. A community official completed Section Zone AO.				
G3. The following information (Items G4-	G10) is provided for com	munity floodplain managem	ent purposes.	
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction S	Substantial Improvement		
G8. Elevation of as-built lowest floor (including of the building:	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:			meters	
Local Official's Name	•	Title		
Community Name	-	Telephone		
Signature	(Date		
Comments (including type of equipment and loc	ation, per C2(e), if applic	able)		
			Check here if attachments	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: in these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Ur	Policy Number:		
11 BIRCH ROAD			
City	State	ZIP Code	Company NAIC Number
WEYMOUTH	MA	C. 219	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption FRONT NOIZTH EASTERLY VIEW (3 12 2020) Clear Photo One



BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:
11 BIRCH RUAD			
City	State	ZIP Code	Company NAIC Number
WEYMOUTH	MA	02191	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three Caption REAR SOUTH EASTERLY VIEW (3/12/2020) Clear Photo Three

