



Floodplain Development Permit

Doddridge County, WV Floodplain Management

This permit gives approval for the development/ project listed that impacts the FEMA-designated floodplain and/or floodway of Doddridge County, WV, pursuant to the rules and regulations established by all applicable Federal, State and local laws and ordinances, including the Doddridge County Floodplain Ordinance. This permit must be posted at the site of work as to be clearly visible and must remain posted during entirety of development.

Permit: #18-509

Date Approved: May 21, 2018

Expires: May 21, 2019

Issued to: Sharon Walker

POC: Sharon Walker

Company Address: 578 Rock Run Road West Union, WV 26456

Project Address: 1918 Smithton Road West Union, WV 26456

Firm: 54017C0140C

Lat/Long: 39.278802N, -80.745786W

Purpose of Development: Mobile Home Relocation

Issued by: George C. Eidel, CFM, OEM Director/Doddridge County FPM (or designee)

Date: May 21, 2018

For additional information regarding this permit, please contact
Doddridge County Floodplain Manager at 304.873.2631, or via email at
doddridgecountyfpm@gmail.com
118 East Court Street; West Union, WV 26456

7017 1450 0001 5869 5537

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CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®

DEFERRED MAIL USE ONLY

Certified Mail Fee \$ 3.35

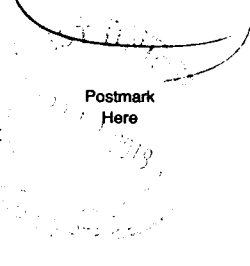
Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$.49

Total Postage and Fees \$ 6.59

Sent To David Hoskinson
Street and Apt. No., or PO Box No. 1968 Smithton Rd.
City, State, ZIP+4® West Union, WV 26456

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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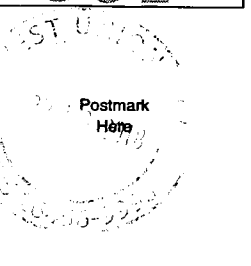
Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$.49

Total Postage and Fees \$ 6.59

Sent To John & Peggy Smith
Street and Apt. No., or PO Box No. 142 N. 69th Ave.
City, State, ZIP+4® Radon City, WV 26159

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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Certified Mail Fee \$ 3.35

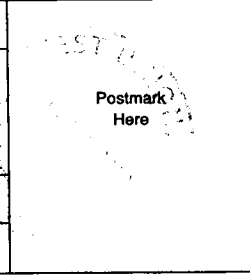
Extra Services & Fees (check box, add fees as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$.49

Total Postage and Fees \$ 6.59

Sent To Vicki F. Hoskinson
Street and Apt. No., or PO Box No. 1968 Smithton Rd.
City, State, ZIP+4® West Union, WV 26456

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

John & Peggy Smith
142 N. 69th Avenue
Paden City, WV 26159



9590 9402 2228 6193 5132 31

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 2228 0193 5132 31

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Doddridge County OEM/CFM
George Eidel
105 Court Street, Suite 3
West Union, WV 26456

18-509



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

David Hoskinson
1968 Smithton Road
West Union, WV 26456



9590 9402 2228 6193 5132 17

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
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| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING#



9590 9402 2228 6193 5132 17



First-Class Mail
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Permit No. G-10

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box •

**Doddridge County OEM/CFM
George Eidel
105 Court Street, Suite 3
West Union, WV 26456**

18-509

-201205



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Vicki F. Hoskinson
1968 Smithton Road
West Union, WV 26456



9590 9402 2228 6193 5132 24

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Donald L. Hoban* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING#



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Permit No. G-10

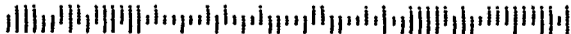
9590 9402 2228 6193 5132 24

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Doddridge County OEM/CFM
George Eidel
105 Court Street, Suite 3
West Union, WV 26456

18-509



Doddridge County, West Virginia

RECEIPT NO: 741

DATE: 2018/04/25

FROM: SHARON WALKER & RON BURNS

AMOUNT: \$ 100.00

ONE HUNDRED DOLLARS AND 00 CENTS

FOR: #18-509 FLOOD PERMIT

APR25 18 10:27AM

0000000000 FP-BUILDING PERMITS

020-318

TOTAL: \$100.00

MICHAEL HEADLEY

SHERIFF & TREASURER

MEC

CLERK

Customer Copy

FLOODPLAIN PERMIT #18-509

Sharon Walker/Ron Burn, Mobile Home Relocation, 1918 Smithton Rd

TASK	COMPLETE (DATE)	NOTES
CHECK RECEIVED	4/25/18	
US ARMY CORP. ENGINEERS (USACE)		
US FISH & WILDLIFE SERVICES (USFWS)		
WV DEPT. NATURAL RESOURCES (WVDNR)		
WV DEPT. ENVIROMENTAL PROTECTION (WVDEP)		
STATE HISTORIC & PRESERVATION OFFICE (SHPO)		
OFFICE of LAND & STREAM (OLS)		
DATE OF COMMISSION READING	5/1/2018	
DATE AVAILABLE TO BE GRANTED	5/21/2018	
PERMIT GRANTED		
COMPLETE		

Need Elevation cert ?

7017 1450 0001 5869 5537

7017 1450 0001 5869 5520

7017 1450 0001 5869 5513



Doddridge County Floodplain Permits

(Week of April 23, 2018)

Please take notice that on the **11th** day of **April, 2018**, **Sharon Walker** filed an application for a Floodplain Permit (**#18-509**) to develop land located at or about **1918 Smithton Road, Coordinates 39.298802 N, -80.745786 W**. The Application is on file with the Doddridge County Floodplain Manager's Office and may be inspected or copied during regular business hours. Any interested persons who desire to comment shall present the same in writing by **May 20, 2018** (20 calendar days after the announcement at the regularly scheduled Doddridge County Commission Meeting) delivered to the Clerk of the County Court at 108 Court Street Ste. 1, West Union, WV 26456. **This project is a mobile home relocation**



Permit# 18-509
Project Name: Mobile Home Relocation
Permittees Name: Sharon Walker

Doddridge County, WV

Floodplain Development Permit Application

This document is to be used for projects that impact/potentially impact the FEMA---designated floodplain and/or floodway of Doddridge County, WV pursuant to the rules and regulations established by all applicable Federal, State and local laws and ordinances, including the Doddridge County Floodplain Ordinance.

SECTION 1: GENERAL PROVISIONS (APPLICANT TO READ AND SIGN)

1. No work may start until a permit is issued.
2. The permit may be revoked if any false statements are made herein.
3. If revoked, all work must cease until permit is re-issued.
4. The permit will expire if no work is commenced within six months of issuance.
5. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal requirements.
6. Applicant hereby gives consent to the Floodplain Administrator/Manager or his/her representative to make inspections to verify compliance.
7. I THE APPLICANT CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

APPLICANT'S SIGNATURE

Sharon Walker-Rouburn

DATE

4/9/18

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Applicant Information:

Please provide all pertinent data.

Applicant Information		
Responsible Company Name:		
Corporate Mailing Address:		
City:	State:	Zip:
Corporate Point of Contact (POC):		
Corporate POC Title:		
Corporate POC Primary Phone:		
Corporate POC Primary Email:		
Corporate FEIN:	Corporate DUNS:	
Corporate Website:		
Local Mailing Address: <i>Sharon E Walker</i>		
City: <i>578 Rock Run Rd West Union WV</i>	State: <i>WV</i>	Zip: <i>26456</i>
Local Project Manager (PM):		
Local PM Primary Phone: <i>304-873-2525</i>		
Local PM Secondary Phone: <i>304-266-1333</i>		
Local PM Primary Email:		
Person Filing Application: <i>Sharon E Walker</i>		
Applicant Title:		
Applicant Primary Phone: <i>Same</i>		
Applicant Secondary Phone:		
Applicant Primary Email:		

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Project Narrative:

Describe in detail the proposed development including project name/title, type of development, estimated start and completion timeline, and its potential impact on the floodplain. Use additional copies of this page as needed.

Project Narrative:

*Relocated a mobile home to 1918
Smithton Rd, West Union, WV. 26456*

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Proposed Development:

Please check all elements of the proposed project that apply.

DESCRIPTION OF WORK (CHECK ALL APPLICABLE BOXES)

A. STRUCTURAL DEVELOPMENT

<u>ACTIVITY</u>	<u>STRUCTURAL TYPE</u>
<input type="checkbox"/> New Structure	<input checked="" type="checkbox"/> Residential (1 – 4 Family)
<input type="checkbox"/> Addition	<input type="checkbox"/> Residential (more than 4 Family)
<input type="checkbox"/> Alteration	<input type="checkbox"/> Non-residential (floodproofing)
<input checked="" type="checkbox"/> Relocation	<input type="checkbox"/> Combined Use (res. & com.)
<input type="checkbox"/> Demolition	<input type="checkbox"/> Replacement
<input type="checkbox"/> Manufactured/Mobil Home	

B. OTHER DEVELOPMENT ACTIVITIES:

- | | | | |
|---|---------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Fill | <input type="checkbox"/> Mining | <input type="checkbox"/> Drilling | <input type="checkbox"/> Pipelining |
| <input type="checkbox"/> Grading | | | |
| <input type="checkbox"/> Excavation (except for STRUCTURAL DEVELOPMENT checked above) | | | |
| <input type="checkbox"/> Watercourse Alteration (including dredging and channel modification) | | | |
| <input type="checkbox"/> Drainage Improvements (including culvert work) | | | |
| <input type="checkbox"/> Road, Street, or Bridge Construction | | | |
| <input type="checkbox"/> Subdivision (including new expansion) | | | |
| <input type="checkbox"/> Individual Water or Sewer System | | | |
| <input type="checkbox"/> Other (please specify) | | | |

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Development Site/Property Information:

Please provide physical description of the site/property, along with pertinent ownership (surface and mineral rights) data as applicable. Attach appropriate maps from the WV Flood Tool showing location of proposed development. Use additional copies of this page if development spans multiple property boundaries. Designate each property by number (i.e. Property 1 of 1, Property 2 of 7, etc.)

Property Designation: ____ of ____

Site/Property Information:		
Legal Description:		
Physical Address/911 Address: <i>1918 Smetton Rd West Union W.V.</i>		
Decimal Latitude/Longitude:		
DMS Latitude/Longitude:		
District:	Map:	Parcel:
Land Book Description:		
Deed Book Reference:		
Tax Map Reference:		
Existing Buildings/Use of Property:		

*W.V.
26456*

Floodplain Location Data: (to be completed by Floodplain Manager or designee)			
Community:	Number:	Panel:	Suffix:
Location (Lat/Long):		Approximate Elevation:	
Is the development in the floodway?		Is the development in the floodplain?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Zone: _____	
Notes:			

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Property Owner Data:

Please provide data on current site/property landowner(s), both surface and mineral rights (as applicable). Use additional copies of this page as needed. Designate each page in relation to each property listed above.

Property Designation: ____ of ____

Property Owner Data:			
Name of Primary Owner (PO): <i>Sharon E. Walker</i>			
PO Address: <i>5778 Rock Run Rd</i>			
City: <i>West Union</i>	State: <i>WV.</i>	Zip: <i>26445</i>	
PO Primary Phone: <i>304-873-2525</i>			
PO Secondary Phone: <i>304-266-1333</i>			
PO Primary Email:			

Surface Rights Owner Data:			
Name of Primary Owner (PO): <i>Same</i>			
PO Address:			
City:	State:	Zip:	
PO Primary Phone:			
PO Secondary Phone:			
PO Primary Email:			

Mineral Rights Owner Data: (As Applicable)			
Name of Primary Owner (PO):			
PO Address:			
City:	State:	Zip:	
PO Primary Phone:			
PO Secondary Phone:			
PO Primary Email:			

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Contractor Data:

Please provide all pertinent data for contractors and sub---contractors that may be participating in this project. Use additional copies of this page as needed. Designate each page in relation to each property listed above.

Property Designation: ____ of ____

Contractor/Sub-Contractor (C/SC) Information:		
C/SC Company Name:		
C/SC WV License Number:		
C/SC FEIN:	C/SC DUNS:	
Local C/SC Point of Contact (POC):		
Local C/SC POC Title:		
C/SC Mailing Address:		
City:	State:	Zip-Code:
Local C/SC Office Phone:		
Local C/SC POC Phone:		
Local C/SC POC E-Mail:		

Engineer Firm Information:		
Engineer Firm Name:		
Engineer WV License Number:		
Engineer Firm FEIN:	Engineer Firm DUNS:	
Engineer Firm Primary Point of Contact (POC):		
Engineer Firm Primary POC Title:		
Engineer Firm Mailing Address:		
City:	State:	Zip-Code:
Engineer Firm Office Phone:		
Engineer Firm Primary POC Phone:		
Engineer Firm Primary POC E-Mail:		

Adjacent and/or Affected Landowners Data

Please provide data for all adjacent and/or affected surface owners (both up and down stream) whose property may be impacted by proposed development as demonstrated by a floodplain study or survey. Use additional copies of this page as needed.

Adjacent Property Owner Data: Upstream		
Name of Primary Owner (PO):		
Physical Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Adjacent Property Owner Data: Upstream		
Name of Primary Owner (PO):		
Physical Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Adjacent Property Owner Data: Downstream		
Name of Primary Owner (PO):		
Physical Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Adjacent Property Owner Data: Downstream		
Name of Primary Owner (PO):		
Physical Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Adjacent Property Owners

Vicki F. Hoskinson
1968 Smithton Rd
West Union, WV 26456

John & Peggy Smith
142 N 69th Ave
Paden City, WV 26159

David Hoskinson
1968 Smithton Rd
West Union, WV 26456

Site Plan

A Site Plan is an accurate and detailed map of the proposed development for this project. It shows the size, shape, location and special features of the project property, and the size and location of any development planned to the property, especially as that development will impact the floodplain and/or floodway. Site plans show what currently exists on the project property, and any changes or improvements you are proposing to make. **A certified and licensed engineering firm should complete site plans.**

A SITE PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

1. Legal description of the parcel, north arrow and scale
2. All property lines and their dimensions
3. Names of adjacent roads, location of driveways
4. Location of sloughs, tributaries, streams, rivers, wetlands, ponds, and lakes, with setbacks indicated, and including FEMA floodplain data based on most updated FIRM.
5. Location, size, shape of all buildings, existing and proposed, with elevation of lowest floor indicated.
6. Location and dimensions of existing or proposed on-site sewage systems.
7. Location of all propane tanks, fuel tanks or other liquid storage tanks whether above ground or below ground level.
8. Location and dimensions of any proposed pipeline placement(s) into floodplain/floodway.
9. Location and dimensions of any roadway development into floodplain/floodway. *(Includes initial development access roads)*
10. Location and dimensions of any bridge and/or culvert development into floodplain/floodway.
11. Location and dimensions of any storage yard or facility into the floodplain/floodway.
12. Location of any existing utilities and/or proposed utility placement and/or displacement.
13. Location, dimensions and depth of any existing or proposed fill on site.
14. A survey showing the **existing ground elevations** of at least location on the building site. **ELEVATION NOTE:** All vertical datum will reference either NGVD 29 or NAVD 88. Assumed datum will not be acceptable unless the property is located in an area where vertical datum has not been published. For those areas where vertical datum has not been established, a site plan with contours, elevations using assumed datum, high water marks and existing water levels of sloughs, rivers, lakes or streams and proposed lowest floor elevation.

Applicant

Please read print name, sign and date below:

- I certify that I am authorized to submit this application for the primary project developer.
- I certify that the information included in this application is to the best of my knowledge true and complete.
- I certify that all required Federal, State, and local permits required by law and/or ordinance for the above described development of this project have will be properly attained, are current and valid, and must be presented prior to a Doddridge County Floodplain Permit being issued.
- I understand that if in the course of the development project additional permits become required that were not needed during the initial proposal, the primary developer must notify the Doddridge County Floodplain Manager within 48 hours of such need, and that a "Stop Work" order may be issued for all project work directly impacting the floodplain or floodway, until such time the required additional permits are acquired.
- I understand that once the floodplain permit is submitted, the application will be entered into official public record at the next regularly scheduled Doddridge County Commission meeting after the date of submittal.
- I understand that from the date of submittal of the fully completed permit application, the Doddridge County Floodplain Manager has ninety (90) days to make a determination to either grant or deny said permit application. During this approval period, the Doddridge County Floodplain Manager may, at his or her discretion, conduct a review and/or additional study of provided documentation by means of an independent engineering firm. All costs associated with said review and/or study must be reimbursed to the County before issuance of approved permit.
- I understand that during the approval period, the Doddridge County Floodplain Manager of designee may at his or her discretion conduct site visits and document conditions of proposed development pursuant to the permit application.
- I understand that once the Floodplain Permit is granted, the permit will be entered into official public record. Appeals to the permit may be made no later than twenty (20) days after said issuance. If a valid appeal is submitted, as determined by the Doddridge County Floodplain Manager, a "Stop Work" order will be issued for all project development directly involving the floodplain or floodway. A public hearing by the Doddridge County Appeals Board will be scheduled no less than ten (10) days after the next regularly scheduled Doddridge County Commission meeting.
- I understand that all decisions of the Doddridge County Appeals Board shall be final.
- **I understand issuance of a Floodplain Permit authorizes me to proceed with construction as proposed.**
- In signing this application, the primary developer hereby grants the Doddridge County Floodplain Manager or designee the right to enter onto the above--described location to inspect the development work proposed, in progress, and/or completed.
- I understand that if I do not follow exactly the site--plan submitted and approved by this permit that a "Stop Work" order may be issued by the Doddridge County Floodplain Manager and that I must stop all construction immediately until discrepancies of actual work vs. proposed work is resolved.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

WV Flood Map



0 0.0045 0.009 0.018 Miles

This map is not the official regulatory FIRM or DFIRM. Its purpose is to assist with determining potential flood risk for the selected location.

LOMAS

- Incorporated
- Superseded
- Not incorporated
- No Revalidation Status
- Reevaluated

- Contact Community for Revalidation Status
- Cross Section (XS) Lines
- Base Flood Elevation (BFE) Lines**
- Base Flood Elevation (BFE) Lines

FEMA Effective Floodplains

- Zone AE FLOODWAY
- Zone AE (AH, AO)
- Zone A
- Zone X (Shaded)
- Flood Depth (Ft)**
- High : 623.366

- Low : 0
- Effective

Disclaimer:

The online map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. Refer to the official Flood Insurance Study (FIS) for detailed flood elevation data in flood profiles and data tables. **WV Flood Tool** (<http://www.MapWV.gov/flood>) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.

Flood Info Location

Map created on 4/13/2018

User Notes:

Flood Hazard Area:

Location is **WITHIN** the FEMA 100-year floodplain.

Flood Hazard Zone: AE

Stream: Middle Island Creek

Watershed (HUC8): Little Musringum-Middle Island (503020)

Flood Height: Refer to FIS report for BFE

Water Depth: About 7.0 ft (Source: HAZUS)

Elevation: About 786 ft (Source: SAMS 2003)

Location (long, lat): (-80.745786, 39.298802)

Community&ID: Doddridge County (540024)

FEMA Flood Map: 54017C0140C

Parcel Number: 09-08-0012-0036-0000

Address: multiple addresses

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 INSURANCE COMPANY USE	
A1. Building Owner's Name <u>RON BURNS AND SHARON WALKER</u>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>1918 SMITHTON ROAD</u>				Company NAIC Number:	
City <u>WEST UNION</u>		State <u>IA</u>		ZIP Code <u>26456</u>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>WEST UNION DISTRICT, TAX MAP 12 PARCEL 36, 34</u>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>39°17'55.69"</u> Long. <u>80°44'44.40"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>6</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>924</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>16</u>					
c) Total net area of flood openings in A8.b <u>2096</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>DODDRIDGE COUNTY 540024</u>			B2. County Name <u>DODDRIDGE</u>		B3. State <u>IA</u>
B4. Map/Panel Number <u>58/0024/0140</u>	B5. Suffix <u>C</u>	B6. FIRM Index Date <u>OCT 4, 2011</u>	B7. FIRM Panel Effective/ Revised Date <u>OCT 4, 2011</u>	B8. Flood Zone(s) <u>A</u>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <u>785.40</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. <u>1918 SMITHTON ROAD</u>			Policy Number:
City <u>WEST UNION</u>	State <u>WV</u>	ZIP Code <u>26456</u>	Company NAIC Number

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–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: GPS, WV COORS NETWORK Vertical Datum: _____

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other Source: _____

Datum used for building elevations must be the same as that used for the BFE.


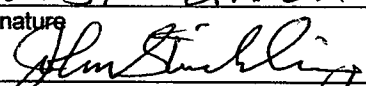
Check the measurement used.

- | | | | |
|--|------------------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>784</u> . <u>50</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>787</u> . <u>24</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ . _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ . _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>784</u> . <u>24</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>783</u> . <u>23</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>786</u> . <u>46</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>784</u> . <u>66</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> 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 a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name <u>JOHN STRICKLING</u>	License Number <u>715</u>		
Title <u>PROFESSIONAL SURVEYOR</u>			
Company Name <u>STRICKLING SURVEYING</u>			
Address <u>130 ENGLANDS RUN ROAD</u>			
City <u>WEST UNION</u>	State <u>WV</u>		ZIP Code <u>26456</u>
Signature 	Date <u>10/22/19</u>		Telephone <u>304 873 1592</u>

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)

SEE ATTACHED DRAWING

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 1918 SMITHTON ROAD			Policy Number:
City WEST UNION	State WV	ZIP Code 26456	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

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 _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO 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.

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

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

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008

Expiration Date: November 30, 2018

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. 1918 SMITHTON ROAD			Policy Number:
City WEST UNION	State WV	ZIP Code 26456	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 E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name	Title
-----------------------	-------

Community Name	Telephone
----------------	-----------

Signature	Date
-----------	------

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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. <i>1918 SMITHTON ROAD</i>			Policy Number:
City <i>WEST UNION</i>	State <i>WV</i>	ZIP Code <i>26456</i>	Company NAIC Number

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.

LEFT SIDE VIEW
10/21/19

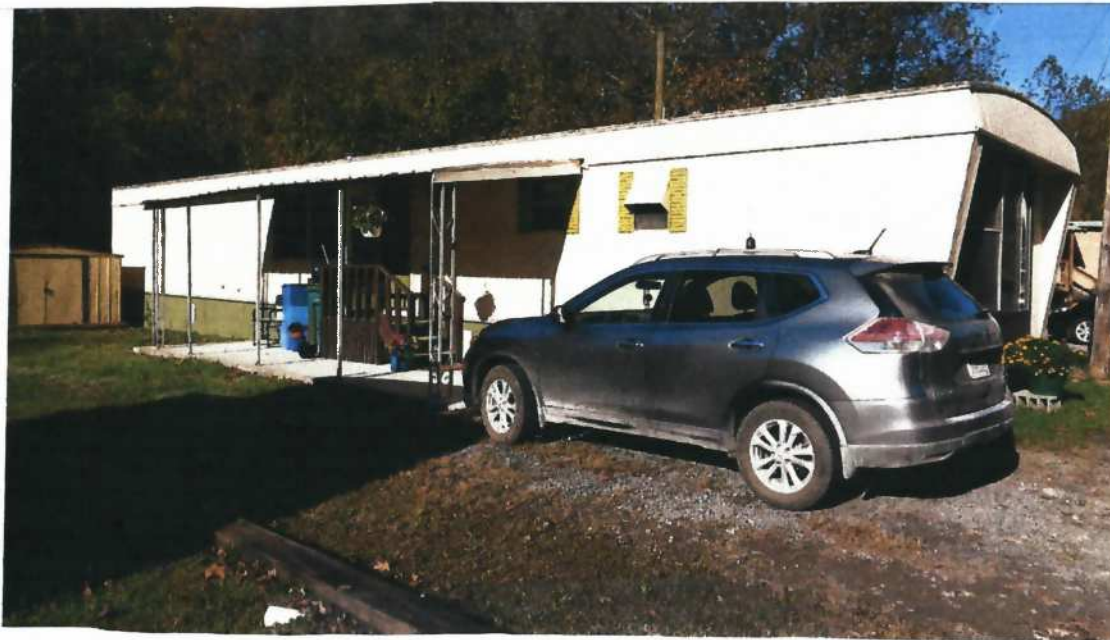


Photo One

Photo One Caption



RIGHT SIDE VIEW
10/21/19

Photo Two

Photo Two Caption

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

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. <i>1918 SMITHTON ROAD</i>			Policy Number:
City <i>WEST UNION</i>	State <i>OH</i>	ZIP Code <i>26456</i>	Company NAIC Number

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.

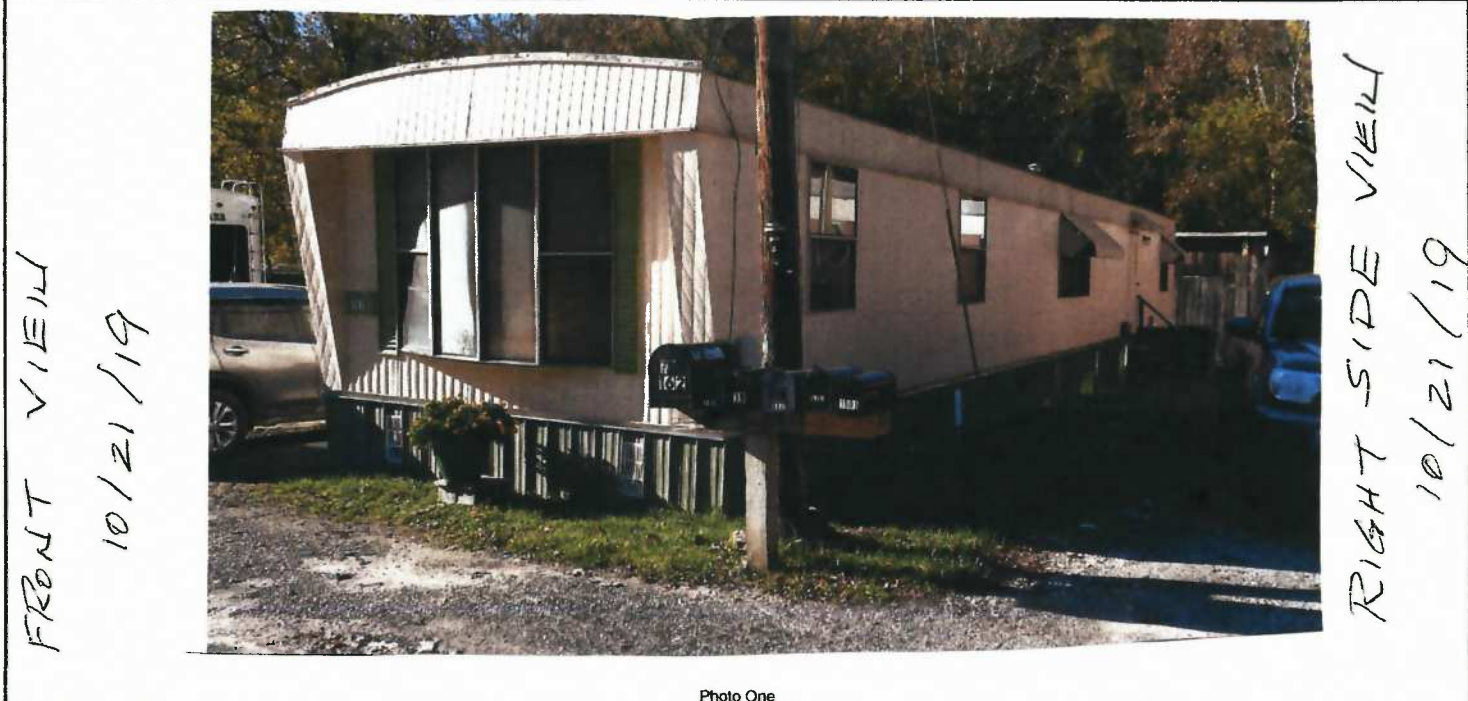


Photo One

Photo One Caption

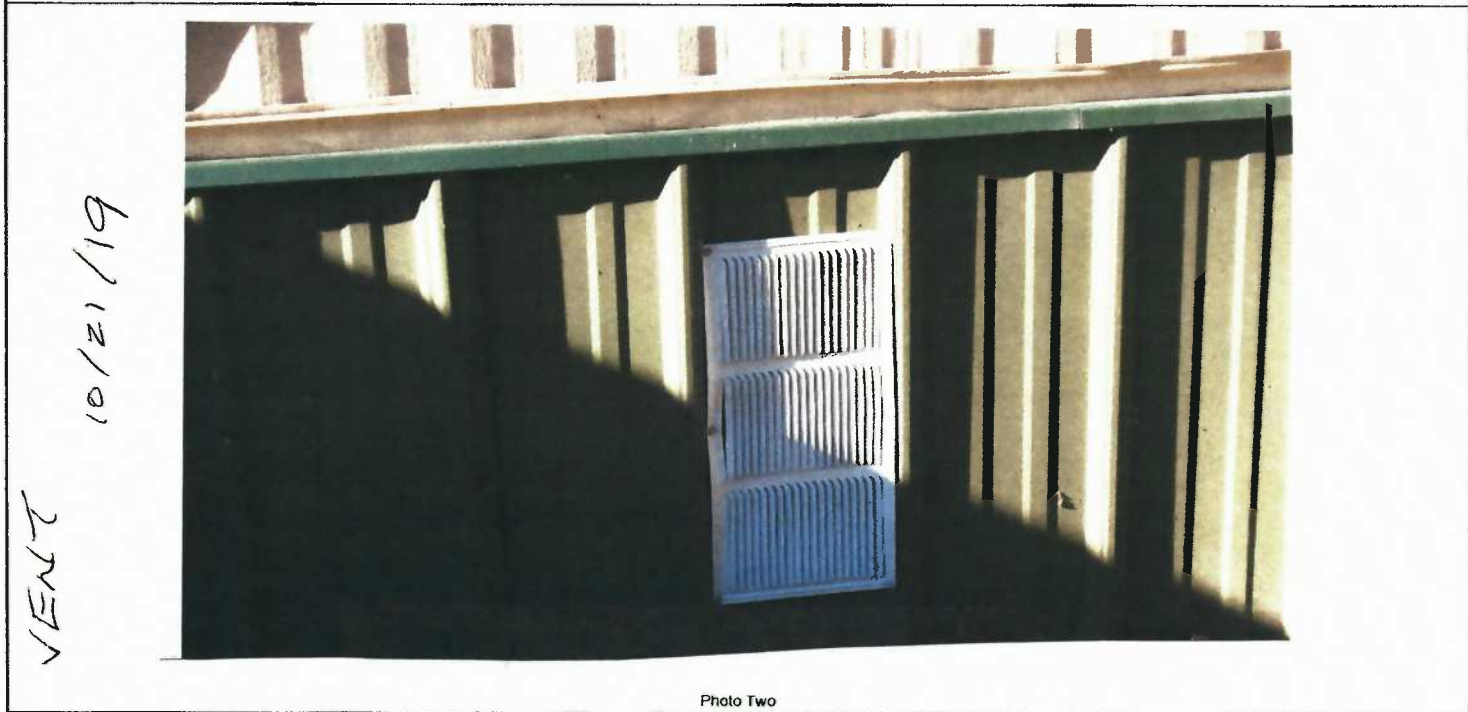
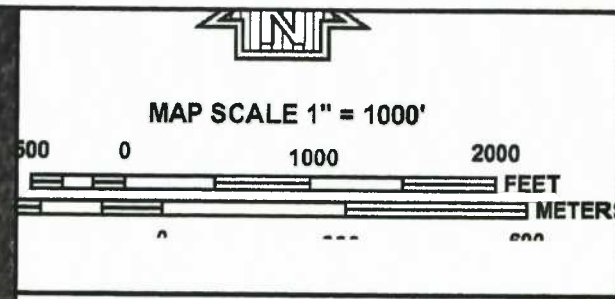


Photo Two

Photo Two Caption



NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0140C

FIRM
FLOOD INSURANCE RATE MAP
DODDRIDGE COUNTY,
WEST VIRGINIA
AND INCORPORATED AREAS

PANEL 140 OF 325
 (SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
DODDRIDGE COUNTY	540024	0140	C

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.



MAP NUMBER
54017C0140C
MAP REVISED
OCTOBER 4, 2011

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.mec.fema.gov

WV Flood Map



This map is not the official regulatory FIRM or DFIRM. Its purpose is to assist with determining potential flood risk for the selected location.

H
I
G
H

R
I
S
K



1-Percent-Annual-Chance Flood Hazard Area
With Base Flood Elevation (BFE)



Regulatory **Floodway in AE Zone**



1-Percent-Annual-Chance Flood Hazard Area
Without BFE (may have Advisory Flood Heights)



1-Percent-Annual-Chance **High Risk Advisory**

Download the Full Legend for all flood tool symbols
https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf

Disclaimer:

The online map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. Refer to the official Flood Insurance Study (FIS) for detailed flood elevation data in flood profiles and data tables. WV Flood Tool (<https://www.mapwv.gov/flood>) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.

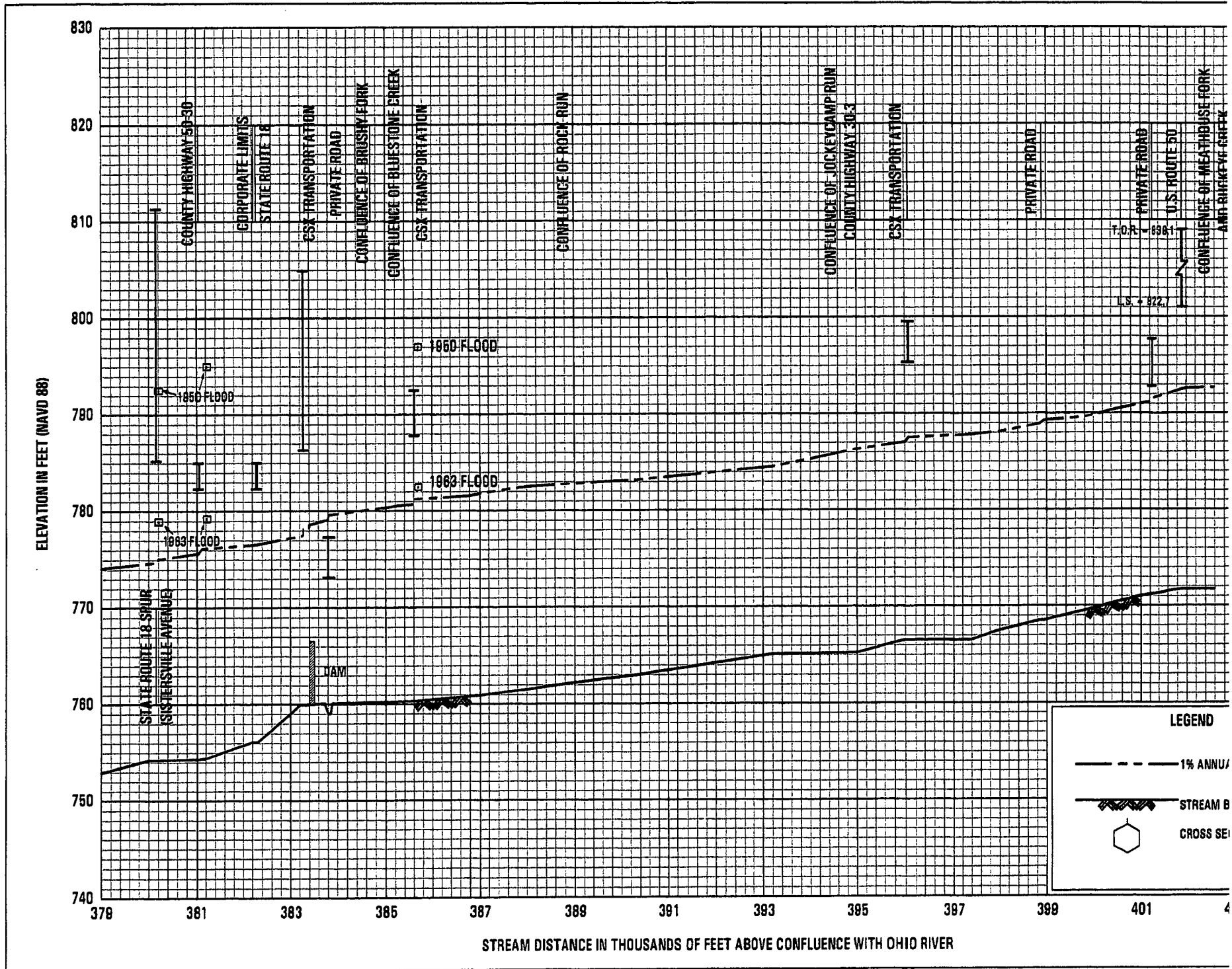
Flood Info Location

Map created on 10/12/2019

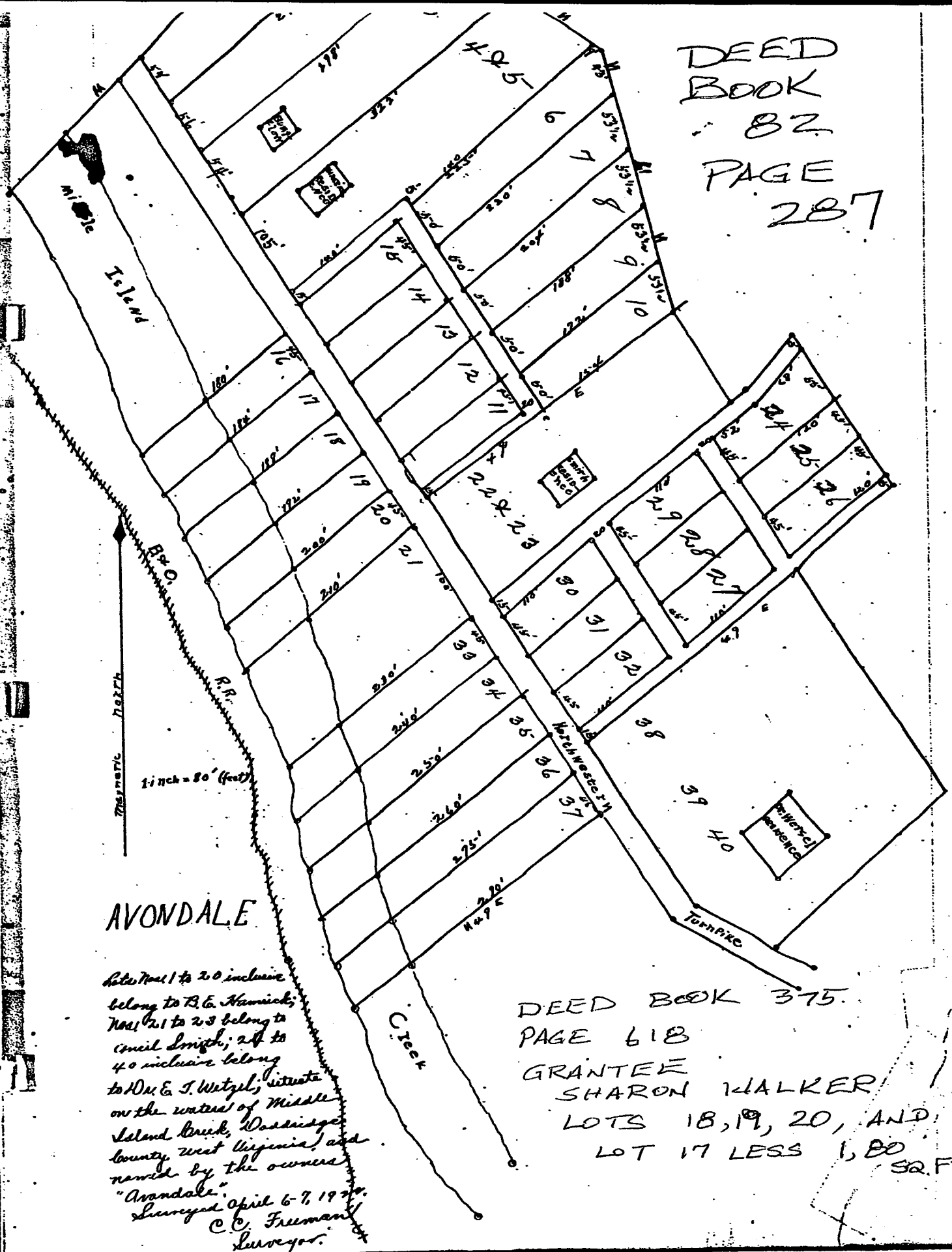
User Notes

Flood Hazard Area Location is **WITHIN** the FEMA 100-year floodplain.
Flood Zone AE
Stream Middle Island Creek
Watershed (HUC8) Little Musringum-Middle Island (5030201)

Flood Height Refer to FIS report for BFE
Water Depth About 10.0 ft (Source: HAZUS)
Elevation About 781 ft (Source: SAMS 2003)
Community & ID Doddridge County (ID: 540024)
FEMA Map & Date 54017C0140C; Effective Date: 10/4/2011
Location (lat, long) (39.299447, -80.747041)
Parcel ID No Parcel
E-911 Address N/A



DEED
BOOK
82
PAGE
287



AVONDALE

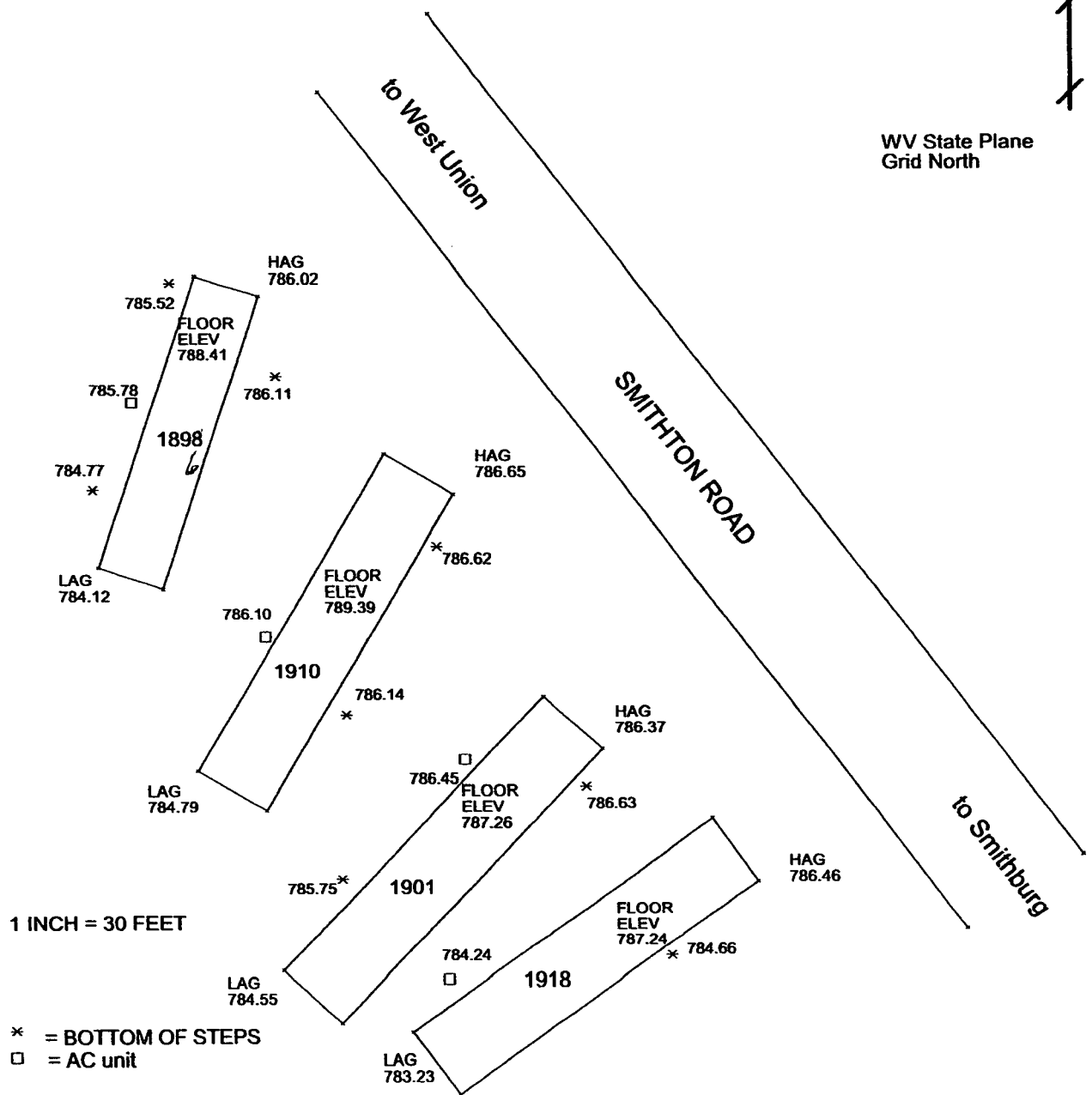
lots nos 1 to 20 inclusive
belong to B. G. Hamrick;
nos 21 to 23 belong to
Conrad Smith; 24 to
40 inclusive belong
to Wm. E. J. Witzel; situated
on the waters of Middle
Island Creek, Washington
County, West Virginia, and
named by the owners
"Avondale".
Surveyed April 6-7, 1924.
C. C. Freeman
Surveyor.

DEED BOOK 375.
PAGE 618
GRANTEE
SHARON WALKER
LOTS 18, 19, 20, AND
LOT 17 LESS 1,80
SQ. FT.

DRAWING SHOWING TRAILERS ON TAX MAP 12 PARCELS 34 AND 36, WEST UNION DISTRICT DODDRIDGE COUNTY, WV



WV State Plane Grid North



1 INCH = 30 FEET

* = BOTTOM OF STEPS
□ = AC unit

Surveyed on 21 October 2019
by John Strickling, PS 715,
of West Union, WV.

BELASCO MOBILE HOME SALES, INC.

1201 W. MAIN ST.
 BRIDGEPORT, WV 26330
 (304) 623-5353

NAME _____ DATE 3/1/18

ADDRESS _____

SOLD BY _____ CASH CHARGE C.O.D. ON ACCT. MDSE. RETD _____

QTY.	DESCRIPTION	AMOUNT
4	staps @ 9.95 1.00	39 80
<i>gdm/c</i>		
NO RETURNS WHAT SO EVER ON ANY FURNACE/ ELECTRICAL PARTS		TAX 2 79
RECEIVED BY		TOTAL 42 59

2827

THANK YOU

THE CENTRAL SUPPLY COMPANY

TEST RESULTS NONE

4923 BENEDEUM DRIVE
BRIDGEPORT, WV 26330
CONCRETE DISPATCH: 800-348-5577

Time Loaded: 8:34
 Leave Plant: 8:50
 Arrive Site: 9:25
 Begin Pour:
 Finish Pour:
 Leave Site:
 Arrive Plant:

Slump:
 Air:
 Temp:
 Unit Wt. #
 Cylinders NO YES No

Please see back of ticket for additional terms and conditions.

DELIVERY WILL BE MADE TO THE NEAREST ACCESSIBLE POINT THAT OUR TRUCK CAN REACH SAFELY AND UNDER ITS OWN POWER.

EXCEPTIONS TO QUANTITY OR QUALITY OR MATERIALS COVERED BY THIS DELIVERY TICKET MUST BE NOTED THEREON AT TIME OF DELIVERY; CLAIMS CANNOT BE CONSIDERED OTHERWISE.

TEN (10) MINUTES PER CUBIC YARD WITH ONE-HALF (1/2) HOUR MINIMUM UNLOADING TIME; EXCESS UNLOADING TIME WILL BE BILLED AT THE CURRENT HOURLY TRUCK RENTAL RATE.

INTEREST WILL BE CHARGED AT 1 1/2% PER MONTH (18% PER ANNUM) ON PAST DUE ACCOUNTS.

BY SIGNATURE HERETO, CUSTOMER ACKNOWLEDGES AND AGREES TO ALL NOTICES, TERMS AND CONDITIONS HEREIN ABOVE AND ON THE REVERSE HEREOF.

CUSTOMER ID No. **FOOTERS** JOB NO. **BURNS, RONALD** SHIPPING DATE **2-26-18** TICKET NO. **7016874**

INVOICED TO:
BURNS, RONALD
APP call 019034

DIRECTIONS/INSTRUCTIONS
50E T/R ON 18 N T/R ON SMITHTON RD FOLLOW TO HOUSE NUMBER 191854D TO LOOK FOR GREEN TRAILER 304-873-2525 OR 304-266-1333

QUANTITY THIS LOAD	CUMULATIVE QUANTITY	QUANTITY ORDERED	PRODUCT CODE	PRODUCT DESCRIPTION	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
5.00	5.00	5.00	3300N202	3000 PSI CONC.	yd	\$36.50	\$682.50
1.00	1.00	1.00	19.2	FUEL SURCHARGE	yd	\$2.97	\$29.70
1.00	0.00	0.00	985	ENVIRONMENTAL DISPOSAL FEE	yd	\$12.50	\$12.50
5.00	0.00	0.00	111110	HEATED MIX WATER	yd	\$5.75	\$28.75

Driver to Collect
Before Unloading

PLANT 70	TRUCK NO. 328	DRIVER TOBY SA	TIME DUE 9:29	TARGET SLUMP 4.0	TARGET AIR	SUB TOTAL	\$75.00
						TAX	\$48.70
						TOTAL	\$660.42

Received in good condition by _____
 Print Name _____ Signed Name *Bon Burns*

