

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 #: 24-651

Date Approved: April 22, 2024

Expires: April 22, 2025

Issued to: Chad & Jennifer Dotson

POC: Chad & Jennifer Dotson

Company Address: 986 Smithton Road West Union, WV 26456

Project Address: 970 Smithton Road West Union, WV 26456

Firm: 54017C0120C

Lat/Long: 39.298614, -80.761634

Purpose of development: New Mobile Home Installation

Issued by: George C, Eidel, Doddridge County FPM (or designee)

Date: April 22, 2024

7990	Form Prescribed by Department of State Tax Commissioner for Inspection at	
01		H- 8 20 24
RECEIVED OF	May C John Man	DOLLARS
IN PAYMENT OF	: C(ion
FOR	aplan	FUND
BY	DEPUTY	MICHAEL HEADLEY SHERIFF AND TREASURER
THE PERSON PA	YING MONEY INTO THE TREASURY SHALL FORTHWITH FILE ONE OF	THESE RECEIPTS WITH THE COUNTY CLERK



Doddridge County Floodplain Permits

(Week of March 25, 2024)

Please take notice that on the (20th) of (March), 2024, (Chad and Jennifer Dotson) filed an application for a Floodplain Permit (#24-651) to develop land located at or about (986 Smithton Road);

Coordinates: 39.298614, -80.761634. The Application is on file with the Floodplain Manager of the County and may be inspected or copied during regular business hours in accordance with WV Code Chapter 29B Freedom of Information, Article 1 Public Records and county policy and procedures. Any interested persons who desire to comment shall present the same in writing by (April 22, 2024) (20 calendar days after the announcement at the regularly scheduled Doddridge County Commission Meeting) delivered to the Floodplain Manager of the County at 101 Church Street, Suite #102, West Union, WV 26456. This project is for a new mobile home installation.

GEORGE C. EIDEL, CFM

Doddridge County Floodplain Manager

FLOODPLAIN PERMIT #24-651

970 Chad & Jennifer Dotson, 986 Smithton Rd., New Mobile Home Installation, 39.298614, -80.761634

TASK	COMPLETE (DATE)	NOTES
CHECK RECEIVED		
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)		
WVDOH		
Elevation Certificate		
DATE OF COMMISSION READING	4/2/2024	
DATE AVAILABLE TO BE GRANTED	4/22/2024	
PERMIT GRANTED		
COMPLETE		

7022 1670 0003 1400 8953



Permit# 24-65/
Project Name: New Mobile Home
Chad + Tenner
Permittees Name: DotSon

Floodplain Office Use Only

-loodplain Office Use Only

MAR20 24 1:24PM

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.
- The permit may be revoked if any false statements are made herein.
- 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	Demila Octon	
DATE	3118124	

Applicant Information:

Please provide all pertinent data.

Applicant Information			
Responsible Party Name: Chad & Jennifer Dotson			
Mailing Address: 986 Smithton Rd.			
city: West Union	State:	Zip: 26456	
Point of Contact (POC):			
POC Title:			
POC Primary Phone:			
POC Primary Email:	3		
FEIN:	Corporate DUN	IS:	
Website:	A		
Local Mailing Address:			
City:	State:	Zip:	
Local Project Manager (PM):			
Local PM Primary Phone:			
Local PM Secondary Phone:			
Local PM Primary Email:			
Person Filing Application:			
Applicant Title:			
Applicant Primary Phone:			
Applicant Secondary Phone:			
Applicant Primary Email:			

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:
Moving in new manufactured name
J

Proposed Development:

Please check all elements of the proposed project that apply.

DESCRIPTION OF WORK (CHECK ALL APPLICABLE BOXES)

A.	STRUCTURAL DEVELOPME	NT	
	ACTIVITY New Structure Addition Alteration Relocation Demolition		STRUCTURAL TYPE Residential (1 – 4 Family) Residential (more than 4 Family) Non-residential (floodproofing) Combined Use (res. & com.) Replacement
В.	Manufact ured/Mobil Hom OTHER DEVELOPLMENT		·
	Fill Excavation (except for STRUC) Watercourse Alteration (incl Drainage Improvements (inc Construction Subdivision (including new e Individual Water or Sewer Sy Other (please specify)	uding dredging and ch luding culvert work) R xpansion)	nannel modification)

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.)

Site/Property Information			
	li .		
Legal Description: Old Rt. 50 mouth of RockPun Rd.			
	Stlinion		
Physical Address/911 Add	lress:	nithton Pd	. West-Union WV 264
Decimal Latitude/Longitud		117	
DMS Latitude/Longitude:			
District: HangingRo	Map:		Parcel: 20,21,115
Land Book Description:			
West-Union	Magister	ial Distein	Ct
Deed Book Reference:	J		
Deed Book	NO.76 at	page 500	
Tax Map Reference:		0	
34			
Existing Buildings/Use of	Property:		
		El-Jalain Mana	way and agigman)
Floodplain Location Data:		Panel:	Suffix:
Community:	Number:	Panel.	Junix.
Location (Lat/Long): Approximate Elevation:		Elevation:	
Estimated BFE:			
Is the development in the floodway? Is the development in the floodway?			
□ _{Yes} □ _{No}		Yes	No Zone:
Notes:		- I	

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):	nd Jennifer	Dotson	=
Physical Address: 986 Smithton T	Rd.		
City: West Union	State: WV	zip: 26450	
Mailing Address: asla Smith ton Rd.	city: WeStU	NION State: W	Zip: 26450
Primary Phone: 304-871-1024			
Primary Email: dotson jennifer 75	7@ yahoo	.com	
Surface Rights Owner Data:			
Name of Primary Owner (PO):		В	
Physical Address:			
City:	State:	Zip:	
Mailing Address:	City:	State:	Zip:
Primary Phone:			
Primary Email:			
Mineral Rights Owner Data: (As Applicable)			
Name of Primary Owner (PO):			
Physical Address:			
City:	State:	Zip:	
Mailing Address:	City:	State:	Zip:
Primary Phone:			
Primary Email:			

Contractor Data:

Property Designation:

of_

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.

Contractor/Sub-Contractor (C/SC) Information:				
C/SC Company Name: Freedom Homes				
C/SC WV License Number:		A. Lucia		
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 Information: Engineer Firm Name:				
Engineer WV License Number:				
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

Adjacent Property Owner Data: Upstream

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.

Name of Primary Owner (PO):	nkey Pow Trailer	PARKUC.	40 Dixie
Physical Address: 5534 w	VR+.18N		
City: West Union	State: WV	Zip: 2645	56
Mailing Address:	City:	State:	Zip:
Primary Phone:			
Primary Email:			
Adjacent Property Owner Data: Ups	stream		
Name of Primary Owner (PO):			Curation policy and a second second
Physical Address:			
City:	State:	Zip:	
Mailing Address:	City:	State:	Zip:
Primary Phone:			
Primary Email:			
Adjacent Property Owner Data: Dov	wnstream		
Name of Primary Owner (PO):			
Physical Address:			**************************************
City:	State:	Zip:	
Mailing Address:	City:	State:	Zip:
Primary Phone:			
Primary Email:			
	1		
Adjacent Property Owner Data: Dov	wnstream		
Name of Primary Owner (PO):			
Physical Address:			
City:	State:	Zip:	
Mailing Address:	City:	State:	Zip:
Primary Phone:			
Primary Email:			HALL STATE OF THE

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:

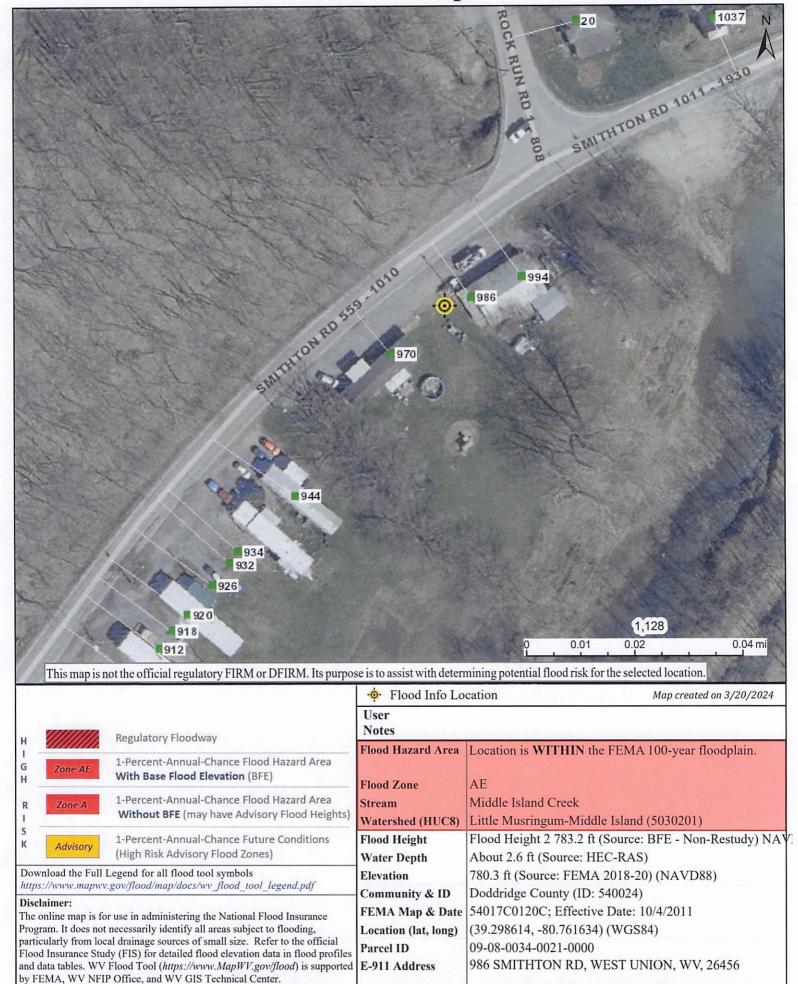
- 1. Legal description of the parcel, north arrow and scale
- 2. All property lines and their dimensions
- 3. Names of adjacent roads, location of driveways
- 4. Location of sloughs, tributaries, streams, rivers, wetlands, ponds, and lakes, with setbacks indicated, and including FEMA floodplain data 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.

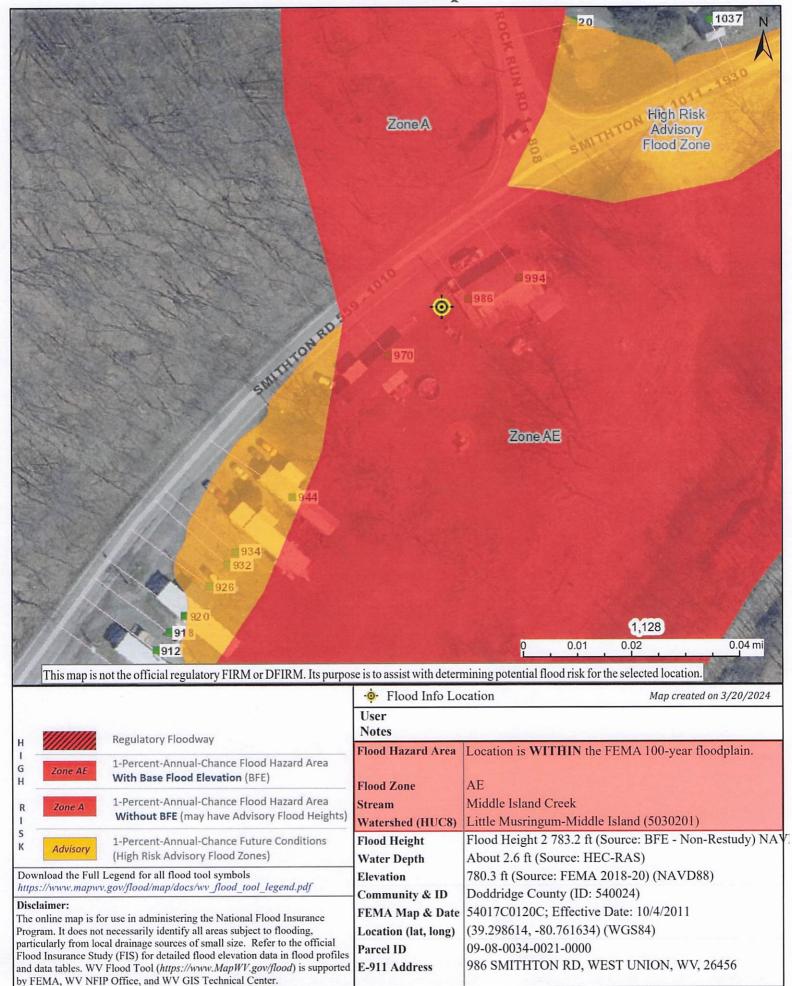
Applicant

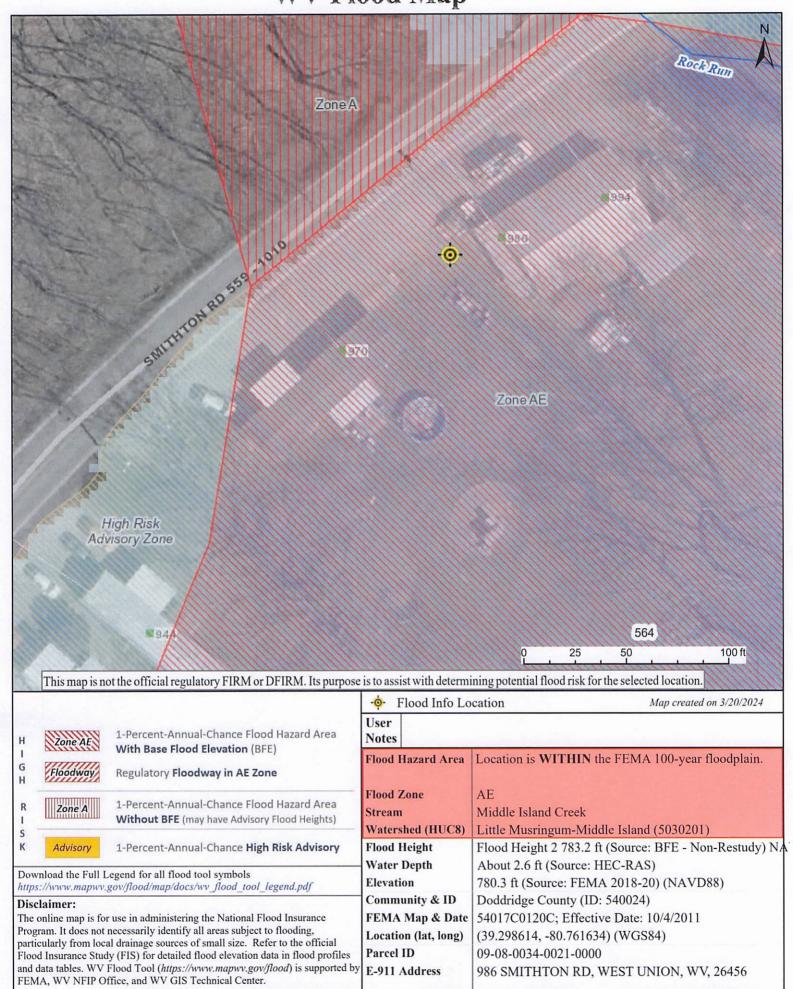
Please read print name, sign and date below:

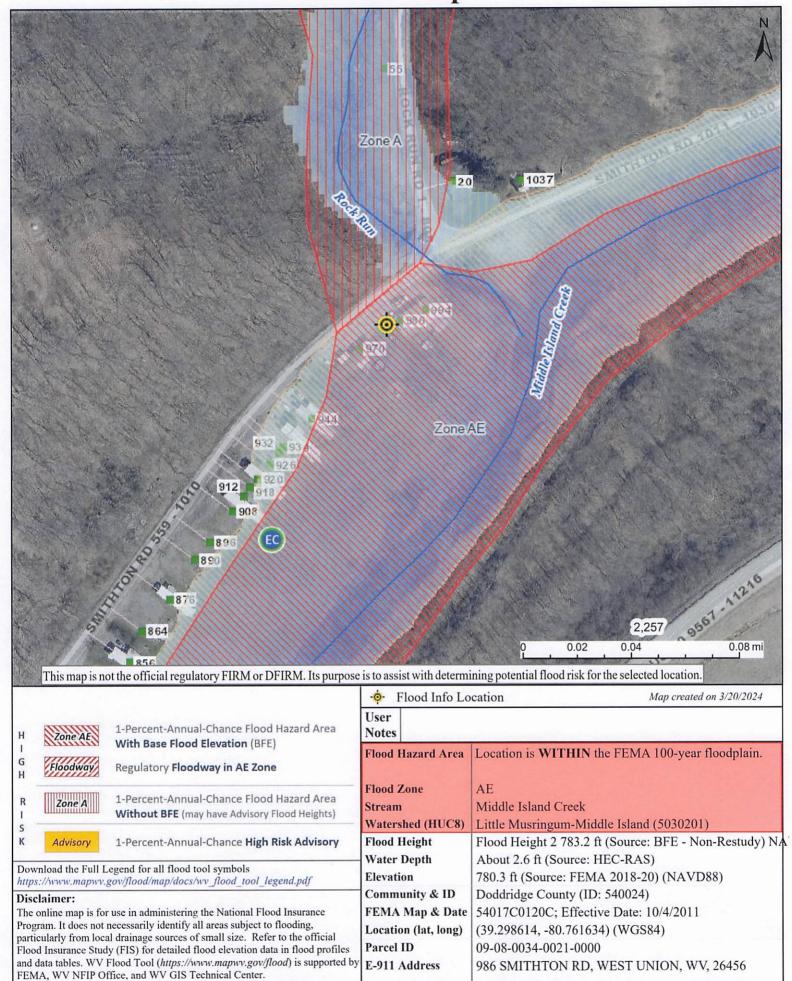
- I certify that I am authorized to submit this application for the primary project developer.
- I certify that the information included in this application is to the best of my knowledge true and complete.
- I certify that all required Federal, State, and local permits required by law and/or ordinance 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: 2000 00000	Date: 3118124
Applicant or Bridge of The Part of The Par	
() No Car Dakeana	
Applicant Printed Name: Jennifer Dotson	<u></u>









National Flood Insurance Program

Elevation Certificate

and Instructions

2023 EDITION



OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE AND INSTRUCTIONS

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of documenting compliance with National Flood Insurance Program (NFIP) floodplain management ordinances for new or substantially improved structures in designated Special Flood Hazard Areas. This form may also be used as an optional tool for a Letter of Map Amendment (LOMA), Conditional LOMA (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional LOMR-F (CLOMR-F), or for flood insurance rating purposes in any flood zone.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA-003 – National Flood Insurance Program Files System of Records Notice 79 Fed. Reg. 28747 (May 19, 2014) and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may impact the flood insurance premium through the NFIP. Information will only be released as permitted by law.

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the NFIP. It can be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to inform the proper insurance premium, and to support a request for a LOMA, CLOMA, LOMR-F, or CLOMR-F.

The Elevation Certificate is used to document floodplain management compliance for Post-Flood Insurance Rate Map (FIRM) buildings, which are buildings constructed after publication of the FIRM, located in flood Zones A1–A30, AE, AH, AO, A (with Base Flood Elevation (BFE)), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, and A99. It may also be used to provide elevation information for Pre-FIRM buildings or buildings in any flood zone.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. Lowest Adjacent Grade (LAG) elevations certified by a land surveyor, engineer, or architect, as authorized by state law, will be required if the certificate is used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. A LOMA, CLOMA, LOMR-F, or CLOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 application package, whichever is appropriate. If the certificate will only be completed to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request, there is an option to document the certified LAG elevation on the Elevation Form included in the MT-EZ and MT-1 application.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the BFE. A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

The expiration date on the form herein does not apply to certified and completed Elevation Certificates, as a completed Elevation Certificate does not expire, unless there is a physical change to the building that invalidates information in Section A Items A8 or A9, Section C, Section E, or Section H. In addition, this form is intended for the specific building referenced in Section A and is not invalidated by the transfer of building ownership.

Additional guidance can be found in FEMA Publication 467-1, Floodplain Management Bulletin: Elevation Certificate.

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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
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: Chad and Jennifer Dotson	Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 986 Smithton Road	Company NAIC Number:		
City: West Union State: WV	ZIP Code: 26456		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Lots 13,14 Hanging Rock Addition to the town of West Union, West Union District, Tax r	nber: nap 34, Parcel 11		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	anet avak to lesit over o		
A5. Latitude/Longitude: Lat. 39.298508 Long80.761833 Horiz. Datum:	NAD 1927 🔽 NAD 1983 🗌 WGS 84		
A6. Attach at least two and when possible four clear color photographs (one for each side) of the bu	uilding (see Form pages 7 and 8).		
A7. Building Diagram Number: N/A			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.			
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	☐ Yes ☐ No ☑ N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot a Non-engineered flood openings: N/A Engineered flood openings: N/A	above adjacent grade:		
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ns): N/A sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	alleyery parakon przez za poducini i Adl Transmie		
A9. For a building with an attached garage:			
a) Square footage of attached garage: N/A sq. ft.			
b) Is there at least one permanent flood opening on two different sides of the attached garage?	☐ Yes ☐ No ☑ N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjact Non-engineered flood openings: N/A Engineered flood openings: N/A	cent grade:		
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.			
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instruction	ns): N/A sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.	erger Protestional augustic		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	MATION		
B1.a. NFIP Community Name: Doddridge County B1.b. NFIP Community Name:	nunity Identification Number: 540024		
B2. County Name: Doddridge B3. State: WV B4. Map/Panel No.: 5	4017C0120 B5. Suffix: C		
B6. FIRM Index Date: 10/4/2011 B7. FIRM Panel Effective/Revised Date: 10/4/2011	A STATE OF THE PARTY OF THE PAR		
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 783.3			
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:	Copy all pages of this Elevation Devillant		
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			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No		

ELEVATION CERTIFICATE

Building Street Address (including Apt., Unit, Suite, and/or Bldg.	No.) or P.O. Route and	d Box No.:	FOR INSURANCE COMPANY USE	
986 Smithton Road City: West Union State: W ZIP Code: 26456		6456	Policy Number: Company NAIC Number:	
SECTION C - BUILDING ELEV	ATION INFORMAT	ION (SURVEY I	STEEN CONTRACTOR SERVICES SERV	
C1. Building elevations are based on: Construction Dra *A new Elevation Certificate will be required when construction	awings*	Under Constructions complete.	on* Finished Construction	
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), A99. Complete Items C2.a–h below according to the Bui Benchmark Utilized: S 133 Elev. 783.51'	VE, V1–V30, V (with I ilding Diagram specific	ed in Item A7. In P	AR/AE, AR/A1–A30, AR/AH, AR/AO, uerto Rico only, enter meters.	
Indicate elevation datum used for the elevations in items a) th ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other:	rough h) below.	A self-observe no	A. Building San (sage Mondon at)	
Datum used for building elevations must be the same as that If Yes, describe the source of the conversion factor in the Sec	used for the BFE. Conction D Comments are	nversion factor use a.	ed? Yes No Check the measurement used:	
a) Top of bottom floor (including basement, crawlspace,	or enclosure floor):		feet meters	
b) Top of the next higher floor (see Instructions):			feet meters	
c) Bottom of the lowest horizontal structural member (se	e Instructions):	100	feet meters	
d) Attached garage (top of slab):			feet meters	
 e) Lowest elevation of Machinery and Equipment (M&E) (describe type of M&E and location in Section D Comr 	servicing the building ments area):		☐ feet ☐ meters	
f) Lowest Adjacent Grade (LAG) next to building: 📈 N	Natural Finished	779.56	feet meters	
g) Highest Adjacent Grade (HAG) next to building: 7	Natural Finished	780.72		
 Finished LAG at lowest elevation of attached deck or support: 	stairs, including structu	ıral	feet meters	
SECTION D - SURVEYOR, EN	IGINEER, OR ARC	HITECT CERTIF	CATION	
This certification is to be signed and sealed by a land surveyor information. I certify that the information on this Certificate rep false statement may be punishable by fine or imprisonment up	or, engineer, or archite	ct authorized by s	tate law to certify elevation	
Were latitude and longitude in Section A provided by a license		1 Yes □ No		
Check here if attachments and describe in the Comments a				
D. I. D. D. III	License Number: 954	Legislation to all		
Title: Professional Surveyor	M. Constanting Co.	Side Shelle by no		
Company Name: Bennett Surveying				
Address: 11 Green Street			100.954	
	e: WV ZIP Cod	e: 26201	STATE OF	
	nnettsurveying@aol.co		- North	
		//	SOMAL SULTA	
Signature:	Date:	3/25/20	Place Seal Here	
Copy all pages of this Elevation Certificate and all attachments for	or (1) community official	(2) insurance age	nt/company, and (3) building owner.	
Comments (including source of conversion factor in C2; type of	of equipment and locati	ion per C2.e; and	description of any attachments):	
			and no leave of L	
			chips and primary holice set at Al-	

ELEVATION CERTIFICATE

Building Street Address (including Apt., 986 Smithton Road	Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
City: West Union	State: WV	ZIP Code: 26456	Policy Number: Company NAIC Number:
SECTION E - B	UILDING MEASUREMEN R ZONE AO, ZONE AR/A	T INFORMATION (SURV O, AND ZONE A (WITHO	EY NOT REQUIRED) UT BFE)
For Zones AO, AR/AO, and A (withou intended to support a Letter of Map C enter meters.	nt BFE), complete Items E1–E change request, complete Sec	5. For Items E1–E4, use natuctions A, B, and C. Check the	ural grade, if available. If the Certificate is measurement used. In Puerto Rico only,
Building measurements are based on *A new Elevation Certificate will be re-	: Construction Drawings quired when construction of the	* Building Under Construme building is complete.	uction* Finished Construction
E1. Provide measurements (C.2.a in a measurement is above or below to	applicable Building Diagram) the natural HAG and the LAG	for the following and check th	e appropriate boxes to show whether the
 Top of bottom floor (including crawlspace, or enclosure) is: 	basement,	☐ feet ☐ met	ers
b) Top of bottom floor (including crawlspace, or enclosure) is:	basement,	☐ feet ☐ met	ers above or below the LAG.
next higher floor (C2.b in applicat	ole	bauest ganadus	d/or 9 (see pages 1–2 of Instructions), the
Building Diagram) of the building E3. Attached garage (top of slab) is:	is:	feet met	
E4. Top of platform of machinery and servicing the building is:	/or equipment	☐ feet ☐ mete	ous) view leaves that it is not not be a successful.
E5. Zone AO only: If no flood depth nu floodplain management ordinance	umber is available, is the top of	of the bottom floor elevated in	
SECTION F - PROPERT	Y OWNER (OR OWNER'S		ENTATIVE) CERTIFICATION
The property owner or owner's authori	ized representative who comp	pletes Sections A, B, and E fo	or Zone A (without BFE) or Zone AO must
sign here. The statements in Sections Check here if attachments and des			
→ Property Owner or Owner's Authorized			
Address:		z bajonoro oslarevan i "stomo	country in graphy programmer and the contract of the con-
City:	The same of the sa	State:	ZIP Code:
Telephone:	Ext.:Email:		ensity vicorino. 414
Signature:		Date:	
Comments:			2.5300

ELEVATION CERTIFICATE

Building Street Address (including Apt., Unit, Suite, a	and/or Bldg. No.)	or P.O. Route and Bo	x No.:	FOR INS	URANCE COMPANY USE
986 Smithton Road				Policy Nu	mber:
City: West Union	State: WV	ZIP Code: 2645	6	Company NAIC Number:	
SECTION G - COMMUNITY INFORM	ATION (RECO	MMENDED FOR	COMMUN	ITY OFFICIA	L COMPLETION)
The local official who is authorized by law or ordina Section A, B, C, E, G, or H of this Elevation Certification. The information in Section C was taken engineer, or architect who is authorize	cate. Complete n from other doc	the applicable item(s cumentation that has) and sign been signe	d and sealed	by a licensed surveyor,
elevation data in the Comments area b		o deraity dievation mile	mation. (ii	ndicate the so	area and date of the
G2.a. A local official completed Section E for E5 is completed for a building located		ted in Zone A (withou	t a BFE), Z	one AO, or Zo	one AR/AO, or when item
G2.b. A local official completed Section H for	insurance purp	oses.			
G3.	e local official d	escribes specific corr	ections to t	he information	in Sections A, B, E and H.
G4.	311) is provided	for community floodp	lain manag	gement purpos	ses.
G5. Permit Number:	G6. Date	Permit Issued:			
G7. Date Certificate of Compliance/Occupancy	Issued:	Control of Signal Con-			
G8. This permit has been issued for: New	Construction [Substantial Impro	vement		
G9.a. Elevation of as-built lowest floor (including building:	pasement) of the		_ feet	meters	Datum:
G9.b. Elevation of bottom of as-built lowest horizo	ntal structural				
member:			feet	meters	Datum:
G10.a. BFE (or depth in Zone AO) of flooding at the		-	feet	meters	Datum:
G10.b. Community's minimum elevation (or depth requirement for the lowest floor or lowest h member:		ıral	☐ feet	☐ meters	Datum:
G11. Variance issued? Yes No If ye	es, attach docur	nentation and describ	e in the Co	mments area	reinfacte i conclude.
The local official who provides information in Secti correct to the best of my knowledge. If applicable,	ion G must sign I have also prov	here. I have complet vided specific correcti	ed the infor	mation in Sec Comments are	tion G and certify that it is a of this section.
Local Official's Name:		Title:			
NFIP Community Name:					
Address:					Children of the Children
City:				ZIP C	ode:
Signature:		Date:			
Comments (including type of equipment and location Sections A, B, D, E, or H):					o specific information in

ELEVATION CERTIFICATE

Building Street Address (including Apt., Unit, S 986 Smithton Road	Suite, and/or Bldg. No.) or P.O. Route and E	Sox No.: FO	R INSURANCE COMPANY USE
City: West Union	State: W ZIP Code: 264	56	cy Number:
	DING'S FIRST FLOOR HEIGHT INFO	RMATION FOR A	LLZONES
The property owner, owner's authorized reprito determine the building's first floor height for nearest tenth of a foot (nearest tenth of a meaning linear li	or insurance purposes. Sections A, B, and eter in Puerto Rico). Reference the Foun	d I must also be con	apleted. Enter heights to the
H1. Provide the height of the top of the floor	(as indicated in Foundation Type Diagram	ns) above the Lowe	st Adjacent Grade (LAG):
 a) For Building Diagrams 1A, 1B, 3, a floor (include above-grade floors only for crawlspaces or enclosure floors) is: 	nd 5–8. Top of bottom r buildings with	_	ers above the LAG
 b) For Building Diagrams 2A, 2B, 4, a higher floor (i.e., the floor above baseme enclosure floor) is: 		_	ers above the LAG
H2. Is all Machinery and Equipment servicing H2 arrow (shown in the Foundation Type Yes No	g the building (as listed in Item H2 instruction e Diagrams at end of Section H instruction	tions) elevated to or ns) for the appropria	above the floor indicated by the te Building Diagram?
SECTION I - PROPERTY OW	NER (OR OWNER'S AUTHORIZED !	REPRESENTATIV	E) CERTIFICATION
The property owner or owner's authorized re A, B, and H are correct to the best of my kno indicate in Item G2.b and sign Section G.	presentative who completes Sections A.	B. and H must sign I	nere. The statements in Sections
Check here if attachments are provided (in	ncluding required photos) and describe as	ach attachment in th	o Commente area
Check here if attachments are provided (in		ach attachment in th	e Comments area.
Property Owner or Owner's Authorized Repre	esentativa Namo	ach attachment in th	
	esentativa Namo		
Property Owner or Owner's Authorized Repre	esentativa Namo		
Property Owner or Owner's Authorized Repre	esentative Name:	State:	
Property Owner or Owner's Authorized Representation Address: City:	esentative Name:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	Email: Date:	State:	
Property Owner or Owner's Authorized Representation Address: City: Telephone: Ext.:_ Signature:	esentative Name:Email:	State:	



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

One O-White Deed (including Apt., Onit, Suite, a	and/or Bldg. No.)	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE		
986 Smithton Road City: West Union	- 100/	26456	Policy Number:		
City: 44691 Otton	State: WV	ZIP Code: 26456	Company NAIC Number:		
Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.					
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	,				
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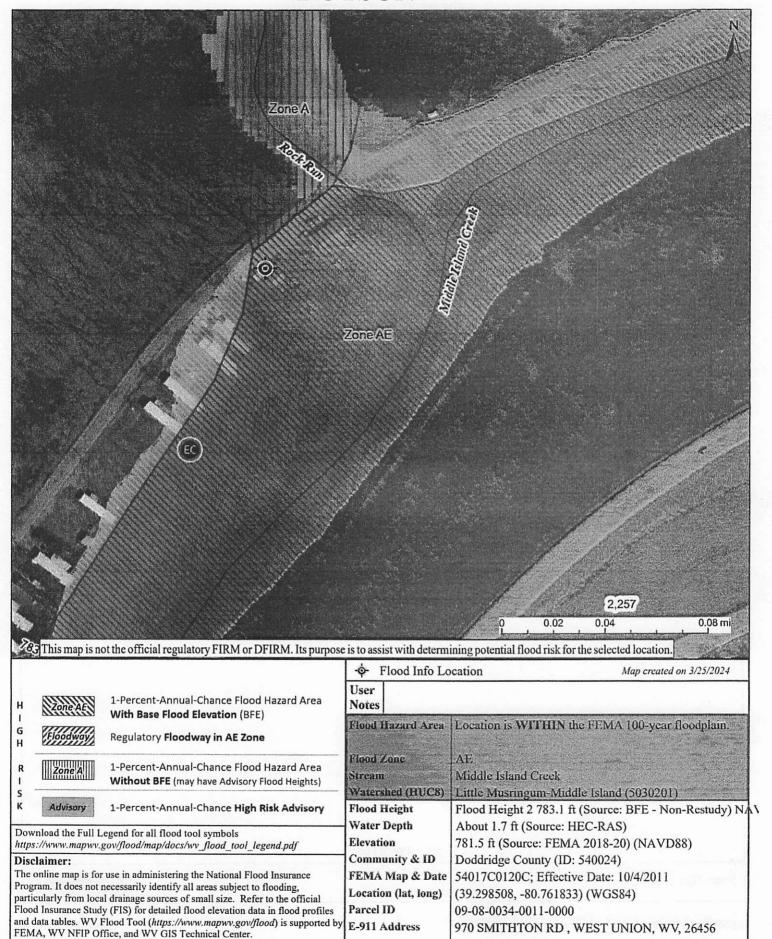
ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, a 986 Smithton Road	nd/or Bldg. No.)	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
City: West Union	State: W	ZIP Code: 28456	Policy Number; Company NAIC Number:
Insert the third and fourth photographs below. Ider View," or "Left Side View." When flood openings at vents, as indicated in Sections A8 and A9.	ntify all photogra re present, inclu	aphs with the date taken and "Finder and "Finder at least one close-up photo	ront View " "Rear View " "Right Side
	Pho	oto Three	
Photo Three Caption:			Glear Priote Three
•			
	Ph	oto Four	
Photo Four Caption:			Glear Photo Four

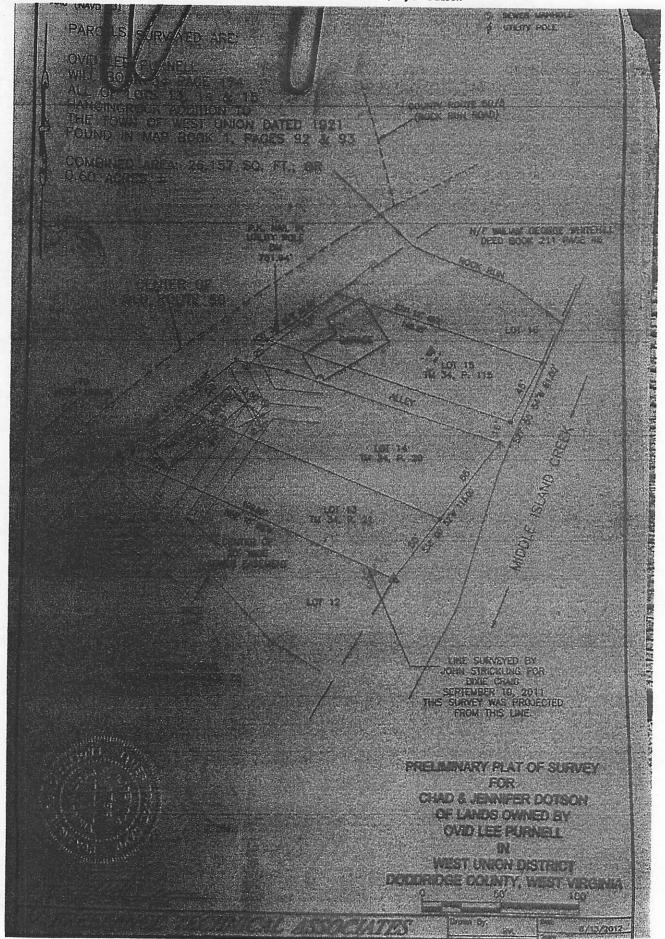
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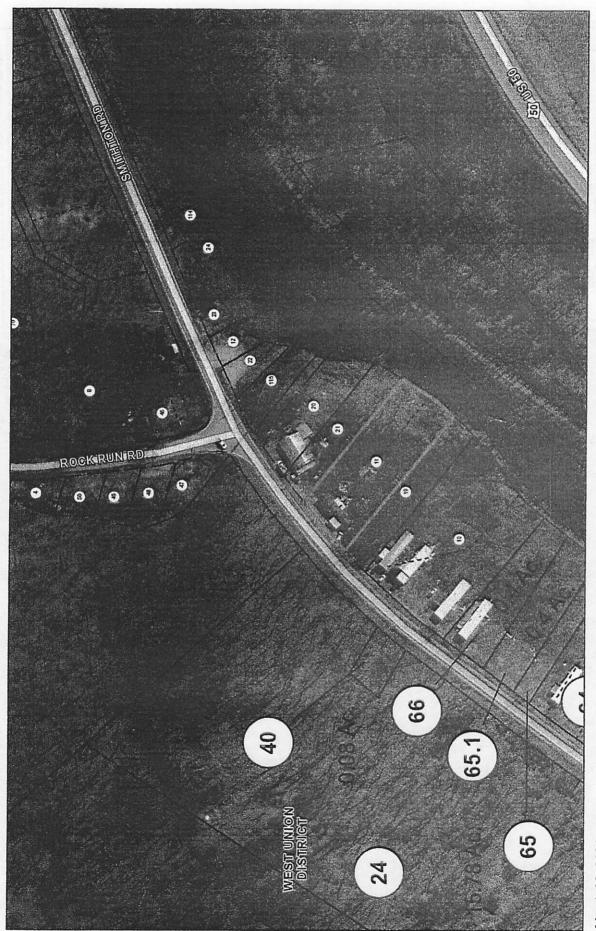


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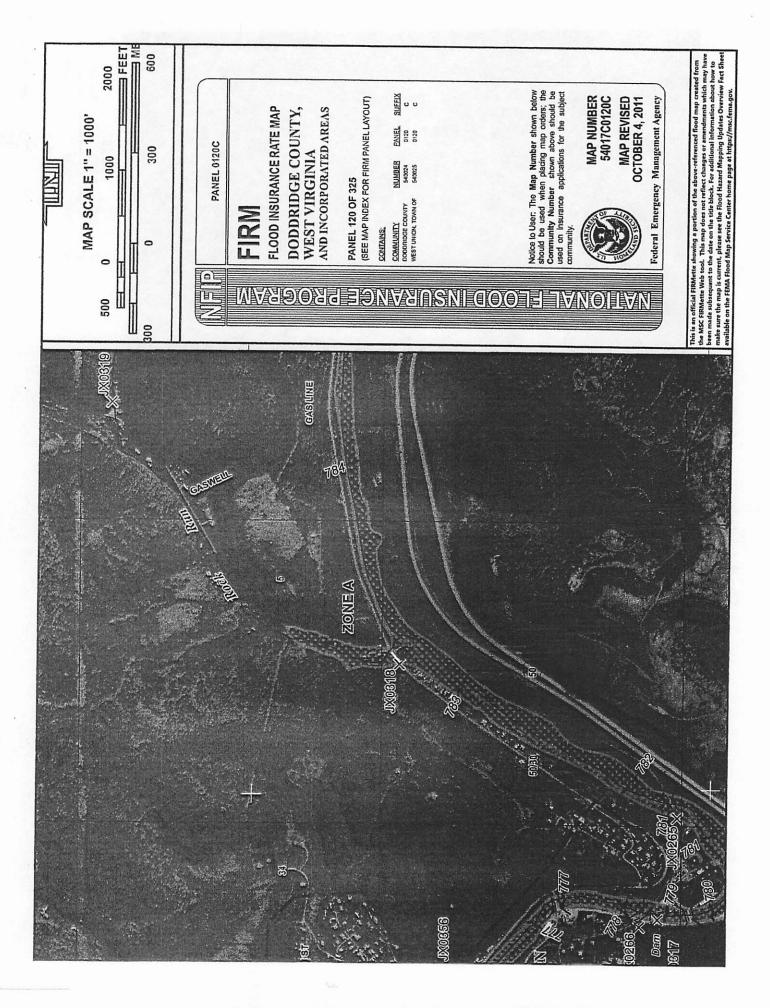


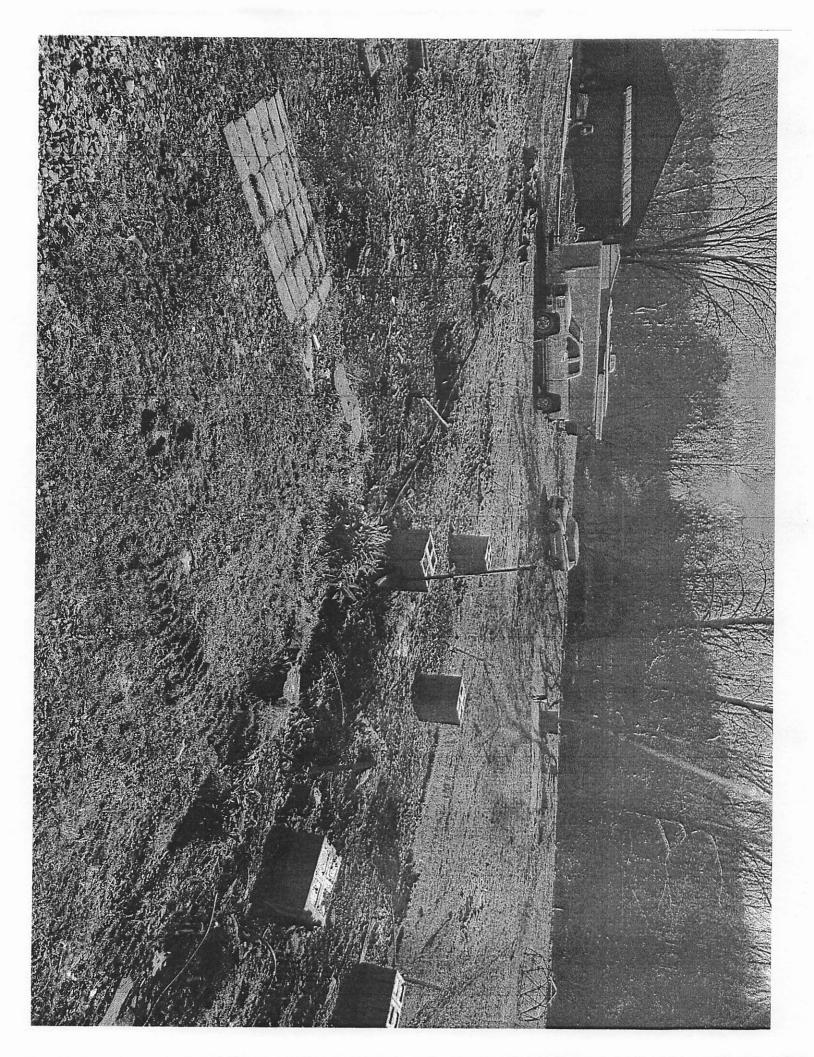


March 22, 2024

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Freedom Homes
Smithton Road
Dotson Mobile Hom
Freedom Homes
6M-Nathaniel Butler
304-472-9220
Zaven-Sales Rep

Sent to 986 smithton RD. @Rock Run

7022 1670 0003 1400 8830 ELEVATION CERT + Letter

7022 1670 0003 1400 8830

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.
- Article Addressed to

Monkey Row Trailer Park, LLC c/o Dixie Craig 5534 WV Rt. 18N West Union, WV 26456



2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

Agent

1 Yes

M No

Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

- 3. Service Type
- ☐ Adult Signature ☐ Adult Signature Restricted Delivery

☐ Insured Mail

(over \$500)

- Certified Mail® ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery

☐ Insured Mail Restricted Delivery

- Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail Restricted

☐ Registered Mail™

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

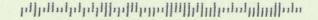


First-Class Mail Postage & Fees Paid USPS Permit No. G-10

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box

Doddridge County Office of Emerge cy Management/Floodplain Manager 101 Church Street, Suite 102 West Union, WV 26456

24-651



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.

. 4'2

- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

Chad & Jennifer Dotson 986 Smithton Road West Union, WV 26456



9590 9402 7059 1225 4210 62

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name C. Date of Delivery
- ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: □ No

- 3. Service Type ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery ☐ Certified Mail®
- □ Certified Mail Restricted Delivery ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- (over \$500)

- ☐ Priority Mail Express® ☐ Registered Mail™
- ☐ Registered Mail Restricted
- Delivery ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING#

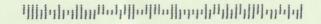


First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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

Doddridge County Office of Emergency Management/Floodplain Manager 101 Church Street, Suite 102 West Union, WV 26456

24-651



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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

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For delivery	informatio	n, visit	our webs	ite at ww	w.usps.com	1 [®] .
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PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions