

## FLOODPLAIN PERMIT #25-685

Vermont Baptist Church, 37 Skelton Run Rd, New Addition, 39.360256, -80.578219

TASK	COMPLETE (DATE)	NOTES
CHECK RECEIVED	N/A	
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	5/20/2025	
DATE AVAILABLE TO BE GRANTED	6/9/2025	
PERMIT GRANTED		
COMPLETE		

9589 0710 5270 0991 8250 47

9589 0710 5270 0991 8250 54

9589 0710 5270 0991 8250 61

9589 0710 5270 0991 8179 43

9589 0710 5270 0991 8250 78

9589 0710 5270 0991 8179 29

9589 0710 5270 0991 8179 36



## 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 #: 25-685**

**Date Approved: June 9, 2025**

**Expires: June 9, 2026**

**Issued to: Vermont Baptist Church**

**POC: Waymond Cork**

**Company Address: 37 Skelton Run Rd**

**Project Address: 37 Skelton Run Rd, Salem, WV 26426**

**Firm: 54017C0155C**

**Lat/Long: 39.385430, -80.621802**

**Purpose of development: New Addition**

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

**George C. Eidel**

**Date: June 9, 2025**

---

For additional information regarding this permit, please contact  
Doddridge County Floodplain Manager at 304.873.1343, or via email at  
geidel@doddridgecountywv.gov  
99 Court St. Street Suite128; West Union, WV 26456

---



## **Doddridge County Floodplain Permits**

**(Week of May 12, 2025)**

Please take notice that on the (7<sup>th</sup>) of (May), 2025, (Vermont Baptist Church) filed an application for a Floodplain Permit (#25-685) to develop land located at or about (37 Skelton Run Road); Coordinates: 39.360256, -80.578219. 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 (June 9, 2025) (20 calendar days after the announcement at the regularly scheduled Doddridge County Commission Meeting) delivered to the Floodplain Manager of the County at 99 Court Street, Suite 128, West Union, WV 26456. **This project is for addition to the church**

**GEORGE C. EIDEL, CFM**

Doddridge County Floodplain Manager





Permit# 25-685

Project Name: New Addition

Permittees Name: Vermont Baptist Church  
Floodplain Office Use Only

MAY 7 '25 PM2:23

## ***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 Waymond O Cork

DATE 5-7-2025



Doddridge County Commercial/Industrial  
Floodplain Development Permit Application

**Applicant Information:**

*Please provide all pertinent data.*

<b>Applicant Information</b>		
Responsible Party Name: Vermont Baptist Church		
Mailing Address: 37 Skelton Road		
City: Salem	State: WV	Zip: 26426
Point of Contact (POC): Waymond Cork		
POC Title: trustee and Decon		
POC Primary Phone: 304-203-1076		
POC Primary Email: wdcork11630@cs.com		
FEIN:	Corporate DUNS:	
Website:		
Local Mailing Address: Same		
City:	State:	Zip:
Local Project Manager (PM):		
Local PM Primary Phone: 304-203-1076		
Local PM Secondary Phone:		
Local PM Primary Email:		
Person Filing Application:		
Applicant Title:		
Applicant Primary Phone:		
Applicant Secondary Phone:		
Applicant Primary Email:		

### Project Narrative:

**Project Narrative:**

We are adding a building to our church with 2 handicapped restrooms, storage room, and a classroom/ kitchen and handicap ramp to get into the church. Many of our people are getting older and cant hardly get into the church and the restrooms and kitchen eating area are in the basement. Our church is like a split level house. you have to go up stairs to get into the churchs sanctuary then down 2 sets to get to the bathrooms and kitchen area. We are trying to get the church to meet ADA rules and have a rest rooms with changing tables, and a private place for breast feeding.



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 type="checkbox"/> Residential (1 – 4 Family)
<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Residential (more than 4 Family)
<input type="checkbox"/> Alteration	<input checked="" type="checkbox"/> Non-residential (floodproofing)
<input type="checkbox"/> Relocation	<input type="checkbox"/> Combined Use (res. & com.)
<input type="checkbox"/> Demolition	Replacement
<input type="checkbox"/> Manufact ured/Mobil Home	

**B. OTHER DEVELOPLMENT ACTIVITIES:**

<input type="checkbox"/> Fill	<input type="checkbox"/> Mining	<input type="checkbox"/> Drilling	<input type="checkbox"/> Grading	<input type="checkbox"/> Pipelining
<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) Road, Street, or Bridge				
<input checked="" type="checkbox"/> 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 \_\_\_\_

<b>Site/Property Information:</b>		
<b>Legal Description:</b>		
<b>Physical Address/911 Address:</b>		
<b>Decimal Latitude/Longitude:</b>		
<b>DMS Latitude/Longitude:</b>		
<b>District:</b>	<b>Map:</b>	<b>Parcel:</b>
<b>Land Book Description:</b>		
<b>Deed Book Reference:</b>		
<b>Tax Map Reference:</b>		
<b>Existing Buildings/Use of Property:</b>		
Church		

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



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 1 \_\_\_\_

**Property Owner Data:**

Name of Primary Owner (PO): Vermont Baptist Church

Physical Address: 37 SKelton run road

City: Salem

State: WV

Zip: 26426

Mailing Address:

City:

State:

Zip:

Primary Phone: 304-782-4002

(Waymond Cork 304-203-1076)

Primary Email: Wdcork11630@cs.com

**Surface Rights Owner Data:**

Name of Primary Owner (PO): Vermont Baptist Church

Physical Address: 37 SKelton run road

City: Salem

State: WV

Zip: 26426

Mailing Address:

City:

State:

Zip:

Primary Phone: 304-782-4002

(Waymond Cork 304-203-1076)

Primary Email: Wdcork11630@cs.com

**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:

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 \_\_\_\_

<b>Contractor/Sub-Contractor (C/SC) Information:</b>		
C/SC Company Name: J & S Contracting inc		
C/SC WV License Number: WV039260		
C/SC FEIN: 043813820	C/SC DUNS: N/A	
Local C/SC Point of Contact (POC): Eric Jerden		
Local C/SC POC Title: VP		
C/SC Mailing Address: P.O. Box 1218		
City: Jane Lew	State: WV	Zip-Code: 26378
Local C/SC Office Phone: 304-805-2017		
Local C/SC POC Phone: 304-476-8267 Eric		
Local C/SC POC E-Mail: J.Scontractinginc5@gmail.com		

<b>Engineer Firm Information:</b>		
Engineer Firm Name: N/A		
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:	
Mailing Address:	City:	State:	Zip:
Primary Phone:			
Primary Email:			

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

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

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

## 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): <u>Will Hyman</u>			
Physical Address: <u>79 Skelton Run Road</u>			
City: <u>Salem</u>	State: <u>WV</u>	Zip: <u>26426</u>	
Mailing Address: <u>2207 Gould Ave</u>	City: <u>CLARKSBURG</u>	State:	Zip: <u>26301</u>
Primary Phone: <u>304-672-1102</u>			
Primary Email: <u>WillHyman@gmail.com</u>			

Adjacent Property Owner Data: Upstream			
Name of Primary Owner (PO): <u>TANNER &amp; MARIA Lett</u>			
Physical Address: <u>86 Skelton Run Road</u>			
City: <u>Salem</u>	State: <u>WV</u>	Zip: <u>26426</u>	
Mailing Address: <u>SAME</u>	City:	State:	Zip:
Primary Phone:			
Primary Email:			

Adjacent Property Owner Data: Downstream			
Name of Primary Owner (PO): <u>CHRIS BONNELL</u>			
Physical Address: <u>4508 WV RT 23 N</u>			
City: <u>Salem</u>	State: <u>WV</u>	Zip: <u>26426</u>	
Mailing Address: <u>SAME</u>	City:	State:	Zip:
Primary Phone:			
Primary Email:			

Adjacent Property Owner Data: Downstream			
Name of Primary Owner (PO): <u>LEON BONNELL</u>			
Physical Address: <u>4514 WVRT 23 N</u>			
City: <u>Salem</u>	State: <u>WV</u>	Zip: <u>26426</u>	
Mailing Address: <u>SAME</u>	City:	State:	Zip:
Primary Phone: <u>304-782-16644</u>			
Primary Email:			



## 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): DARRELL & DeBBIE HUTSON			
Physical Address: 50 SKELTON RUN ROAD			
City: SALEM	State: WV	Zip: 26426	
Mailing Address: Same	City:	State:	Zip:
Primary Phone: 304-782-1528			
Primary Email:			

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

Adjacent Property Owner Data: Downstream			
Name of Primary Owner (PO): BERT & BRENDA TRAVIS			
Physical Address: 24 SKELTON RUN RD			
City: SALEM	State: WV	Zip: 26426	
Mailing Address: Same	City:	State:	Zip:
Primary Phone: 304-782-3911			
Primary Email:			

Adjacent Property Owner Data: Downstream			
Name of Primary Owner (PO): EVELYN HANNAH (DANNY RICHARDS)			
Physical Address: 11 SKELTON RUN ROAD			
City: SALEM	State: WV	Zip: 26426	
Mailing Address: Same	City:	State:	Zip:
Primary Phone: 304-782-2143			
Primary Email:			

## 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 or 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.

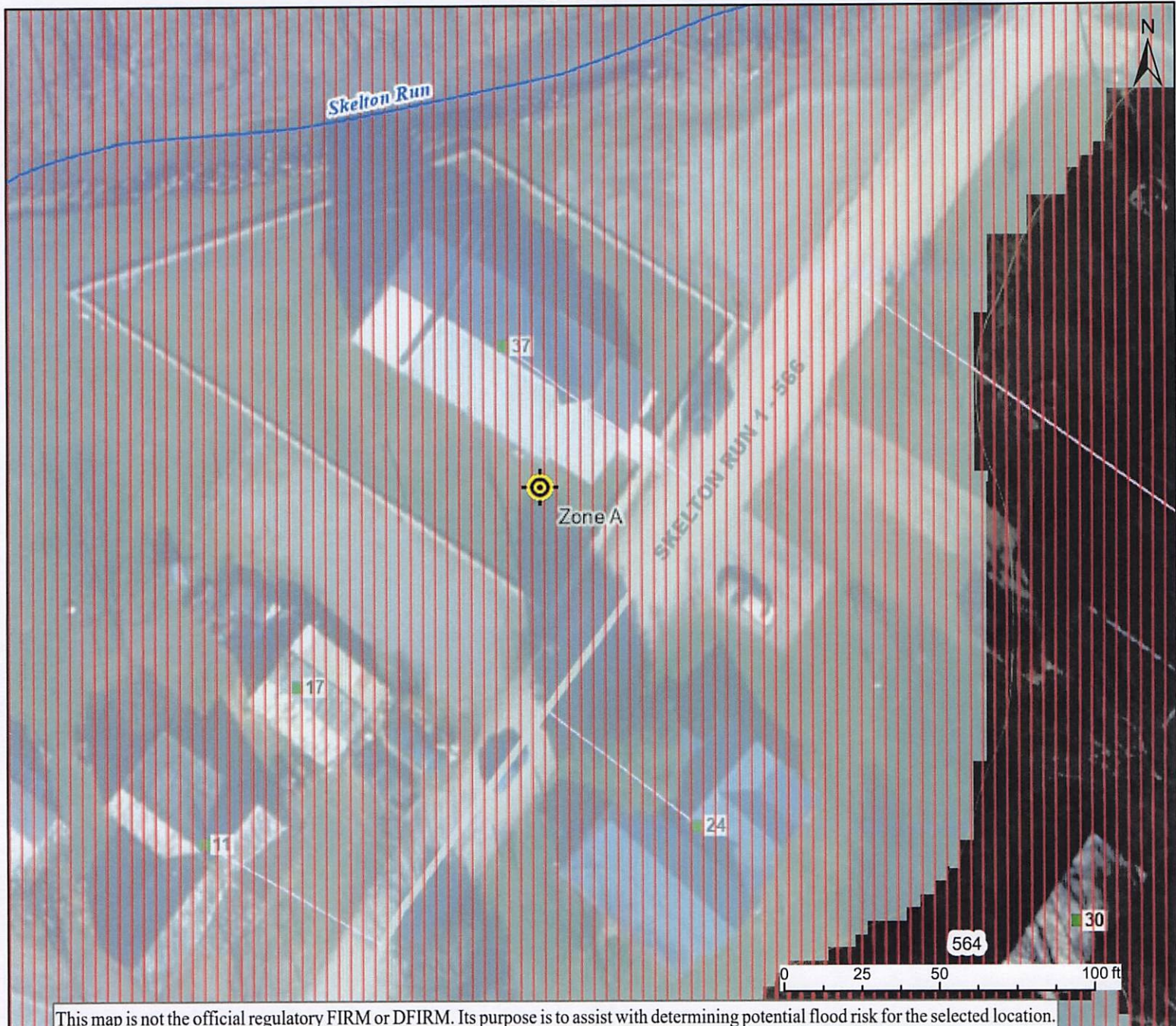
Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_






Applicant Printed Name: \_\_\_\_\_



# Vermont Baptist Church



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

			 Flood Info Location		Map created on 5/7/2025
HIGH RISK		1-Percent-Annual-Chance Flood Hazard Area With Base Flood Elevation (BFE)	User Notes	37 Skelton Run Rd New Addition	
		Regulatory Floodway in AE Zone		Flood Hazard Area	Location is <b>WITHIN</b> the FEMA 100-year floodplain. Advisory Flood Heights available.
		1-Percent-Annual-Chance Flood Hazard Area Without BFE (may have Advisory Flood Heights)	Flood Zone	A (Advisory Flood Heights available)	
		1-Percent-Annual-Chance High Risk Advisory	Stream	Skelton Run	
			Watershed (HUC8)	Little Musringum-Middle Island (5030201)	
			Flood Height	About 848.9 ft (Source: AFH) NAVD88	
			Water Depth	About 2.6 ft (Source: HEC-RAS)	
			Elevation	845.2 ft (Source: FEMA 2018-20) (NAVD88)	
			Community & ID	Doddridge County (ID: 540024)	
			FEMA Map & Date	54017C0155C; Effective Date: 10/4/2011	
			Location (lat, long)	(39.360256, -80.578219) (WGS84)	
			Parcel ID	09-05-0016-0019-0001	
			E-911 Address		

Download the Full Legend for all flood tool symbols <a href="https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf">https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf</a>	
<b>Disclaimer:</b> 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 ( <a href="https://www.mapwv.gov/flood">https://www.mapwv.gov/flood</a> ) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.	



## George Eidel

---

**From:** Dwayne Matheny <[dmatheny@alleghenysurveys.com](mailto:dmatheny@alleghenysurveys.com)>  
**Sent:** Friday, May 2, 2025 10:12 AM  
**To:** George Eidel  
**Subject:** RE: Vermont Baptist Church

Thank you George. I believe that they are planning for that with the new addition.

Dwayne

**DWAYNE D. MATHENY, PS**

Chief Operations Officer

*office:* 304-848-5035

*mobile:* 304-619-4400

---

**From:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Sent:** Friday, May 2, 2025 10:04 AM  
**To:** Dwayne Matheny <[dmatheny@alleghenysurveys.com](mailto:dmatheny@alleghenysurveys.com)>  
**Subject:** RE: Vermont Baptist Church

**Caution: This email originated from an outside organization: Do not click on links or attachments unless you recognize the sender.**

I forgot to mention, in the WV Flood Tool when you look at the site it is in an "A" zone so there is no BFE, however the site has an Advisory Flood Height (AFH) 848.9, you can use this as the BFE when calculating how high you will need to go to be in compliance with the Doddridge County Floodplain Ordinance. We have a freeboard of 2 feet so you will need to be at 850.9 or higher for the bottom of the first floor.

---

**From:** Dwayne Matheny <[dmatheny@alleghenysurveys.com](mailto:dmatheny@alleghenysurveys.com)>  
**Sent:** Friday, May 2, 2025 9:26 AM  
**To:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Subject:** RE: Vermont Baptist Church

George,

Attached is the elevation certificate and attachments for the addition at the church.

Thank you,

Dwayne

**DWAYNE D. MATHENY, PS**

Chief Operations Officer

*office:* 304-848-5035

*mobile:* 304-619-4400

---

**From:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Sent:** Thursday, May 1, 2025 10:12 AM

To: Dwayne Matheny <[dmatheny@alleghenysurveys.com](mailto:dmatheny@alleghenysurveys.com)>

Subject: RE: Vermont Baptist Church

Caution: This email originated from an outside organization: Do not click on links or attachments unless you recognize the sender.

Dwayne,

Yes, just for the addition. I will need one before construction starts, this one tells me how high you need to be, the finished one tells me that you are at or higher.

---

From: Dwayne Matheny <[dmatheny@alleghenysurveys.com](mailto:dmatheny@alleghenysurveys.com)>

Sent: Thursday, May 1, 2025 9:43 AM

To: [geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)

Subject: Vermont Baptist Church

George,

I was contacted yesterday by one of the deacons at Vermont Baptist Church about providing an elevation certificate for their new addition project. He says that they need to have this done for the building permit.

Does the elevation certificate just need to be for the proposed addition? I am assuming that another one will have to be completed after construction is completed?

Let me know when you get a chance.

Thank you,

Dwayne



**DWAYNE D. MATHENY, PS**

Chief Operations Officer

172 Thompson Drive

Bridgeport, WV 26330

office: 304-848-5035 fax: 304-848-5037

mobile: 304-619-4400

---

**DMATHENY@ALLEGHENYSURVEYS.COM**

## George Eidel

---

**From:** George Eidel <geidel@doddridgecountywv.gov>  
**Sent:** Thursday, May 1, 2025 10:28 AM  
**To:** 'J&S Contracting'  
**Subject:** RE: Doddridge Co Flood Permit Questions

Yes, it would be considered a commercial structure, for non-profits there is no fee

**From:** J&S Contracting <j.scontractinginc5@gmail.com>  
**Sent:** Thursday, May 1, 2025 10:15 AM  
**To:** GEidel@doddridgecountywv.gov  
**Subject:** Doddridge Co Flood Permit Questions

Good Morning, George I hope you are doing well.  
Our company is planning to do work in your county, building a new structure for a church.

I found the PDF form online for the Flood plain Permit, however, I noticed all data seems to be for a residential or commercial building.

Would a non-profit organization structure be considered commercial? It appears the fees are extensive so I want to verify before we continue.

Thank you for your insight,  
Abbie Jerden  
J&S Contracting Inc.



National Flood Insurance Program

# Elevation Certificate and Instructions

2023 EDITION

---



# FEMA



## 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: <u>Trustees of Vermont Church</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>37 Skelton Run</u>	Company NAIC Number: _____
City: <u>Salem</u> State: <u>WV</u> ZIP Code: <u>26426</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>McClellan District, Tax Map 16 Parcel 20</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Church</u>	
A5. Latitude/Longitude: Lat. <u>39-21-36.76</u> Long. <u>80-34-41.77</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: _____	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): _____ sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: _____ d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: _____ sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: _____ d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>Doddridge County</u>	B1.b. NFIP Community Identification Number: <u>540024</u>
B2. County Name: <u>Doddridge</u>	B3. State: <u>WV</u> B4. Map/Panel No.: <u>0155</u> B5. Suffix: <u>C</u>
B6. FIRM Index Date: <u>10/04/2011</u>	B7. FIRM Panel Effective/Revised Date: <u>10/04/2011</u>
B8. Flood Zone(s): <u>A</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>848.9</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other: <u>HEC-RAS</u>	
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	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



# ELEVATION CERTIFICATE

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

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

37 Skelton Run

City: Salem

State: WV

ZIP Code: 26426

## FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: GPS-OPUS

Vertical Datum: NAVD88

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

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: \_\_\_\_\_

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

☐ Yes ☐ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

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 (see Instructions): \_\_\_\_\_

☐ feet ☐ meters

d) Attached garage (top of slab): \_\_\_\_\_

☐ feet ☐ meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): \_\_\_\_\_

☐ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☒ Natural ☐ Finished

844.56

☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☒ Natural ☐ Finished

844.82

☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: \_\_\_\_\_

☐ 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 state 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 and describe in the Comments area.

Certifier's Name: Dwayne D. Matheny

License Number: 2070

Title: Professional Surveyor

Company Name: Allegheny Surveys, Inc.

Address: 172 Thompson Drive

City: Bridgeport

State: WV

ZIP Code: 26330

Telephone: (304) 848-5035

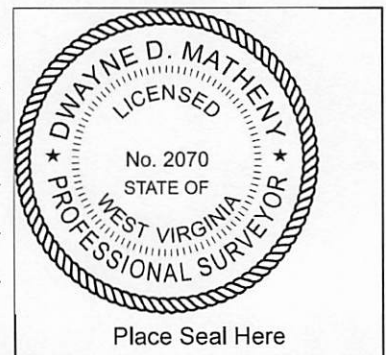
Ext.: \_\_\_\_\_

Email: dmatheny@alleghenysurveys.com

Signature: Dwayne D. Matheny

Digitally signed by Dwayne D. Matheny  
Date: 2025.05.02 08:56:27 -04'00'

Date: 05/02/2025



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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

Attachments: FIRMette, WV Flood Tool Map

# ELEVATION CERTIFICATE

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

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

37 Skelton Run

City: Salem

State: WV

ZIP Code: 26426

## FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

## SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☐ Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 (C.2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

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

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: Dwayne D. Matheny

Address: 172 Thompson Drive

City: Bridgeport

State: WV

ZIP Code: 26330

Telephone: (304) 848-5035

Ext.: \_\_\_\_\_

Email: dmatheny@alleghenysurveys.com

Signature: Dwayne D. Matheny

Digitally signed by Dwayne D. Matheny

Date: 2025.05.02 08:58:13 -04'00'

Date: 05/02/2025

Comments:



# ELEVATION CERTIFICATE

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

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

37 Skelton Run

City: Salem

State: WV

ZIP Code: 26426

## FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

### SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. ☐ A local official completed Section H for insurance purposes.
- G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: \_\_\_\_\_ G6. Date Permit Issued: \_\_\_\_\_
- G7. Date Certificate of Compliance/Occupancy Issued: \_\_\_\_\_
- G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ ☐ feet ☐ meters Datum: \_\_\_\_\_
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: \_\_\_\_\_ ☐ feet ☐ meters Datum: \_\_\_\_\_
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: \_\_\_\_\_ ☐ feet ☐ meters Datum: \_\_\_\_\_
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: \_\_\_\_\_ ☐ feet ☐ meters Datum: \_\_\_\_\_
- G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

NFIP Community Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

# ELEVATION CERTIFICATE

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

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

37 Skelton Run

City: Salem

State: WV

ZIP Code: 26426

## FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

## SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom \_\_\_\_\_ ☐ feet ☐ meters ☐ above the LAG  
floor (include above-grade floors only for buildings with  
crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next \_\_\_\_\_ ☐ feet ☐ meters ☐ above the LAG  
higher floor (i.e., the floor above basement, crawlspace, or  
enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

## SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☒ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: Dwayne D. Matheny

Address: 172 Thompson Drive

City: Bridgeport

State: WV

ZIP Code: 26330

Telephone: (304) 848-5035

Ext.: \_\_\_\_\_

Email: dmatheny@alleghenysurveys.com

Signature: Dwayne D. Matheny

Digitally signed by Dwayne D. Matheny  
Date: 2025.05.02 09:07:23 -04'00'

Date: 05/02/2025

Comments:



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

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
37 Skelton Run

City: Salem State: WV ZIP Code: 26426

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

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.



Photo One

Photo One Caption: Looking North

Clear Photo One



Photo Two

Photo Two Caption: Looking South

Clear Photo Two



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

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
37 Skelton Run

City: Salem State: WV ZIP Code: 26426

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." 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.



Photo Three

Photo Three Caption: Looking East

Clear Photo Three



Photo Four

Photo Four Caption: Looking West


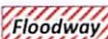

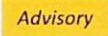

Clear Photo Four



# WV Flood Map



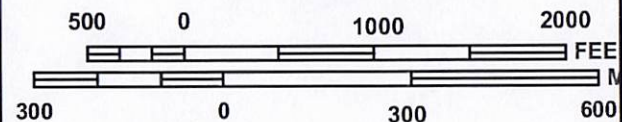
This map is not the official regulatory FIRM or DFIRM. Its purpose is to assist with determining potential flood risk for the selected location.

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 <a href="https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf">https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf</a>	
<b>Disclaimer:</b> 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 ( <a href="https://www.mapwv.gov/flood">https://www.mapwv.gov/flood</a> ) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.		
 Flood Info Location <span>Map created on 6/7/2024</span>		
User Notes		
Flood Hazard Area		Location is <b>WITHIN</b> the FEMA 100-year floodplain. Advisory Flood Heights available.
Flood Zone		A (Advisory Flood Heights available)
Stream		Skelton Run
Watershed (HUC8)		Little Musringum-Middle Island (5030201)
Flood Height		Flood Height 4 About 848.9 ft (Source: AFH) NAVD88
Water Depth		About 2.8 ft (Source: HEC-RAS)
Elevation		845.6 ft (Source: FEMA 2018-20) (NAVD88)
Community & ID		Doddridge County (ID: 540024)
FEMA Map & Date		54017C0155C; Effective Date: 10/4/2011
Location (lat, long)		(39.360302, -80.578180) (WGS84)
Parcel ID		09-05-0016-0020-0000
E-911 Address		37 SKELTON RUN, SALEM, WV, 26426





MAP SCALE 1" = 1000'



NFP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0155C

## FIRM

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

PANEL 155 OF 325

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
DODDRIDGE COUNTY	540024	0155	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  
54017C0155C

MAP REVISED  
OCTOBER 4, 2011

Federal Emergency Management Agency





This is an official FIRMette showing a portion of the above-referenced flood map created from the MSC FIRMette Web tool. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For additional information about how to make sure the map is current, please see the Flood Hazard Mapping Updates Overview Fact Sheet available on the FEMA Flood Map Service Center home page at <https://msc.fema.gov>.




# Vermont Baptist Church



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 <b>With Base Flood Elevation (BFE)</b>
		Regulatory <b>Floodway</b> in AE Zone
		1-Percent-Annual-Chance Flood Hazard Area <b>Without BFE</b> (may have Advisory Flood Heights)
		1-Percent-Annual-Chance <b>High Risk Advisory</b>
Download the Full Legend for all flood tool symbols <a href="https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf">https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf</a>		
<b>Disclaimer:</b> 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 ( <a href="https://www.mapwv.gov/flood">https://www.mapwv.gov/flood</a> ) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.		

 <b>Flood Info Location</b> <span>Map created on 5/2/2025</span>	
<b>User Notes</b>	37 Skelton Run Rd addition to structure
<b>Flood Hazard Area</b>	Location is <b>WITHIN</b> the FEMA 100-year floodplain. Advisory Flood Heights available.
<b>Flood Zone</b>	A (Advisory Flood Heights available)
<b>Stream</b>	Skelton Run
<b>Watershed (HUC8)</b>	Little Musringum-Middle Island (5030201)
<b>Flood Height</b>	About 848.9 ft (Source: AFH) NAVD88
<b>Water Depth</b>	About 2.5 ft (Source: HEC-RAS)
<b>Elevation</b>	845.1 ft (Source: FEMA 2018-20) (NAVD88)
<b>Community &amp; ID</b>	Doddridge County (ID: 540024)
<b>FEMA Map &amp; Date</b>	54017C0155C; Effective Date: 10/4/2011
<b>Location (lat, long)</b>	(39.360247, -80.578218) (WGS84)
<b>Parcel ID</b>	09-05-0016-0019-0001
<b>E-911 Address</b>	



USPS TRACKING #

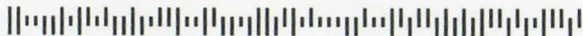


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 8823 4005 2825 98

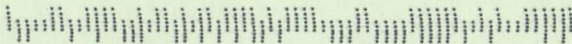
**United States  
Postal Service**

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



**Doddridge County Floodplain Manager  
99 Court St. Suite 128  
West Union, WV 26456**

25-685



**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.

1. Article Address



**Tanner & Marla Lett**  
**86 Skelton Run Rd**  
**Salem, WV 26426**



9590 9402 8823 4005 2825 98

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
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 #

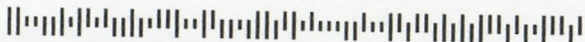


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 8823 4005 2826 04

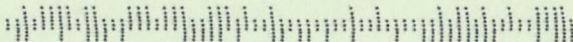
**United States  
Postal Service**

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



**Doddridge County Floodplain Manager  
99 Court St. Suite 128  
West Union, WV 26456**

25-685



**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.

1. Article #



**Darrell & Debbie Hutson**  
**50 Skelton Run Rd**  
**Wormersburg, WV 26426**



9590 9402 8823 4005 2826 04

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *Darrell G. Hutson*☐ Agent☒ Addressee

B. Received by (Printed Name)

*Darrell G. Hutson*

C. Date of Delivery

*5-12-25*D. Is delivery address different from item 1? ☐ Yes  
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

9590 9402 8823 4005 2826 28

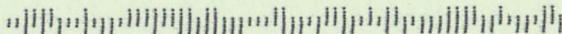
United States  
Postal Service

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



**Doddridge County Floodplain Manager**  
**99 Court St. Suite 128**  
**West Union, WV 26456**

25-685





**SENDER: COMPLETE THIS SECTION**

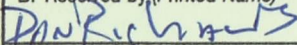
- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Address**

**Evelyn Hannah  
11 Skelton Run Rd  
Salem, WV 26426**



9590 9402 8823 4005 2826 28

**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

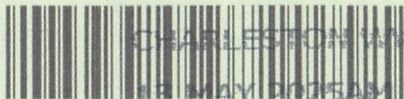
If YES, enter delivery address below:

☐ No**3. Service Type**

- ☐ 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 #



CHARLESTON WV 250

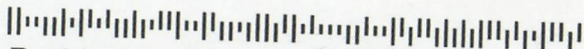
13 MAY 2005AM 3 L

9590 9402 8823 4005 2826 11

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

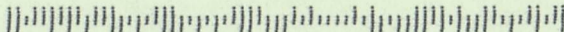
United States  
Postal Service

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



**Doddridge County Floodplain Manager**  
**99 Court St. Suite 128**  
**West Union, WV 26456**

257685



**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.

1. Article Address



**Berl & Brenda Travis  
24 Skelton Run Rd  
Salem, WV 26426**



9590 9402 8823 4005 2826 11

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X Berl Travis**☐ Agent☐ Addressee

B. Received by (Printed Name)

**BERT TRAVIS**

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
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

9590 9402 8823 4005 2826 35

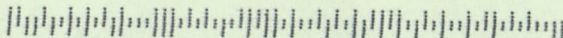
United States  
Postal Service

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



**Doddridge County Floodplain Manager**  
**99 Court St. Suite 128**  
**West Union, WV 26456**

25-685



**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.

1. Article Address



**Chris Bonnell**  
**4508 WV Route 23 N**  
**Salem WV 26426**



9590 9402 8823 4005 2826 35

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *Lisa Bonnell*☐ Agent☒ Addressee

B. Received by (Printed Name)

*Lisa Bonnell*

C. Date of Delivery

*5-13-21*

D. Is delivery address different from item 1? ☐ Yes  
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 #



CHARLESTON, WV 250

18 MAY 2025 8:41

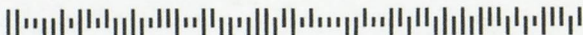


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 8823 4005 2826 42

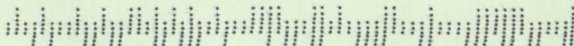
United States  
Postal Service

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



**Doddridge County Floodplain Manager**  
**99 Court St. Suite 128**  
**West Union, WV 26456**

25-685





# 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.

1. Article Address



**Leon Bonnell**  
**4514 WV Route 23 N**  
**Salem, WV 26426**



9590 9402 8823 4005 2826 42

2. Article Number (Transfer from service label)

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

**X** *Gerard J Bonnell*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Gerard J Bonnell*

C. Date of Delivery

*05/14/2025*

D. Is delivery address different from item 1?

☐ Yes

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

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**

*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$ **4.85**

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)

\$ **4.10**

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$ **.69**

Total Postage and Fees

\$ **4.64**

Sent To

**Will Hyman**

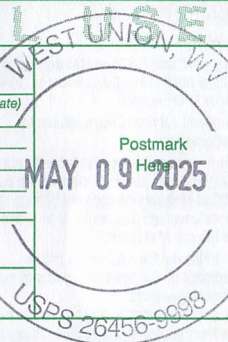
Street and Apt. No., or PO Box No.

**79 Skelton Run Rd**

City, State, ZIP+4®

**Salem, WV 26426**

**25-685**



## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**



U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**

*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$ **4.85**

Extra Services & Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy) \$ **4.10**  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ **.69**

Total Postage and Fees

\$ **9.64**

Sent To

**Tanner + Marla Lett**

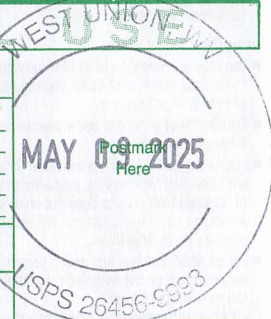
Street and Apt. No., or PO Box No.

**86 Skelton Run Rd**

City, State, ZIP+4®

**Salem, WA 97302**

**25-685**



## **Certified Mail service provides the following benefits:**

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### **Important Reminders:**

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece; for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.
  - Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
  - Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
  - Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**



U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**

*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$ **4.85**

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)

\$ **4.10**

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$ **.69**

Total Postage and Fees

\$ **9.64**

Sent To

**Darrell & Debbie Hutson**

Street and Apt. No., or PO Box No.

**50 Skelton Run Rd**

City, State, ZIP+4®

**Salem, WV 26426**

**25-685**

WEST UNION, WV

Postmark

MAY 09 2025

USPS 26456-0998

9589 0710 5225 0225 1660 0991 8250 61

# Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

## Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$ 4.85

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)

\$

4.10

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$ .69

Total Postage and Fees

\$ 4.64

Sent To

Bert + Brenda Travis

Street and Apt. No., or PO Box No.

24 Skelton Run Rd

City, State, ZIP+4®

Salem, WV 26426

25-685

WEST UNION, WV

Postmark

Here

MAY 09 2025

USPS 26456-9998



## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$ 4.85

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 4.10

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$ .69

Total Postage and Fees

\$ 9.64

Sent To

Evelyn Hannah

Street and Apt. No., or PO Box No.

11 Skelton Run Rd

City, State, ZIP+4®

Salem, WV 26426

Postmark

Here

MAY 09 2025

USPS 26456-9998

25-685

## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**



**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.

1. Article Address



**Will Hyman**  
**79 Skelton Run Rd**  
**Salem, WV 26426**



9590 9402 8823 4005 2825 81

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

☐ 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



U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$ 4.85

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)

\$ 4.10

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$ .69

Total Postage and Fees

\$ 9.64

Sent To

Chris Bonnell

Street and Apt. No., or PO Box No.

4508 WV RT 23N

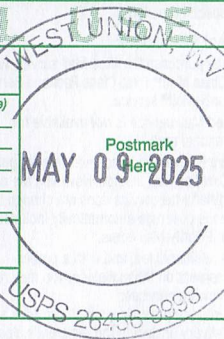
City, State, ZIP+4®

Salem, WV 26426

25-685

PS Form 3800, January 2023 PSN 7530-02-000-9047

See Reverse for Instructions



9589 0710 5270 0991 8179 36



## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**

*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$ 4.85

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy)

\$

4.10

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$ .69

Total Postage and Fees

\$ 9.64

Sent To

Leon Bonnell

Street and Apt. No., or PO Box No.

4514 WV RT 23N

City, State, ZIP+4®

Salem, WV 26426

25-685

WEST UNION, WV

Postmark

Here

MAY 09 2025

USPS 26456-9998

## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**