

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>Gregory J. Miller & wife Kathleen Miller</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>432 Lakeside LN -</u>		Company NAIC Number: _____
City: <u>SANFORD</u> State: <u>N.C.</u> ZIP Code: <u>27332-0618</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot #30, Blk #E, Carolina Lakes - PC# 1-77 - PIN: 9595-88-2558.000</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat <u>35.28482</u> Long <u>79.039422</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: <u>6</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>2030.64</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input checked="" 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: <u>3</u> Engineered flood openings: _____		
d) Total net open area of non-engineered flood openings in A8.c: <u>126</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instructions): <u>N/A</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable - see Instructions): <u>N/A</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>650.50</u> 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: <u>N/A</u> Engineered flood openings: <u>N/A</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instructions): <u>N/A</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable - see Instructions): <u>N/A</u> sq. ft.		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>HARNETT</u>		B1.b. NFIP Community Identification Number: <u>370328</u>
B2. County Name: <u>HARNETT</u>	B3. State: <u>N.C.</u>	B4. Map/Panel No.: <u>9584</u> B5. Suffix: <u>J</u>
B6. FIRM Index Date: <u>10/03/2006</u> B7. FIRM Panel Effective/Revised Date: <u>10/03/2006</u>		
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>254.2</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: <u>N/A</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: <u>N/A</u>		
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: <u>N/A</u> <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 type="checkbox"/> No <u>N/A</u>		

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

FOR INSURANCE COMPANY USE

432 LAKESIDE LNCity: SANFORDState: N.C. ZIP Code: 28332-0618

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: NC GRID - NCGS 2018 Vertical Datum: 252.52

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

☐ NGVD 1929 ☐ NAVD 1988 ☐ Other: NAVD 2018Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?
If Yes, describe the source of the conversion factor in the Section D Comments area.☐ Yes ☒ No

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):

257.28☒ feet ☐ meters

b) Top of the next higher floor (see Instructions):

261.04☒ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions):

260.64☒ feet ☐ meters

d) Attached garage (top of slab):

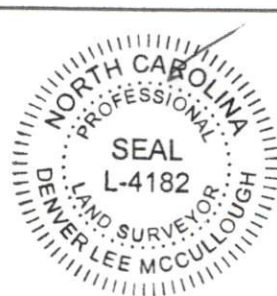
259.74☒ feet ☐ meterse) Lowest elevation of Machinery and Equipment (M&E) servicing the building
(describe type of M&E and location in Section D Comments area):258.11☒ feet ☐ metersf) Lowest Adjacent Grade (LAG) next to building: ☒ Natural ☐ Finished257.12☒ feet ☐ metersg) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished259.58☐ feet ☐ meters

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

255.18☒ 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: Denver Lee McCullough License Number: PLS - 4182Title: OWNERCompany Name: Denver McCullough & Co.Address: 404 Hope Mills Rd, Suite B-4City: Fayetteville State: N.C. ZIP Code: 28304Telephone: 910 391 0581 Ext.: N/A Email: ILLUSIONS2DENVER@GMAIL.COMSignature: Denver Lee McCullough Date: 10 MAY 2025

Place Seal Here

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):

THE LOWEST Elevation of machinery is the AC unit on the right side of the building & is mounted on concrete.A picture of a vent & AC unit is shown on an extra form.

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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.:

432 LAKESIDE LNCity: SANFORDState: NCZIP Code: 27332-0618**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 Caption:

FRONT VIEW

30 APRIL 2025

Clear Photo One



REAR VIEW

30 APRIL 2025

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.:

472 LAKESIDE LN

 City: SANFORD

 State: N.C.

 ZIP Code: 27332-0618
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.



RIGHT SIDE VIEW

30 APRIL 2025

Photo Three Caption:

Clear Photo Three



LEFT SIDE VIEW

30 APRIL 2025

Clear Photo Four

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 Continuation Page

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 City: SANFORD

 State: N.C. ZIP Code: 27332-0618
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 Caption:

VENT VIEW
30 APRIL 2025

Clear Photo Three



Right Side View of AC Unit
30 APRIL 2025

Clear Photo Four