



1. APN \_\_\_\_\_ Date \_\_\_\_\_

Check Form Used

Flood Zone \_\_\_\_\_

FM-1 AO      FM-1 AO M

Base Flood Elevation or Depth (Circle one) \_\_\_\_\_

Above Highest Original Immediate Adjacent Grade (AHOIAG)\*

Minimum M/H Substructure Elevation \_\_\_\_\_

Above Highest Original Immediate Adjacent Grade

Minimum Equipment Elevation \_\_\_\_\_

Above Highest Original Immediate Adjacent Grade

Minimum Finished Floor Elevation \_\_\_\_\_

Above Highest Original Immediate Adjacent Grade\*

Signature \_\_\_\_\_

ASCE Structure Classification \_\_\_\_\_

ASCE Minimum Floor Elevation \*(DFE) \_\_\_\_\_ \*(Design Flood Elevation)

The information below must be signed and sealed by a licensed land surveyor or qualified civil engineer authorized by law to certify elevation information. I certify that the information on this sheet represents my best effort to interpret the data available. (See instruction sheets for details on completing this form).

**Main Structure / Residence / Addition**

2a. Datum \_\_\_\_\_ AHOIAG \_\_\_\_\_  
 Original Highest Adjacent El. \_\_\_\_\_  
 Depth of Fill Material/Structure \_\_\_\_\_ (Circle one)  
 Min. Finished Floor El. \_\_\_\_\_  
 Difference \_\_\_\_\_

2b. Datum \_\_\_\_\_ AHOIAG \_\_\_\_\_  
 Original Highest Adjacent El. \_\_\_\_\_  
 Depth of Fill Material/Structure \_\_\_\_\_ (Circle one)  
 Min. M/H Substructure El. \_\_\_\_\_  
 Difference \_\_\_\_\_  
 (Complete this section for Manufactured Structures)

**3. Water Tank / Equipment**

Datum \_\_\_\_\_  
 Original Highest Immediate Adj. Elev. \_\_\_\_\_  
 Depth of Fill Material/Structure \_\_\_\_\_ (Circle one)  
 Minimum Equipment Elevation \_\_\_\_\_  
 Difference \_\_\_\_\_

Preexisting  
None

**4. Propane / Butane / Fuel Tank**

Datum \_\_\_\_\_  
 Original Highest Immediate Adj. Elev. \_\_\_\_\_  
 Depth of Fill Material/Structure \_\_\_\_\_ (Circle one)  
 Minimum Equipment Elevation \_\_\_\_\_  
 Difference \_\_\_\_\_

Preexisting  
None

**5. Certifiers Name**

Company Name \_\_\_\_\_  
 Title \_\_\_\_\_ License Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

PLACE SEAL HERE

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_