## - TOP OF FOUNDATION CERTIFICATION -

| Section A – PROPERTY INFORMATION  |              |                     |                            |              |  |
|---|--------------|---------------------|----------------------------|--------------|--|
| Floodalaia Casa Na  | SECTION A TR | C. Livi I IIVI ONIV | .,                         |              |  |
| Floodplain Case No.   |              | Cito Donaha         | Sita Danchmark Dacignation |              |  |
| Benchmark Designation   |              |                     | Site Benchmark Designation |              |  |
| Benchmark Elevation   |              | <del></del>         | Site Benchmark Elevation   |              |  |
| Benchmark Datum   |              | Date of Sur         | Date of Survey             |              |  |
| SECTION B – BUILDING LAYOUT   |              |                     |                            |              |  |
| NO FILL FOOTING  TYPICAL FOUND  |              | FLOO<br>LAYO        | OR GAF                     | ACHED RAGE F |  |
| Section C – TOP OF FOUNDATION ELEVATIONS  |              |                     |                            |              |  |
| (A)   | D            |                     | (F)                        |              |  |
| B   |              |                     | G                          |              |  |
| <u>C</u>  |              |                     |                            |              |  |
| Section D – ENGINEERING CERTIFICATION   |              |                     |                            |              |  |
| "I certify that the information on this form represents my best efforts to interpret the data available and that the foundation work was done under my direction. All backup notes along with an explanation of any special circumstances [if applicable] are in my personal records and a copy is attached for the user's evaluation." |              |                     |                            |              |  |
| Certifier's Name  License Number  |              |                     | mber                       |              |  |
| Title   | Company Nan  | ne                  |                            |              |  |
| Address   | City         | State               | ZIP code                   |              |  |

Telephone

Date

Signature

STAMP