

~~airtroyp@tc.tel.com~~ airtroy@tc.tel.com

**HAMLIN COUNTY
CONDITIONAL USE PERMIT APPLICATION**

APPLICANT (PRINT): Troy Jurrens **PHONE:** 605-520-4541

ADDRESS: 45849 184TH ST CASTLEWOOD SD 57223

OWNER (PRINT): _____ **PHONE:** _____
IF DIFFERENT THAN APPLICANT

ADDRESS: _____

I/WE, THE UNDERSIGNED, DO HEREBY PETITION THE BOARD OF ADJUSTMENT OF HAMLIN COUNTY, SOUTH DAKOTA, TO ISSUE A CONDITIONAL USE PERMIT FOR THE PROPERTY DESCRIBED AS:

LEGAL DESCRIPTION (PLEASE PRINT OR TYPE) 18370 458TH AVE Record # 7477

GARETH HAMEN ADDITION IN THE
SW4 35-115-52
CASTLEWOOD TOWNSHIP

GENERAL AREA OR STREET ADDRESS:

EXISTING LAND USE: AG **EXISTING ZONING:** AG

SIZE OF PARCEL: ACRES 5.6 **LOT DIMENSIONS:** WIDTH 623' LENGTH DEPTH 401'

SURROUNDING LAND USE:
NORTH: AG
SOUTH: AG
EAST: AG
WEST: AG

PLEASE DESCRIBE WHAT YOU PROPOSE TO DO AND WHY YOU ARE SEEKING A CONDITIONAL USE PERMIT
(ATTACH A SEPARATE SHEET OF PAPER IF NECESSARY)

move in a 30.4' x 52' CHAMPION mobile Home
year model is 2024

SIGNATURE OF APPLICANT [Signature]

SIGNATURE OF OWNER (IF DIFFERENT THAN APPLICANT) _____

NOTE: A SKETCH OF PROPOSED PROPERTY SHALL ACCOMPANY THIS APPLICATION, SHOWING THE FOLLOWING:

- 1. NORTH DIRECTION
- 2. DIMENSIONS OF PROPOSED STRUCTURE
- 3. STREET NAMES
- 4. OTHER INFORMATION AS MAY BE REQUESTED
- 5. LOCATION OF PROPOSED STRUCTURE ON LOT
- 6. DIMENSIONS OF FRONT AND SIDE SETBACKS
- 7. LOCATION OF ADJACENT EXISTING BUILDINGS

PLEASE USE THE ATTACHED SKETCH INSTRUCTION SHEET FOR AN EXAMPLE.

FOR OFFICIAL USE ONLY

DATE FILED WITH ZONING OFFICE: _____
FEE PAID (NON-REFUNDABLE): _____

DATE OF HEARING: _____
ACTION BY BOARD OF ADJUSTMENT: YES _____

NO _____ COND. USE # _____
BUILDING PERMIT # _____

EFFECTIVE DATE: _____

SKETCH INSTRUCTION SHEET

The intent of this sketch is to graphically illustrate the information included in this application. Please use an 8.5 x 11-inch sheet of paper (You may use the backside of the Application). The use of graph paper is preferred.

All information requested must be included on your sketch. Label all distances and dimensions as measured in feet. Please refer to the example sketch at the bottom of this instruction sheet for details.

- Show the size and shape of your property. Label all property lines with the correct distances.
- If your proposed use will include a structure not now on your property, show the location of the proposed structure or addition in relation to your property lines. Show additions to existing structures by means of a dotted line. Show distances from your property line to nearest portion of the structure or addition.
- Show the distance from the front of your structure to both the road centerline and the road right-of-way line. "Front" means the portion of the structure facing the road.
- Show the dimensions of your proposed structure or addition.
- Show roads abutting your property. Label each road by name and/or number (example - Co. Road X, Little Lake Road).
- Show the approximate location of all other structures on your property and label each as to its use (barn, tool shed, garage, etc.)

If your proposed use will include improvement of or alterations to your property besides structures or other than structures, please reflect these improvements on your sketch. Examples of such non-structural improvements or alterations might be: Location of a parking lot for a commercial enterprise, areas of property intended to be filled or drained, location of screening which may be required by provisions of the Zoning Ordinance, etc.

30'-4" x 52' 2024 Champion mobile Home

Troy & Lisa Jurrens
18370 458 Ave
Castlewood, SD 57223

Leger



458 AVE

Google Earth

© 2022 Google

100 ft

← N

FRONT
EAST

RESOLUTION 22-02.

**A RESOLUTION EXCLUDING OR REMOVING TERRITORY IN MUNICIPALITY OF
CASTLEWOOD, SOUTH DAKOTA**

BE IT RESOLVED by the City Council of the City of Castlewood that:

WHEREAS, Gareth and Sharla Hamen Family Trust, being the owners of the real property herein described have petitioned the Mayor and City Council of the City of Castlewood, Hamlin County, South Dakota, to exclude territory in the municipality; and

WHEREAS, notice by publication has been given in the manner and method provided by law; and

WHEREAS, the City Council for the City of Castlewood has considered the petition at a public meeting; and

WHEREAS, the City Council for the City of Castlewood has determined that the territory is one-half mile from the city and is not laid out into lots and blocks and there are no residences or individuals living on the described property; and

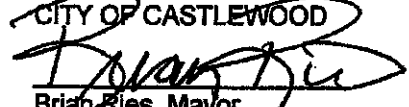
WHEREAS the City Council for the City of Castlewood, Hamlin County, South Dakota, has declared by a two-thirds vote that the territory being considered is hereby excluded from the city limits; now therefore,

IT IS HEREBY RESOLVED by the City Council for the City of Castlewood that it does hereby declare that the territory be excluded or removed from the city limits as set forth in the petition by the owners of all the real property being legally described as:

The Northwest Quarter of the Southwest Quarter, Section 35, Range 115, Township 52, Hamlin County, South Dakota, less the property owned by the City of Castlewood described as Outlot 1 and Outlot 2 of Outlot N, Outlot M and Outlot L of the Plat of Outlot L and Outlot M in the West half of the Southwest Quarter of Section 35, Township 115 North, Range 52 West, in Castlewood City. Outlot "N" of the subdivision entitled "Outlot N, O, P & Q, Castlewood, South Dakota", platted out of the Southwest Quarter (SW1/4) of Section Thirty-five (35), Township One Hundred Fifteen (115) North, Range Fifty-two (52) West of the 5th P.M., Hamlin County, South Dakota, except Outlot and 1 and Outlot 2 of said Outlot N, according to the recorded plats.


IT IS FURTHER HEREBY RESOLVED that this resolution shall be duly published and upon taking effect, then a transcript of this Resolution duly certified by the city finance officer shall be filed and duly recorded in the office of the Hamlin County Register of Deeds.

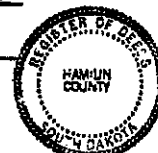
Dated this 7th of February, 2022.

CITY OF CASTLEWOOD

Brian Ries, Mayor

ATTEST:

Cassidy Borer, Finance Officer

0430 MAR 15 2022
State of SD, Hamlin Co. Recorded _____ 20____
at 11:10 A.M in Book 69, of MR page 53
Fees 36
Castlewood 1 pg

REGISTER OF DEEDS



RESOLUTION 22-02.

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WHEREAS, the City Council for the City of Castlewood has considered the petition at a public meeting; and

WHEREAS, the City Council for the City of Castlewood has determined that the territory is one-half mile from the city and is not laid out into lots and blocks and there are no residences or individuals living on the described property; and

WHEREAS the City Council for the City of Castlewood, Hamlin County, South Dakota, has declared by a two-thirds vote that the territory being considered is hereby excluded from the city limits; now therefore,

IT IS HEREBY RESOLVED by the City Council for the City of Castlewood that it does hereby declare that the territory be excluded or removed from the city limits as set forth in the petition by the owners of all the real property being legally described as:

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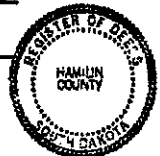
Dated this 7th of February, 2022.

CITY OF CASTLEWOOD
Brian Ries
Brian Ries, Mayor

ATTEST:
Cassidy Borer
Cassidy Borer, Finance Officer

0430 MAR 15 2022
State of SD, Hamlin Co. Recorded _____ 20
at 11:10 A.M In Book 69 of MR page 53

Fees 36
Castlewood 1 pg
Anita Rausch
REGISTER OF DEEDS



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>Troy and Lisa Jurrens</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>NA</u>		Company NAIC Number: _____
City: <u>Castlewood</u> State: <u>SD</u> ZIP Code: <u>57223</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Gareth Hamen Addition in the SW1/4 35-115-52, Hamlin County, South Dakota.</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>44.72116</u> Long. <u>-97.04564</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>1B</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>0</u> 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 checked="" 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>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instructions): <u>0</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable - see Instructions): <u>0</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>1600</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 checked="" 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>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instructions): <u>0</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable - see Instructions): <u>0</u> sq. ft.		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>County of Hamlin</u>		B1.b. NFIP Community Identification Number: _____
B2. County Name: <u>Hamlin</u>	B3. State: <u>SD</u>	B4. Map/Panel No.: <u>460034 / 0075</u> B5. Suffix: <u>A</u>
B6. FIRM Index Date: <u>05/15/1986</u>		B7. FIRM Panel Effective/Revised Date: <u>05/15/1986</u>
B8. Flood Zone(s): <u>A</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>1680.87</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 Model</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

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>Troy and Lisa Jurens</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>NA</u>		Company NAIC Number: _____
City: <u>Castlewood</u>	State: <u>SD</u>	ZIP Code: <u>57223</u>
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Gareth Hamen Addition in the SW1/4 35-115-52, Hamlin County, South Dakota.</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>44.72116</u> Long. <u>-97.04564</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>1B</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>0</u> 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 checked="" 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>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instructions): <u>0</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable - see Instructions): <u>0</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>1600</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 checked="" 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>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instructions): <u>0</u> sq. ft.		
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B1.a. NFIP Community Name: <u>County of Hamlin</u>		B1.b. NFIP Community Identification Number: _____
B2. County Name: <u>Hamlin</u>	B3. State: <u>SD</u>	B4. Map/Panel No.: <u>460034 / 0075</u> B5. Suffix: <u>A</u>
B6. FIRM Index Date: <u>05/15/1986</u>		B7. FIRM Panel Effective/Revised Date: <u>05/15/1986</u>
B8. Flood Zone(s): <u>A</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>1680.87</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 Model</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.: NA	FOR INSURANCE COMPANY USE
City: <u>Castlewood</u> State: <u>SD</u> ZIP Code: <u>57223</u>	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: AC7987 Vertical Datum: NAVD 88

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): | <u>1682.9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>NA</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>NA</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>1682.9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> 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): | <u>1682.1</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>1682.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>1682.9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>NA</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> 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: Colin B DeJong License Number: 11310

Title: Land Surveyor

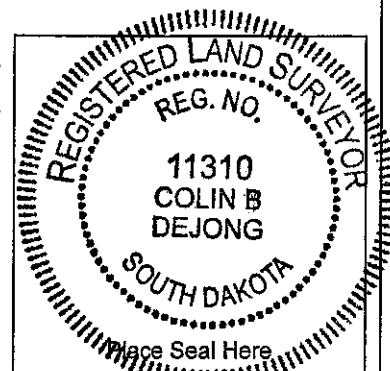
Company Name: Aason Engineering Company, Inc

Address: 1022 6th St SE

City: Watertown State: SD ZIP Code: 57201

Telephone: (605) 882-2371 Ext.: _____ Email: colindejong@iw.net

Signature:  Date: 11-16-23



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):

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.: NA	FOR INSURANCE COMPANY USE
City: <u>Castlewood</u> State: <u>SD</u> ZIP Code: <u>57223</u>	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 (C2.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: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

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.:

NA

FOR INSURANCE COMPANY USE

Policy Number: _____

City: Castlewood State: SD ZIP Code: 57223

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.:
NA

City: Castlewood State: SD ZIP Code: 57223

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 higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

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: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

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.: NA	FOR INSURANCE COMPANY USE
City: <u>Castlewood</u> State: <u>SD</u> ZIP Code: <u>57223</u>	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:	<input type="button" value="Clear Photo One"/>
Photo Two	
Photo Two Caption:	<input type="button" value="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.:
NA

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: Castlewood State: SD ZIP Code: 57223

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:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four