OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATEIMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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: The Guild of Saint Agnes of Worcester, Inc	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 248 Mill Street	Company NAIC Number:					
City: Worcester State: MA	ZIP Code: 01602					
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Numbers Seesors Map 51 - Block 06 - Lot 248	nber:					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Commercial						
A5. Latitude/Longitude: Lat. 42°15'13.38" N Long. 71°50'39.75" W Horizontal Datum:	AD 1927 NAD 1983 WGS 84					
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	g (see Form pages 7 and 8).					
A7. Building Diagram Number: 1B						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.						
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	☐ Yes ☐ No ☒ N/A					
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings: N/A Engineered flood openings: N/A	above adjacent grade:					
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.						
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ons): N/A sq. ft.					
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.						
A9. For a building with an attached garage:						
a) Square footage of attached garage: N/A sq. ft.						
b) Is there at least one permanent flood opening on two different sides of the attached garage?	Yes No N/A					
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _N/A						
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.						
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): N/A 0.00 sq. ft.						
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A 0.00 sq. ft.						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION					
B1.a. NFIP Community Name: City of Worcester B1.b. NFIP Community Idea	ntification Number: 250349					
B2. County Name: Worcester B3. State: MA B4. Map/Panel No.: 2	25027C0613 B5. Suffix: E					
B6. FIRM Index Date: 07/04/2011 B7. FIRM Panel Effective/Revised Date: 07/04/20	11					
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): 507.8					
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: FIS FIRM Community Determined Other:	_					
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/	/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation Date:	ected Area (OPA)? Yes No					
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No					

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box 248 Mill Street	NO	OR INSURANCE COMPANY USE			
City: Worcester State: MA ZIP Code: 01602	npany NAIC Number:				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REC	QUIRED)			
C1. Building elevations are based on: Construction Drawings* Building Under A new Elevation Certificate will be required when construction of the building is com		Finished Construction			
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 Benchmark MANB 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 If Yes, describe the source of the conversion factor in the Section D Comments area.	on factor used?	☐ Yes ☒ No Check the measurement used:			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	509.1				
b) Top of the next higher floor (see Instructions):	N/A	feet _ meters			
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	feet meters			
d) Attached garage (top of slab):	N/A	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): 	509.8	0 🛛 feet 🗌 meters			
f) Lowest Adjacent Grade (LAG) next to building: X Natural Trinished	503.2	0 🛛 feet 🗌 meters			
g) Highest Adjacent Grade (HAG) next to building: Natural Finished	509.1	0 🛛 feet 🗌 meters			
 h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 	508.0	0 ⊠ feet ☐ meters			
SECTION D - SURVEYOR, ENGINEER, OR ARCHITE	CT CERTIFIC	ATION			
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: Edwin Gless License Number: 39045					
Title: President					
Company Name: Existing Grade, Inc					
Address: 62 Riedell Road					
City: Douglas State: MA ZIP Code: 0	1516	TAN OF THE LOS			
Signature: Edwin Gless Digitally signed by Edwin Gless Date: 2023.10.05 12:10:54 -04'00' Date: 10/05/2023					
Telephone: (508) 694-6501 Ext.: Email: ed@existinggrade.com		Place Seal Here			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2)	insurance agen	t/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): Building is a single story slab on grade (Building Diagram 1B) serviced by a gas fired hot water heater located in a utility room at the northwest corner of the building - installed on a recently constructed 4" concrete footing. All additional machinery & equipment is either wall mounted at a higher elevation than 509.80'.					
BFE elevation determined from Flood Study Profile, Sheet 301P, Tatnuck Brook	(attached he	reto).			

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE		
248 Mill Street City: Worcester State: MA ZIP Code: 01602	Policy Number: Company NAIC Number:		
CECTION E DINE MEACUREMENT INCOMATION (CURV			
SECTION E – BUILDING MEASUREMENT INFORMATION (SURV FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHO			
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use nati intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the enter meters.			
Building measurements are based on: Construction Drawings* Building Under Constru*A new Elevation Certificate will be required when construction of the building is complete.	uction* Finished Construction		
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check to measurement is above or below the natural HAG and the LAG.	ne appropriate boxes to show whether the		
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	ers above or below the HAG.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	ers above or below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 ar next higher floor (C2.b in applicable Building Diagram) of the building is:			
According to the Control of the Cont	ers above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is:	ers 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 floodplain management ordinance? Yes No Unknown The local official	n accordance with the community's I must certify this information in Section G.		
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRES	ENTATIVE) CERTIFICATION		
The property owner or owner's authorized representative who completes Sections A, B, and E for sign here. The statements in Sections A, B, and E are correct to the best of my knowledge	or Zone A (without BFE) or Zone AO must		
Check here if attachments and describe in the Comments area.			
Property Owner or Owner's Authorized Representative Name: Edwin Gless - P.L.S. #39045	- Existing Grade, Inc		
Address: 62 Riedell Road			
City: Douglas State:	MA ZIP Code: 01516		
Signature: Edwin Gless Digitally signed by Edwin Gless Date: 2023.10.05 12:11:26 -04'00' Date: 10/05/2023			
Telephone: (508) 694-6501 Ext.: Email: ed@existinggrade.com			
Comments: BFE elevation determined from Flood Study Profile, Sheet 301P, Tatnuck Brook (attached hereto). All elevation provided in Section C2 referenced above determined from a total station field survey conducted by Existing Grade, Inc in August of 2023 and represent post construction elevations.			

	g Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P fill Street	O. Route and Box No.:	FOR INSURANCE COMPANY USE	
City: \	City: Worcester State: MA ZIP Code: 01602 Policy Number: Company NAIC Number:			
	SECTION G - COMMUNITY INFORMATION (RECOMM	ENDED FOR COMMUNI	TY OFFICIAL COMPLETION)	
	cal official who is authorized by law or ordinance to administer the A, B, C, E, G, or H of this Elevation Certificate. Complete the a			
G1.	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 E5 is completed for a building located in Zone AO.	n Zone A (without a BFE), Zo	one AO, or Zone AR/AO, or when item	
G2.b.	☐ A local official completed Section H for insurance purposes	3 .		
G3.	☐ In the Comments area of Section G, the local official descri	ibes specific corrections to t	he information in Sections A, B, E and H.	
G4.	☐ The following information (Items G5–G11) is provided for c	ommunity floodplain manag	ement purposes.	
G5.	Permit Number: G6. Date Perm	nit Issued:		
G7.	Date Certificate of Compliance/Occupancy Issued:			
G8.	This permit has been issued for:	ubstantial Improvement		
G9.a.	Elevation of as-built lowest floor (including basement) of the building:		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: The feet meters Datum:				
G11.	Variance issued? ☐ Yes ☒ No If yes, attach document	ation and describe in the Co	omments 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: Eric Flint, CFM Title: Conservation Planner/Agent				
	Community Name: City of Worcester, MA			
Telephone: 508-688-0569 Ext.: Email: FlintE@WorcesterMA.gov				
Address: 455 Main Street, Room 404				
City:	Worcester	State: MA	ZIP Code: 01608	
1/1				
Signature: Date: <u>8/6/2024</u>				
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):				

Building Street Address (including Apt., Unit, Su	uite, and/or Bldg. No.) or f	P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
248 Mill Street	Policy Number:		
City: Worcester	State: MA	ZIP Code: <u>01602</u>	Company NAIC Number:
		HEIGHT INFORMATION INSURANCE PURPOSE	
The property owner, owner's authorized repre to determine the building's first floor height for nearest tenth of a foot (nearest tenth of a met instructions) and the appropriate Building	rinsurance purposes. Se er in Puerto Rico). Refe l	ections A, B, and I must also rence the Foundation Type	be completed. Enter heights to the Diagrams (at the end of Section H
H1. Provide the height of the top of the floor (as indicated in Foundati	ion Type Diagrams) above the	e Lowest Adjacent Grade (LAG):
 a) For Building Diagrams 1A, 1B, 3, ar floor (include above-grade floors only for subgrade crawlspaces or enclosure floors 	buildings with		meters above the LAG
 b) For Building Diagrams 2A, 2B, 4, ar higher floor (i.e., the floor above basement enclosure floor) is: 		[feet [meters above the LAG
H2. Is all Machinery and Equipment servicing H2 arrow (shown in the Foundation Type Yes No			
SECTION I - PROPERTY OWN	IER (OR OWNER'S A	UTHORIZED REPRESEN	NTATIVE) CERTIFICATION
The property owner or owner's authorized rep A, B, and H are correct to the best of my know indicate in Item G2.b and sign Section G.			
Check here if attachments are provided (in	372 X X	***************************************	
Property Owner or Owner's Authorized Repre	sentative Name: <u>Edwin</u>	i Gless - P.L.S. #39045 - E	existing Grade, Inc
Address: 62 Riedell Road	<u> </u>	Ohata A	44 700 4 04540
City: Douglas			MA ZIP Code: 01516
	igitally signed by Edwin Gle ate: 2023.10.05 12:11:54 -		
Telephone: (508) 694-6501 Ext.:	Email: ed@exis	tinggrade.com	
Comments: BFE elevation determined from Flood Stu Section C2 referenced above determined and represent post construction elevation	from a total station fie		

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 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.:				FOR INSURANCE COMPANY USE
248 Mill Street City: Worcester	State:	MA	ZIP Code: 01602	Policy 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: Front Face/Building Entrance

Clear Photo One



Photo Two

Photo Two Caption: West Side of Building

Clear Photo Two

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

	Contin	uation Page	
Building Street Address (including Ap	t., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
248 Mill Street City: Worcester	State: MA	ZIP Code: 01602	Policy Number: Company NAIC Number:
Insert the third and fourth photograp View," or "Left Side View." When flo vents, as indicated in Sections A8 a	od openings are present, includ	ohs with the date taken and "Fride at least one close-up photogon	ront View," "Rear View," "Right Side graph of representative flood openings or
	Pho	oto Three	
Photo Three Caption: Southwest I	Face of Building		Clear Photo Three

Photo Four

Photo Four Caption: East Side of Building

Clear Photo Four

