U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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 INSU	RANCE COMPANY USE	
A1. Building Owner's Name					Policy Nun	nber:	
Salloom Realty Corporation							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Company	NAIC Number:	
633 Park Avenue							
City				State		ZIP Code	
Worcester				Massacl		01603	
A3. Property Description Assessor's reference	`	nd Block Numbers, Ta 0013	ax Parcel	Number, Le	gal Description, et	c.)	
A4. Building Use (e.	g., Residen	tial, Non-Residential,	Addition	, Accessory,	etc.) Commerc	ial	
A5. Latitude/Longitu	de: Lat. 42	2.246799	Long7	1.833802	Horizonta	l Datum: NAD	1927 🔀 NAD 1983
A6. Attach at least 2	 photograp !	hs of the building if the	– e Certific	ate is being ι	 used to obtain floo	d insurance.	
A7. Building Diagran	n Number	1B		_			
		pace or enclosure(s):					
a) Square foota	ge of crawl	· space or enclosure(s)			N/A sq ft		
, ,	_	ood openings in the cr		e or enclosure		t above adiacent qu	rade N/A
c) Total net area			•	N/A sqir	• •	, 0	
d) Engineered f			ula.		•		
, -			No				
A9. For a building wit	th an attach	ned garage:					
a) Square foota	ge of attach	ed garage		N/A sq ft			
b) Number of pe	ermanent flo	ood openings in the at	tached g	arage within	1.0 foot above adj	acent grade N/A	
c) Total net area	of flood op	penings in A9.b		N/A sq	in		
d) Engineered fl	d) Engineered flood openings?						
, ,							
	SE	CTION B – FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community	/ Name & C	Community Number		B2. County	Name		B3. State
25027C0802E			Worcester		Massachu:		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood I (Zone AO, us	Elevation(s) se Base Flood Depth)
25027C0802E		07-04-2011			AE	478.7	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source:							
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 Protected Area (OPA)? 🗌 Yes 🔀 No							
Designation Da	ate:		CBRS	OPA			_

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

γ							
IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/or 633 Park Avenue	Policy Numb	Policy Number:					
City	Company N	Company NAIC Number					
Worcester Ma	ssachusetts 01	603					
SECTION C – BUILDING EL	EVATION INFORMA	TION (SURVEY R	EQUIRED)				
	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, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.							
Benchmark Utilized: GPS	Vertical Datum	n: NAVD88		_			
Indicate elevation datum used for the elevations in it	ems a) through h) bel	ow.					
☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/S	-			· · · · · · · · · · · · · · · · · · ·			
Datum used for building elevations must be the sam	e as that used for the	BFE.	Check the	e measurement used.			
a) Top of bottom floor (including basement, crawlsp	sace or enclosure floc	r					
	ace, or enclosure noo	0		eet meters			
b) Top of the next higher floor		-					
c) Bottom of the lowest horizontal structural member	r (V Zones only)	-		eet meters			
d) Attached garage (top of slab)			N/A fe	eet			
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 			479.8 X fe	eet meters			
f) Lowest adjacent (finished) grade next to building	(LAG)		478.8 X fe	eet meters			
g) Highest adjacent (finished) grade next to building	(HAG)		479.0 X fe	eet meters			
h) Lowest adjacent grade at lowest elevation of dec	k or stairs, including						
structural support			<u>N/A</u>	eet meters			
SECTION D – SURVEYOR,	ENGINEER, OR AR	CHITECT CERTIF	ICATION				
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to inte	erpret the data availa	y law to certify able. I understa	elevation information. and that any false			
Were latitude and longitude in Section A provided by a lie	censed land surveyor?	Yes No	e samuela balonde	here if attachments.			
Certifier's Name	License Number						
Brendan P. Sullivan P.E., P.L.S.		the state of the s	المل	TH OF MASS			
Project Manager BRENDAN BRENDAN							
Company Name	300	P. TIE					
Cavanaro Consulting	1	No. 46922					
Address 687 Main Street			13				
	21-1-	710 0-1-	1	PEGISTERE			
City Norwell	State Massachusetts	ZIP Code 02061	7	WAL LAND			

Signature	Date 06-01-2021	Telephone (781) 659-8187	Ext. Ext. 103				
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.							
Comments (including type of equipment and location, per C2(e), if applicable)							
HVAC Equipment located outside structure.							
				10			

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMP	ORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE					
Buil	ding Street Address (including Apt., Unit, Suite, ar	Policy Number:					
633	Park Avenue						
City		State	ZIP Code	Company NAIC Number			
Wo	rcester	Massachusetts	01603				
	SECTION E – BUILDING E FOR ZON	LEVATION INFORM IE AO AND ZONE A		REQUIRED)			
con	For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.						
E1.	E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).						
	Top of bottom floor (including basement, crawlspace, or enclosure) is		feet meter	rs above or below the HAG.			
	 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet meter	rs above or below the LAG.			
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in	Section A Items 8 and/or				
E3.	Attached garage (top of slab) is		feet mete	rs above or below the HAG.			
E4.	Top of platform of machinery and/or equipment servicing the building is			rs above or below the HAG.			
E5.	Zone AO only: If no flood depth number is available floodplain management ordinance? Yes			cordance with the community's certify this information in Section G.			
	SECTION F - PROPERTY OW	NER (OR OWNER'S	REPRESENTATIVE) CI	ERTIFICATION			
The con	e property owner or owner's authorized represental nmunity-issued BFE) or Zone AO must sign here.	tive who completes Se Γhe statements in Sec	ections A, B, and E for Zo tions A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.			
Pro	perty Owner or Owner's Authorized Representative	e's Name					
Add	Iress	City		ate ZIP Code assachusetts			
Sig	nature	Date	e Te	elephone			
Cor	mments						
				Check here if attachments.			

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St 633 Park Avenue	uite, and/or Bldg. N	lo.) or P.O. Route and Bo	ox No.	Policy Number:			
City Worcester	State Massachus	ZIP Code setts 01603		Company NAIC Number			
SECTION G – COMMUNITY INFORMATION (OPTIONAL)							
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.							
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation						
G2. A community official completed Section or Zone AO.	on E for a building	located in Zone A (witho	ut a FEMA	A-issued or community-issued BFE)			
G3. The following information (Items G4-	-G10) is provided f	or community floodplain r	managemo	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Constructio	n	ement				
G8. Elevation of as-built lowest floor (including of the building:	g basement) -		feet	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at	the building site:		feet	meters Datum			
G10. Community's design flood elevation:	-		feet	meters Datum			
Local Official's Name		Title					
Community Name		Telephone					
Signature		Date					
Comments (including type of equipment and loc	cation, per C2(e), i	f applicable)					
☐ Check here if attachments.							

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt. 633 Park Avenue	Unit, Suite, and/or Bldg. No.) or P	.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Worcester	Massachusetts	01603	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front and Left

Clear Photo One



Photo Two

Photo Two Caption Right and Rear

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022 Continuation Page

IMPORTANT: In these spaces, copy the correspond	ding information fro	m Section A.	FOR INSURANCE	COMPANY USE	
Building Street Address (including Apt., Unit, Suite, ar 633 Park Avenue	nd/or Bldg. No.) or P.0	O. Route and Box No.	Policy Number:		
City	State	ZIP Code	Company NAIC Nu	mher	
_		01603	Company NAIC NU	IIIDEI	
Worcester	Massachusetts	01003			
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.					
	Photo Thre	ee			
	Photo Three				
Photo Three Caption				Clear Photo Three	
	Photo For	114			
	Photo Fot	ur			
	Photo Four				
Photo Four Caption				Clear Photo Four	