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ELEVATION CERTIFICATE

O.M.B. No 3067-0077
Expires May 31, 1993

FEDERAL EMERGENCY MANAGEMENT AGENCY

NATIONAL FLOOD INSURANCE PROGRAM

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirements. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION

BUILDING OWNER'S NAME Baxter Companies	FOR INSURANCE COMPANY USE	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER 143 Rivershire Lane	POLICY NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.) See Plat of Survey	COMPANY NAIC NUMBER	
CITY Lincolnshire	STATE IL	ZIP CODE 60069

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)
170378	0005	C	6/11/82	A3, B	646.9

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 1.

- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4) RM1
5. The reference level elevation is based on: actual construction construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement _____

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below.-The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C 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.C. Section 1001.

Paul H. Ulatowski, P.E.

38298

REGISTERED

PROFESSIONAL

ENGINEER

OF

ILLINOIS

CERTIFIER'S NAME

Partner

LICENSE NUMBER (or Affix Seal)

Henderson and Bowtell

TITLE

124 West Diversey

COMPANY NAME

Elmhurst

ADDRESS

CITY

3/1/96

(708) 834-9406

STATE

60126

ZIP

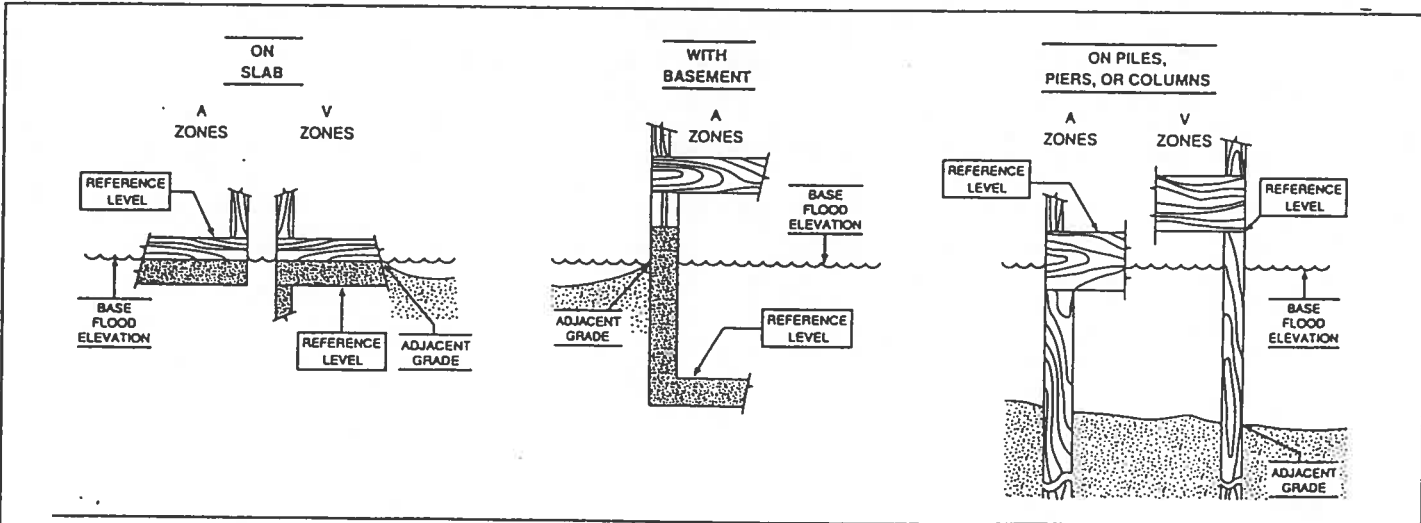
SIGNATURE

DATE

PHONE

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.

WATERSHED DEVELOPMENT PERMIT APPLICATION

OFFICE USE	1. COMMUNITY AND STATUS <u>LINCOLNSHIRE</u> Certified <input type="checkbox"/> Non-Certified <input checked="" type="checkbox"/>	2. DATE APP. REC.'D. (office use only) <u>7-17-95</u>	3. STORMWATER APP. AMT NO. <u>95-28-077</u>	4. COMMUNITY APP. NO. (to be assigned by Community)

5. NAME, ADDRESS, AND TITLE OF APPLICANT <u>BAXTER HOMES CORP. ATTN. JOHN McFARLAND</u> <u>2020 CHESTNUT, AVE</u> <u>GLENVIEW, IL 60025</u> Telephone No. During Business Hours: <u>NC (708) 998-9400</u> FAX No. <u>708-</u>	6. NAME AND ADDRESS OF OWNER <u>BAXTER HOMES CORP.</u> <u>2020 CHESTNUT AVE</u> <u>GLENVIEW, IL 60025</u> Telephone No. During Business Hours: <u>NC (708) 998-9400</u> FAX No. _____
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7. Indicate which of the following conditions apply:

<input type="checkbox"/> EXEMPT, Watershed Development Permit is not required. (TV,A,2)	<input type="checkbox"/> Hydrologically disturbs 5000 sq. ft. or more.
<input type="checkbox"/> No floodplain but permit required. (TV,A,1)	<input type="checkbox"/> Watercourse with drainage area > 20 acres (TV,A,1,c)
<input checked="" type="checkbox"/> Located in a floodplain, or impacts part of a floodplain. (TV,A,1)	<input type="checkbox"/> BFE or floodway determination (TV,C,1,c, and 5)
<input type="checkbox"/> Development in a floodway. (TV,A,1)	<input type="checkbox"/> Classified as a minor development. (TV,A,3,a)
<input type="checkbox"/> A floodplain map revision or amendment (SMC or FEMA map).(TV,C,3,d)	<input type="checkbox"/> Classified as a major development (TV, A,3,b).
<input type="checkbox"/> Filling of a riverine or depressional storage areas. (TV,C,1,d,(6))	<input type="checkbox"/> Public road development. (TV,A,3,b)
<input type="checkbox"/> Pre-application meeting held _____.	<input type="checkbox"/> Conditional approval requested. (TV,A,4,a)
	<input type="checkbox"/> Earth change approval requested. (TV,A,4,b)

Note: Ordinance cross references are for the Lake Co. SMC ordinance effective Oct. 18, 1992 (As amended July 12, 1994).

8. DESCRIPTION OF PROPOSED DEVELOPMENT A). Written Statement: <u>Construction of Single Family Home on lot known as 143 Rivershire Lane, Lincolnshire, IL per attached plat and location maps.</u>	B). Stormwater Data Summary: Total Property Ownership (acres) = _____ Permit Development Size (acres) = _____ Ultimate Development Size (acres) = _____ Proposed Impervious Area (acres) = _____ Existing Impervious Surface (acres) = _____ Compensatory Storage (acre-feet) Riverine = _____ Non-Riv. = _____ No. of Control Structures (one per basin) = _____ Q2 Release Rate (cfs) for each basin = <u>1/1</u> Q100 Release Rate (cfs) for each basin = <u>1/1</u> Watercourse Drainage Area (acres) for each watercourse = <u>1/1</u> Detention Vol. Required (acre-feet) = <u>1/1</u>
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RECEIVED
JUL 17

9. LOCATION OF DEVELOPMENT <u>143 RIVERSHIRE LANE</u> Street Address <u>LINCOLNSHIRE, IL 60069</u> Municipality <u>DES PLAINES</u> Watershed Planning Area & Tributary Names (See SMC map)	10. LEGAL DESCRIPTION <u>2AS+</u> <u>22</u> <u>43</u> <u>11</u> 1/4 Section Section Township Range PIN <u>15-22-201-158</u> If more than one PIN exists for the project, please include on a separate attachment Name of the Development <u>RIVERSHIRE</u> Owner Name for lots <u>143 RIVERSHIRE LANE</u>
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Permit Type	Issuing Agency	Permit Number	Application Filing Date	Permit Issue Date
<u>BUILDING PERMIT</u>	<u>VILLAGE OF LINCOLNSHIRE</u>			<u>NOT FILED YET</u>

12. UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I realize that the information that I have affirmed hereon forms a basis for the issuance of the Watershed Development Permit(s) herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of any applicable ordinance or to excuse the owner or his successors in title from complying therewith.

John M. J. [Signature] 7/17/95
Signature of Owner, or Authorized Agent Date Professional Engineer P.E.# Date

13. PERMIT REVIEW FEES (separate checks) Amount	Received By/Title
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Construction of Single Family Home on lot known as 143 Rivershire Lane, Lincolnshire, IL per attached plat and location maps.

RECEIVED
JUL 17

Ultimate Development Size (acres)	-
Proposed Impervious Area (acres)	-
Existing Impervious Surface (acres)	-
Compensatory Storage (acre-feet)	Riverine - Non-Riv. -
No. of Control Structures (one per basin)	-
Q2 Release Rate (cfs) for each basin	- / /
Q100 Release Rate (cfs) for each basin	- / /
Watercourse Drainage Area (acres) for each watercourse	- / /
Detention Vol. Required (acre-feet)	- / /

9. LOCATION OF DEVELOPMENT

143 RIVERSHIRE LANE
Street Address
LINCOLNSHIRE, IL 60069
Municipality
DES PLAINES
Watershed Planning Area & Tributary Names (Sec SMC map)

10. LEGAL DESCRIPTION

EAST 22 43 11
1/4 Section Section Township Range
PIN 15-22-201-158
If more than one PIN exists for the project, please include on a separate attachment
Name of the Development RIVERSHIRE
Owner Name for lots 143 RIVERSHIRE LANE

11. LIST ALL LOCAL, STATE, AND FEDERAL PERMIT APPLICATION, OR APPROVAL LETTERS REQUIRED OF DEVELOPMENT

Permit Type	Issuing Agency	Permit Number	Application Filing Date	Permit Issue Date
Building PERMIT	VILLAGE OF LINCOLNSHIRE			NOT FILED YET

12. UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I realize that the information that I have affirmed hereon forms a basis for the issuance of the Watershed Development Permit(s) herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of any applicable ordinance or to excuse the owner or his successors in title from complying therewith.

John McI 1/24/95
Signature of Owner, or Authorized Agent Date Professional Engineer P.E.# Date

13. PERMIT REVIEW FEES (separate checks)
Amount

Received By/Title
Community \$ _____
Lake Co. SMC \$ 200. 7-17-95 - Anna Mander / OFFICE MANAGER

14. VARIANCE REQUEST Date Requested _____ Date Advertised _____ Date Approved/Denied _____

15. CONSTRUCTION ESTIMATES

Amount
Probable cost to construct stormwater facilities \$ _____
Probable cost to implement and maintain sediment and erosion plan \$ _____

16. SECURITIES (if required)

Amount
Development Security \$ _____
Sediment & Erosion Control Security \$ _____
TOTAL SECURITY \$ _____

17. FINAL APPROVALS

Date of Plans	Date of Signature	Approved By/Title	P.E.#
Community Professional Engineer			
Lake Co. Stormwater Management Commission 10-19-95	10-30-95	Ed Sam / PERM. ENGINEER	062-049541
Enforcement Officer 10/30/95	10/30/95	John McI	062-044807

FOR OFFICE USE

FEDERAL EMERGENCY MANAGEMENT AGENCY
COMMUNITY ACKNOWLEDGMENT OF REQUESTS
INVOLVING FILL

O.M.B. Burden No. 3067-0147
Expires July 31, 1997

FEMA USE ONLY

PUBLIC BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average .88 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden, to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, S.W., Washington, DC 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0147), Washington, DC 20503.

Village of Lincolnshire

Community Name

143 Rivershire Lane

Property Name or Address

We hereby acknowledge receipt and review of this Letter of Map Revision request and have found that the completed or proposed project meets or is designed to meet all of the community's applicable floodplain management regulations, including the requirement that no fill be placed in the adopted regulatory floodway. We understand that this request is being forwarded to FEMA for a possible map revision. For proposed projects, we understand that FEMA is being asked to provide comments on the potential effects of this project on the flood hazards of our community.

Community comments on the proposed project: _____

Community Official's Name: _____
(please print or type)

Address: One Olde Half Day Road
Lincolnshire, IL 60069
(please print or type)

Daytime Telephone Number: (847) 883-8600

Frank C. Lindlow
Community Official's Signature

3-12-96
Date

Director of Public Works
Community Official's Title