

Late Properties
Justification Letter
17222 Sabillasville Rd.

INTRODUCTION

The property is adjacent to a branch of Friends Creek located at the rear of the property. Access to the parcel is from Sabillasville Road. The owners, Michael & Holly Late, plan to use this as a rental property. The original structure was built in 1943. The owners propose to fully gut and renovate the interior of the home. Due to the age and condition of the home, improvements will exceed 50% of the market value of the structure and would therefore be classified as a substantial improvement. Lot detail are as follows:

Owners: **Michael and Holly Late**

Address: **17222 Sabillasville Road, Sabillasville MD 21780**

Plat: **No. 6 P-11**

Area: **1,464 SF**

Legal Description: **LT .66 AC W/S RT 550 NR SABILLASVILLE**

Property Acct. No: **10-272068 District 10**

PROPOSED LAND USE

The owners, Michael and Holly Late, propose to use this property as a rental property. The renovation to this property requires the Board of Appeals to approve a variance/special exception in a flood plain.

ACTIVITIES WITHIN THE FLOOD PLAIN

Base Flood Elevation for the above referenced property is 1130.0 per the elevation certificate.

§ 1-19-9.110. ACTIVITIES WITHIN FLOODPLAIN DISTRICT.

(C) *Building standards.*

(1) *Elevation.*

(a) The elevation of the lowest floor (see definition of "lowest floor") of all substantially improved or replaced structures shall be at least 1 foot above the elevation of the 100 year flood. Basements are prohibited.

Lowest floor elevation is a minimum of 1 foot above the elevation of the 100 year flood.

(b) All applicants shall agree in writing to provide an elevation certificate completed by a registered professional engineer or surveyor to certify the lowest floor (as built) of any structure is elevated above the 100-year flood. An Elevation Certificate must be submitted before a Zoning Certificate may be approved.

Late Properties
Justification Letter
17222 Sabillasville Rd.

Owner will provide the elevation certificate.

(4) Utilities.

(a) Electric: All electric utilities to the building side of the meter, both interior and exterior to the building, must comply with all requirements of this chapter. Distribution panel boxes must be at least 2 feet above the Flood Protection Elevation. All outlets and electrical installations, such as heat pumps, air conditioners, water heaters, furnaces, generators, distribution systems, including duct work, must be installed at or above the Flood Protection Elevation. Replacement HVAC equipment shall be elevated to the Flood Protection Elevation unless proven to be impractical.

Panel box and outlets in the basement are a minimum of 2' above the flood protection elevation of 1130.0.

(b) Plumbing: Toilets, sinks, showers, water heaters, pressure tanks, furnaces, and other permanent plumbing installations must be installed at or above the Flood Protection Elevation.

All plumbing, with the exception of the sump pump is located above the flood protection elevation of 1130.0.

(c) Gas: Gas meters and gas appliances must be installed at or above the Flood Protection Elevation.

No gas appliances.

PROCEDURES WITHIN THE FEMA FLOODPLAIN

1-19-9.120. PROCEDURES FOR ACTIVITIES WITHIN THE FEMA FLOODPLAIN.

(A) The Board of Appeals shall review the following activities within the FEMA floodplain: substantial improvements, substantial improvements due to existing structures substantial damage, replacement or relocated dwelling units (including manufactured homes), the addition of accessory buildings, the expansion or replacement of an existing nonconforming use, or development of an existing parcel of record lying totally within the FEMA floodplain. Applications to allow new structures or fill to be placed in the floodway shall not be considered. The Board of Appeals may grant an application for approval for activity within the FEMA floodplain when the Board specifically finds that:

(1) Failure to grant the application for approval would result in exceptional hardship to the applicant; and

Failure to grant approval would result in additional loss for the owners due to prolonging project completion. As a result, the property would not be occupied,

Late Properties
Justification Letter
17222 Sabillasville Rd.

their investment would be a loss. They would be unable to receive rents to compensate investment.

(2) The granting of an application for approval would not increase flood heights, add threats to public safety, result in extraordinary public expense, create nuisances, cause fraud or victimization of the public or conflict with existing local laws or ordinances; and

Owners agree, granting approval would not increase flood heights, add threats to public safety, result in extraordinary public expense, create nuisances, cause fraud or victimization of the public or conflict with existing local laws or ordinances.

(3) The granting of an application for approval would not allow new structures or fill to be placed in the floodway; and

Owners acknowledge. No new structures, no new fill will be placed in the floodway.

(4) The granting of an application for approval is the minimum necessary considering the flood hazard to provide relief and that public funds may not be available to mitigate the results of the approval; and

Owners acknowledges that approval is the minimum necessary considering the floor hazard to provide relief. Public funds may not be available to mitigate the results of the approval.

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, ARA, 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*.

ELEVATION CERTIFICATE

IMPORTANT: 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:	<u>MICHAEL & Holly LATE</u>	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	<u>17222 SABILLASVILLE RD.</u>	
City:	<u>SABILLASVILLE</u>	State: <u>MD</u> ZIP Code: <u>21780</u>
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:	<u>TAX MAP C PARCEL 11</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.):	<u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>39-42-22.44</u> Long. <u>77-27-47.0</u>	Horizontal 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 photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number:	<u>2A</u>	
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s):	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 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: _____ Engineered flood openings: _____		
d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: _____ 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 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: _____ Engineered flood openings: _____		
d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name:	<u>FREDERICK COUNTY</u>	
B1.b. NFIP Community Identification Number:	<u>240027</u>	
B2. County Name:	<u>FREDERICK</u>	B3. State: <u>MD</u> B4. Map/Panel No.: <u>0029</u> B5. Suffix: <u>E</u>
B6. FIRM Index Date:	<u>8/1/23</u>	B7. FIRM Panel Effective/Revised Date: <u>8/1/23</u>
B8. Flood Zone(s):	<u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>1130.0</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other:		
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 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 PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 17222 SABILLASVILLE Rd.	FOR INSURANCE COMPANY USE
City: SABILLASVILLE	Policy Number: _____
State: MD.	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: **OPUS STATION 1122.0** 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.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):

1123.48 feet meters

b) Top of the next higher floor (see Instructions):

1130.61 feet meters

c) Bottom of the lowest horizontal structural member (see Instructions):

— feet meters

d) Attached garage (top of slab):

— 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):

1124.98 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished

1125.06 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished

1128.79 feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:

1128.06 feet 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.

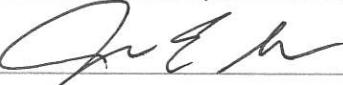
Certifier's Name: **James Gauss** License Number: **0446**

Title: **OWNER**

Company Name: **RF GAUSS & ASSOC. INC.**

Address: **103 E. MAIN ST.**

City: **EMMITSBURG** State: **MD.** ZIP Code: **21727**

Signature: 

Date: **3/5/24**

Telephone: **301-447-7222** Ext.: _____ Email: **JimGauss@RFGauss.com**

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):

Water heater lowest mechanical



ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>17222 SABILLASVILLE RD.</u>	FOR INSURANCE COMPANY USE
City: <u>SABILLASVILLE</u>	Policy Number: _____
State: <u>MD</u>	Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

N/A

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: Michael & Holly Late

Address: 27 Howard Street

City: Thurmont

State: MD ZIP Code: 21788

Signature: m & h late

Date: 3/8/24

Telephone: 240.674.2956 Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 17222 SABILLASVILLE RD	FOR INSURANCE COMPANY USE
City: SABILLASVILLE State: MD ZIP Code: 21780	Policy Number: _____ Company NAIC Number: _____
SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)	
<p>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:</p>	
G1. <input type="checkbox"/> 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. <input type="checkbox"/> 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 E8 is completed for a building located in Zone AO.	
G2.b. <input type="checkbox"/> A local official completed Section H for insurance purposes.	
G3. <input type="checkbox"/> In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.	
G4. <input type="checkbox"/> 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement	
G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____	
G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____	
G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____	
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____	
G11. Variance issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation and describe in the Comments area.	
<p>The local official who provides information in Section G must sign here. <i>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.</i></p>	
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 PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>17222 SABILLASVILLE RD.</u>	FOR INSURANCE COMPANY USE
City: <u>SABILLASVILLE</u> State: <u>MD.</u> ZIP Code: <u>21788</u>	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 5-9. Top of bottom floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: 1123.48 feet meters above the LAG

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: 1130.61 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: Michael & Holly Late

Address: 27 Howard Street

City: Thurmont

State: MD ZIP Code: 21788

Signature: ml late

Date: 3/8/24

Telephone: 240.674.2956 Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
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.: <u>17222 SABILLASVILLE RD</u>	FOR INSURANCE COMPANY USE
City: <u>SABILLASVILLE</u>	Policy Number: _____
State: <u>MD</u>	Company NAIC Number: _____
ZIP Code: <u>21780</u>	

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	<i>attached</i>
Photo One Caption:	<input type="button" value="Clear Photo One"/>
Photo Two	<i>attached</i>
Photo Two Caption:	<input type="button" value="Clear Photo Two"/>

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

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

17222 SABILLASVILLE RD.

City: SABILLASVILLE

State: MD ZIP Code: 21790

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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

attached

Photo Three Caption:

Clear Photo Three

Photo Four

attached

Photo Four Caption:

Clear Photo Four

17222 Sabillasville Road – FRONT VIEW



17222 Sabillasville Road – RH SIDE VIEW



17222 Sabillasville Road – REAR VIEW



17222 Sabillasville Road – LH SIDE VIEW



17222 Sabillasville Rd – basement pictures



17222 Sabillasville Rd – basement pictures



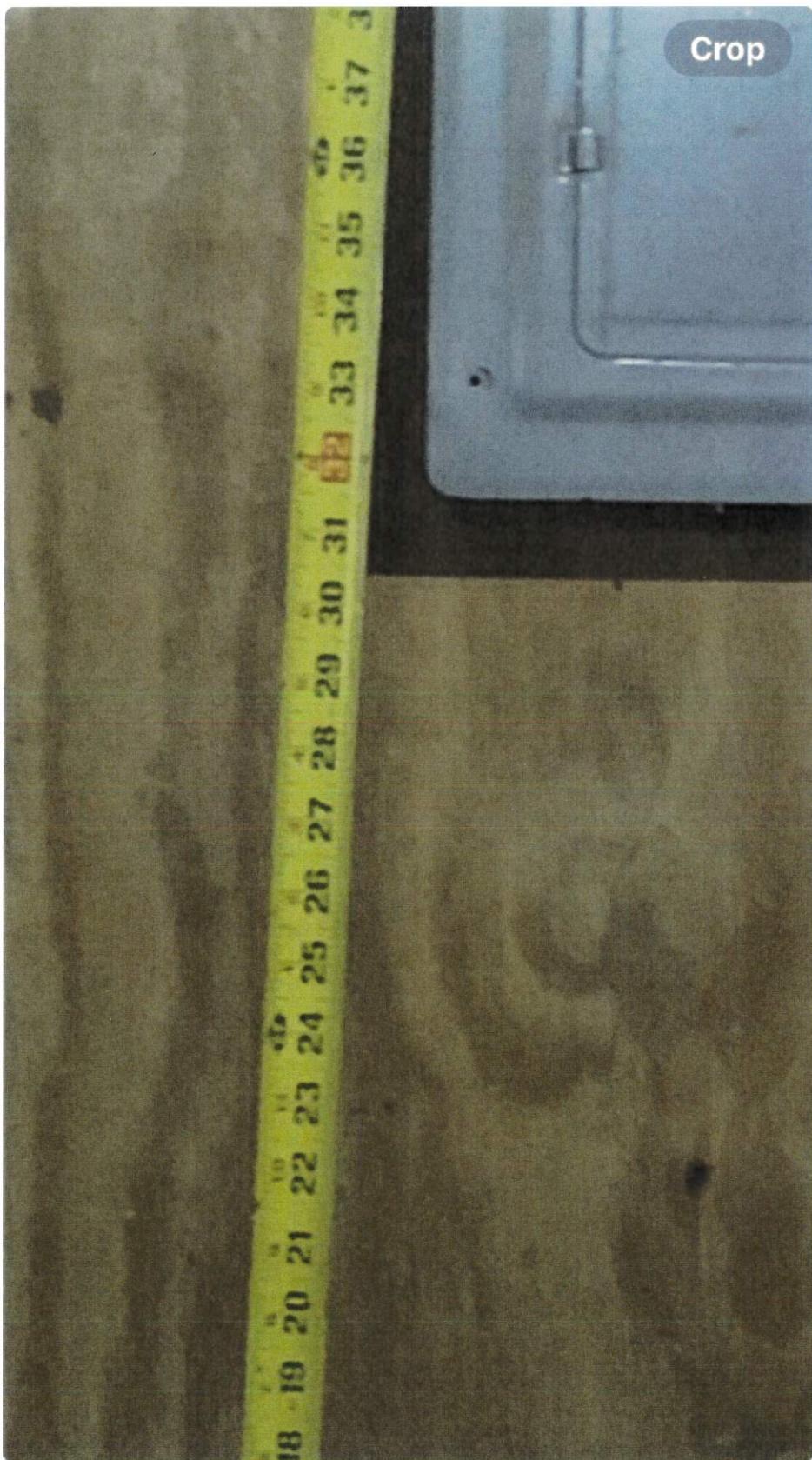
17222 Sabillasville Rd – basement pictures



17222 Sabillasville Rd – basement pictures



17222 Sabillasville Rd – basement pictures

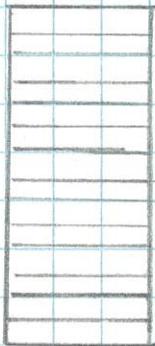


17222 Sabillasville Rd – basement pictures

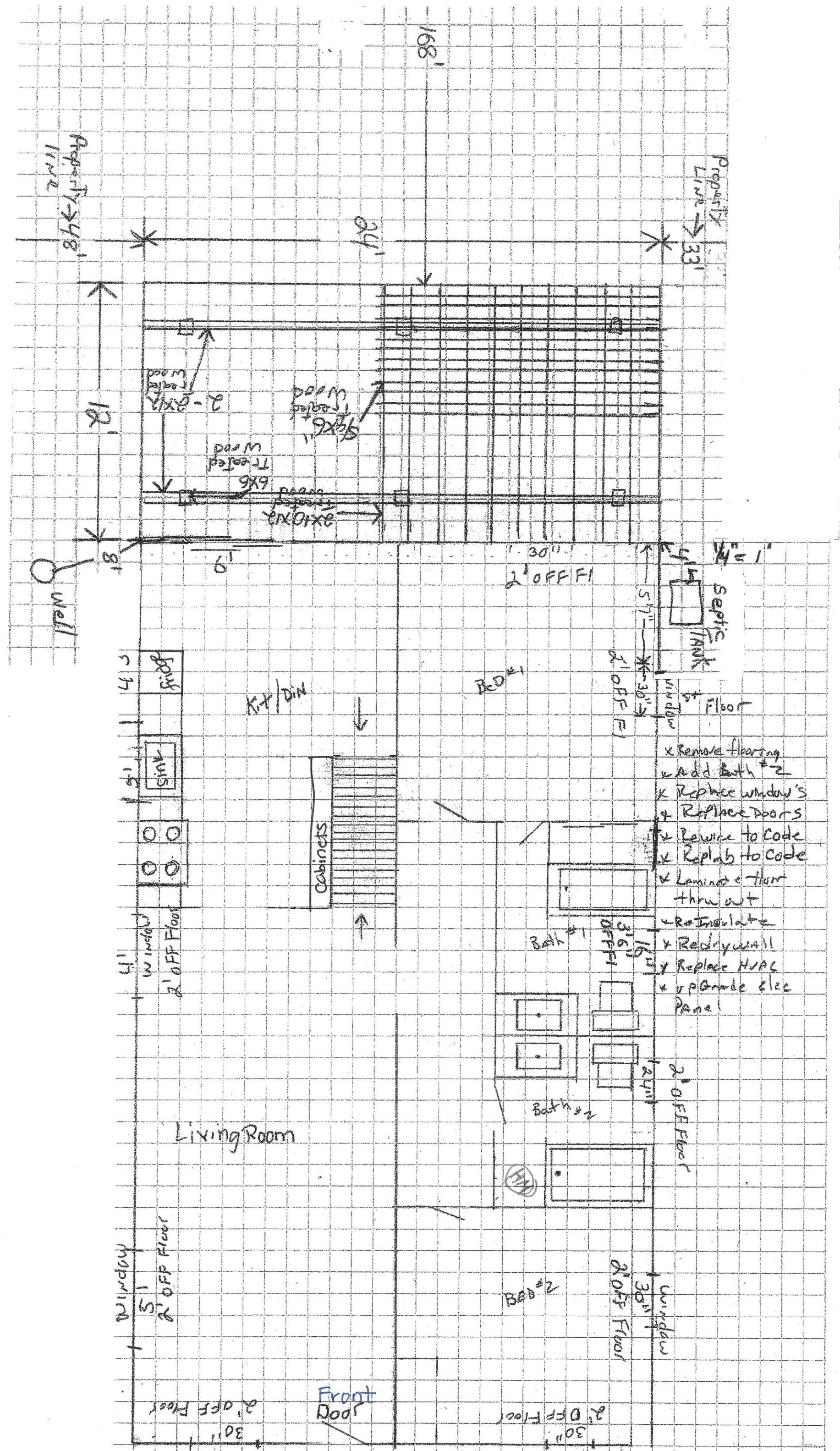


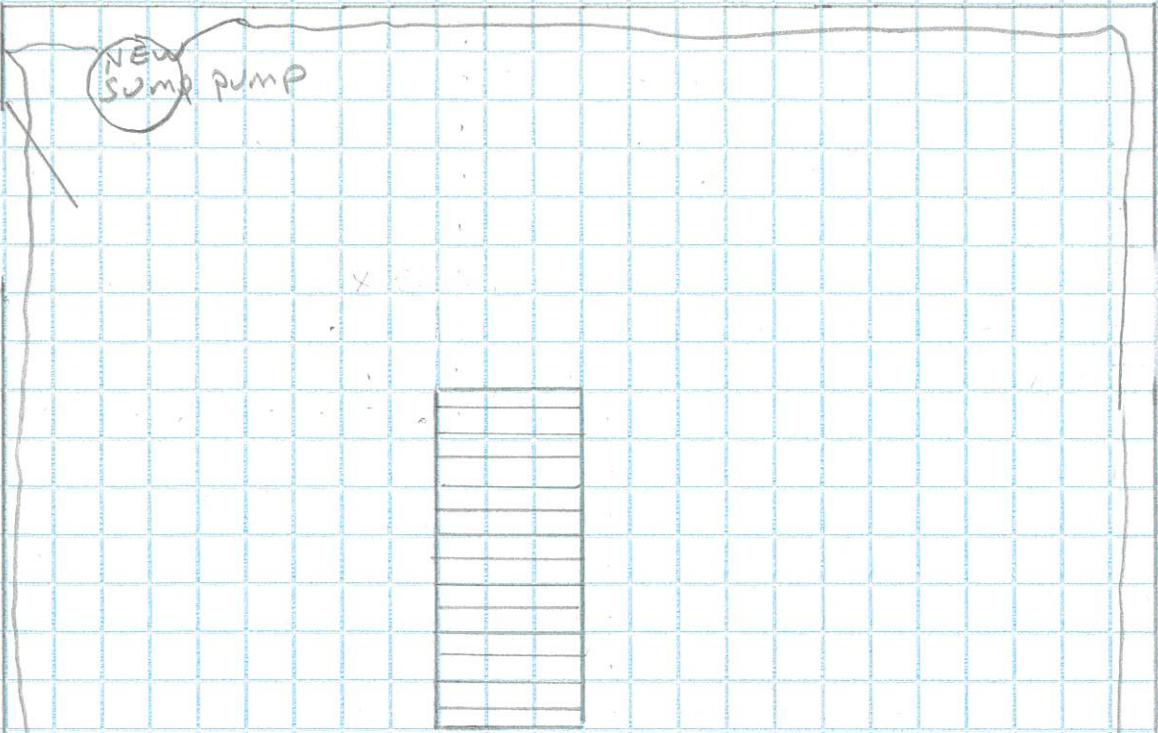
Attic

- * Replace Drywall
- * Rewrite to code
- * Install Laminate floor
- * Insulate
- * HVAC AHU in knee wall.

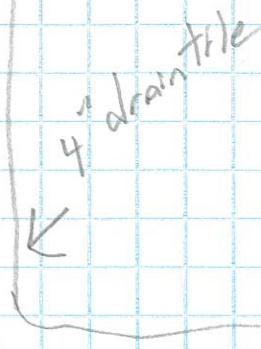


hvac





- × excavate basement to allow for stone + concrete
- × Install drain tile @ outside wall
- × Replace Rotten Stairs
- × Replace Post with 6" Round Steel post





**MICK'S PLUMBING, HEATING
& AIR CONDITIONING**
27 Howard Street, Thurmont, MD 21788
“Your Plumbing Doctor”
Phone: 301-271-2488
Fax: 301-271-2111

April 5, 2024

Frederick County Board of Appeals
Division of Planning & Permitting
30 North Market Street
Frederick, Maryland 21701

RE: **BOARD OF APPEALS – FLOOD PLAIN**
17222 Sabillasville Road
Special Exception – Activity in the FEMA Floodplain

To whom it May Concern:

Please find the required documents attached for the appeals process for special exception in a flood plain for the property located at 17222 Sabillasville Road, Sabillasville MD 21780. We are proposing an interior remodel of an existing residential structure and replacement of the rear exterior deck.

- Address of property.
 - 17222 Sabillasville Rd, Sabillasville, MD 21780
- Existing Zoning of Property.
 - Plot Plan attached.
- Proposed use under the zoning ordinance.
 - substantial improvements of an existing structure.
- Applicable section(s) of the Zoning Ordinance, for Use Proposed.
 - § 1-19-9.120. PROCEDURES FOR ACTIVITIES WITHIN THE FEMA FLOODPLAIN. substantial improvements.
- Concept Plan & Illustrative Notes and other supporting documents.
 - Proposed and existing floor plans attached.

Sincerely,



Michael A. Late

$1/4" = 1'$

existing
attic

24' 4"

Sliding
Door

Bed Room
11' 4" x 13'

11' 4" = 1'

existing
first floor

Kitchen

17' 8" x 11' 5"

↓
down

↑
up

Dining Room

10' 6" x 11' 5"

Living Room

13' 2" x 11' 5"

Bed Room

11' 4" x 11'

closet

Bathroom

closet

W D

Laundry room

closet

pump tank



$1/4" = 1'$
existing
Basement

ELC

17222 Sabillasville Road – REAR VIEW

