PROPERTY LOCATED AT: **1 Riverside Dr, Mechanic Falls, Me 04256**

PROPERTY DISCLOSURE

Under Maine Law, certain information must be made available to buyers prior to or during preparation of an offer. This statement has been prepared to assist prospective buyers in evaluating this property. This disclosure is not a warranty of the condition of the property and is not part of any contract between Seller and any Buyer. Seller authorizes the disclosure of the information in this statement to real estate licensees and to prospective buyers of this property. The Seller agrees to provide prompt notice of any changes in the information and this form will be appropriately changed with an amendment date. Inspections are highly recommended.

DO NOT LEAVE ANY QUESTIONS BLANK. STRIKE, WRITE N/A OR UNKNOWN IF NEEDED.

SECTION I - WATER SUPPLY

TYPE OF SYSTEM: [X] Public [ ] Private [ ] Seasonal _____ [ ] Unknown
[ ] Drilled [ ] Dug [ ] Other _____

MALFUNCTIONS: Are you aware of or have you experienced any malfunctions with the (public/private/other) water system?

Pump (if any): ..... [X] N/A [ ] Yes [ ] No [ ] Unknown
Quantity: ..... [ ] Yes [X] No [ ] Unknown
Quality: ..... [ ] Yes [X] No [ ] Unknown

If Yes to any question, please explain in the comment section below or with attachment.

WATER TEST: Have you had the water tested? ..... [ ] Yes [X] No

If Yes, Date of most recent test: **n/a** Are test results available? .. [ ] Yes [ ] No

To your knowledge, have any test results ever:

a) Been reported as unsatisfactory or satisfactory with notation?..... [ ] Yes [X] No
b) Detected perfluoroalkyl and polyfluoroalkyl (PFA) substances? [ ] Yes [X] No

If Yes to (a) and/or (b) above, are test results available? ..... [ ] Yes [X] No

What steps were taken to remedy the problem? **n/a**

IF PRIVATE: (Strike Section if Not Applicable):

IN~~STALLATION: Location~~: _____

Installed by: _____

~~Date of Installation~~: _____

USE: ~~Number of persons currently using system:~~ _____

~~Does system supply water for more than one household?~~ [ ] Yes [ ] No [ ] Unknown

Comments: **none**

Source of Section I information: **Seller**

Buyer Initials _____ _____ _____ _____ Page 1 of 8 Seller Initials CT (initial) _____ _____ _____ _____

PROPERTY LOCATED AT: **1 Riverside Dr, Mechanic Falls, Me 04256**

SECTION II - WASTE WATER DISPOSAL

TYPE OF SYSTEM: ☐ Public ☒ Private ☐ Quasi-Public _____ ☐ Unknown

IF PUBLIC OR QUASI-PUBLIC (Strike Section if Not Applicable):

~~Have you had the sewer line inspected?~~ ☐ Yes ☐ No

~~If Yes, what results:~~ _____

~~Have you experienced any problems such as line or other malfunctions?~~ ☐ Yes ☐ No

~~What steps were taken to remedy the problem?~~ _____

IF PRIVATE (Strike Section if Not Applicable):

Tank: ☒ Septic Tank ☐ Holding Tank ☐ Cesspool ☐ Other: _____

☐ Overboard Discharge (38 MRS Section 413(3) and (3-A))

Tank Size: ☐ 500 Gallon ☒ 1000 Gallon ☐ Unknown ☐ Other: _____

Tank Type: ☒ Concrete ☐ Metal ☐ Unknown ☐ Other: _____

Location: **front left yard** OR ☐ Unknown

Date installed: **2018** Date last pumped: **unknown** Name of pumping company: **unknown**

Have you experienced any malfunctions? ☐ Yes ☒ No

If Yes, give the date and describe the problem: **n/a**

Date of last servicing of tank: **n/a** Name of company servicing tank: **n/a**

Leach Field: ☒ Yes ☐ No ☐ Unknown

If Yes, Location: **front left yard**

Date of installation of leach field: **2018** Installed by: **Dargie Enterprises**

Date of last servicing of leach field: **n/a** Company servicing leach field: **n/a**

Have you experienced any malfunctions? ☐ Yes ☒ No

If Yes, give the date and describe the problem and what steps were taken to remedy: **n/a**

Do you have records of the design indicating the # of bedrooms the system was designed for? ☒ Yes ☐ No

If Yes, are they available? ☒ Yes ☐ No

Is System located in a Shoreland Zone? ☐ Yes ☒ No ☐ Unknown

Comments: **3 bedroom septic design**

Source of Section II information: **Seller, HHE 200**

PROPERTY LOCATED AT: **1 Riverside Dr, Mechanic Falls, Me 04256**

SECTION III - HEATING SYSTEM(S)/HEATING SOURCE(S)

Heating System(s) or Source(s)	SYSTEM 1	SYSTEM 2	SYSTEM 3	SYSTEM 4
TYPE(S) of System	**Forced Hot Air**			
Age of system(s) or source(s)	**2018**			
TYPE(S) of Fuel	**K-1**			
Annual consumption per system or source (i.e., gallons, kilowatt hours, cords)	**300-400 gallons**			
Name of company that services system(s) or source(s)	**previous tenant, HVAC**			
Date of most recent service call	**2025**			
Malfunctions per system(s) or source(s) within past 2 years	**none**			
Other pertinent information	**none**			

Are there fuel supply lines? ..... [X] Yes [ ] No [ ] Unknown
Are any buried? ..... [ ] Yes [ ] No [ ] Unknown
Are all sleeved? ..... [ ] Yes [ ] No [ ] Unknown
Chimney(s): ..... [ ] Yes [X] No
~~If Yes, are they lined:~~ ..... [ ] Yes [ ] No [ ] Unknown
~~Is more than one heat source vented through one flue?~~ ..... [ ] Yes [ ] No [ ] Unknown
~~Had a chimney fire~~: ..... [ ] Yes [ ] No [ ] Unknown
~~Has chimney(s) been inspected~~? ..... [ ] Yes [ ] No [ ] Unknown
~~If Yes, date:~~ _____
~~Date chimney(s) last cleaned~~: _____
Direct and/or Power Vent(s): ..... [X] Yes [ ] No [ ] Unknown
Has vent(s) been inspected? ..... [ ] Yes [ ] No [X] Unknown
If Yes, date: **n/a**

Comments: **water heater electric, behind panel in primary bedroom closet**
Source of Section III information: **Seller**

SECTION IV - HAZARDOUS MATERIAL

The licensee is disclosing that the Seller is making representations contained herein.

A. UNDERGROUND STORAGE TANKS - Are there now, or have there ever been, any underground storage tanks on the property? ..... [ ] Yes [ ] No [X] Unknown
If Yes, are tanks in current use? ..... [ ] Yes [ ] No [X] Unknown
If no longer in use, how long have they been out of service? **n/a**
If tanks are no longer in use, have tanks been abandoned according to DEP? [ ] Yes [ ] No [X] Unknown
Are tanks registered with DEP? ..... [ ] Yes [ ] No [X] Unknown
Age of tank(s): **n/a.** Size of tank(s): **n/a**
Location: **n/a**

PROPERTY LOCATED AT: **1 Riverside Dr, Mechanic Falls, Me 04256**

What materials are, or were, stored in the tank(s)? _____

Have you experienced any problems such as leakage: ..... ☐ Yes ☐ No ☐ Unknown

Comments: **none**

Source of information: **Seller**

B. ASBESTOS - Is there now or has there been asbestos:

As insulation on the heating system pipes or duct work? ..... ☐ Yes ☐ No ☒ Unknown

In the ceilings? ..... ☐ Yes ☐ No ☒ Unknown

In the siding? ..... ☐ Yes ☐ No ☒ Unknown

In the roofing shingles? ..... ☐ Yes ☐ No ☒ Unknown

In flooring tiles? ..... ☐ Yes ☐ No ☒ Unknown

Other: _____ ☐ Yes ☐ No ☒ Unknown

Comments: **none known**

Source of information: **Seller**

C. RADON/AIR - Current or previously existing:

Has the property been tested? ..... ☐ Yes ☒ No ☐ Unknown

If Yes: Date: _____ By: _____

Results: _____

If applicable, what remedial steps were taken? _____

Has the property been tested since remedial steps? ..... ☐ Yes ☐ No ☐ Unknown

Are test results available? ..... ☐ Yes ☐ No

Results/Comments: **none**

Source of information: **Seller**

D. RADON/WATER - Current or previously existing:

Has the property been tested? ..... ☐ Yes ☒ No ☐ Unknown

If Yes: Date: _____ By: _____

Results: _____

If applicable, what remedial steps were taken? _____

Has the property been tested since remedial steps? ..... ☐ Yes ☐ No ☐ Unknown

Are test results available? ..... ☐ Yes ☐ No

Results/Comments: **public water**

Source of information: **Seller**

E. METHAMPHETAMINE - Current or previously existing: ☐ Yes ☒ No ☐ Unknown

Comments: **none**

Source of information: **Seller**

PROPERTY LOCATED AT: **1 Riverside Dr, Mechanic Falls, Me 04256**

F. LEAD-BASED PAINT/PAINT HAZARDS - *(Note: Lead-based paint is most commonly found in homes constructed prior to 1978)*

Is there now or has there ever been lead-based paint and/or lead-based paint hazards on the property? ..... Yes [X] No [ ] Unknown [ ] Unknown (but possible due to age)

If Yes, describe location and basis for determination: **n/a**

Do you know of any records/reports pertaining to such lead-based paint/lead-based paint hazards: [ ] Yes [X] No

If Yes, describe: **n/a**

Are you aware of any cracking, peeling or flaking paint? ..... [ ] Yes [X] No

Comments: **none**

Source of information: **Seller**

G. OTHER HAZARDOUS MATERIALS - Current or previously existing:

TOXIC MATERIAL:	[ ] Yes	[ ] No	[X] Unknown
LAND FILL:	[ ] Yes	[ ] No	[X] Unknown
RADIOACTIVE MATERIAL:	[ ] Yes	[ ] No	[X] Unknown

Other: **none**

Source of information: **Seller**

Buyers are encouraged to seek information from professionals regarding any specific issue or concern.

SECTION V - ACCESS TO THE PROPERTY

Is the property subject to or have the benefit of any encroachments, easements, rights-of-way, leases, rights of first refusal, life estates, private ways, trails, homeowner associations (including condominiums and PUD's) or restrictive covenants? ..... [ ] Yes [X] No [ ] Unknown

If Yes, explain: **none in Deed**

Source of information: **Seller**

Is access by means of a way owned and maintained by the State, a county, or a municipality over which the public has a right to pass? ..... [X] Yes [ ] No [ ] Unknown

If No, who is responsible for maintenance? **none**

Road Association Name (if known): **none**

Source of information: **Seller, Public Record**

PROPERTY LOCATED AT: **1 Riverside Dr, Mechanic Falls, Me 04256**

SECTION VI – FLOOD HAZARD

For the purposes of this section, Maine law defines "flood" as follows:

(1) A general and temporary condition of partial or complete inundation of normally dry areas from:(a) The overflow of inland or tidal waters; or (b) The unusual and rapid accumulation or runoff of surface waters from any source; or

(2) The collapse or subsidence of land along the shore of a lake or other body of water as a result of erosion or undermining caused by waves or currents of water exceeding anticipated cyclical levels or suddenly caused by an unusually high water level in a natural body of water, accompanied by a severe storm or by an unanticipated force of nature, such as a flash flood or an abnormal tidal surge, or by some similarly unusual and unforeseeable event that results in flooding as described in subparagraph (1), division (a).

For purposes of this section, Maine law defines "area of special flood hazard" as land in a floodplain having 1% or greater chance of flooding in any given year, as identified in the effective federal flood insurance study and corresponding flood insurance rate maps.

During the time the seller has owned the property:

Have any flood events affected the property? ..... ☐ Yes ☒ No ☐ Unknown

If Yes, explain: _____

Have any flood events affected a structure on the property? ..... ☐ Yes ☒ No ☐ Unknown

If Yes, explain: _____

Has any flood-related damage to a structure occurred on the property? ..... ☐ Yes ☒ No ☐ Unknown

If Yes, explain: _____

Has there been any flood insurance claims filed for a structure on the property? ..... ☐ Yes ☒ No ☐ Unknown

If Yes, indicate the dates of each claim: _____

Has there been any past disaster-related aid provided related to the property or a structure on the property from federal, state or local sources for purposes of flood recovery? ..... ☐ Yes ☒ No ☐ Unknown

If Yes, indicate the date of each payment: _____

Is the property currently located wholly or partially within an area of special flood hazard mapped on the effective flood insurance rate map issued by the Federal Emergency Management Agency on or after March 4, 2002? ..... ☒ Yes ☐ No ☐ Unknown

If yes, what is the federally designated flood zone for the property indicated on that flood insurance rate map?

_____

Relevant Panel Number: **23001C0282E** Year: **2013** (Attach a copy)

Comments: **Elevation certificate was done prior to placing home on site, but we can't locate a re-inspection. See in attachments.**

Source of Section VI information: **Seller, Fema.gov**

PROPERTY LOCATED AT: **1 Riverside Dr, Mechanic Falls, Me 04256**

SECTION VII - GENERAL INFORMATION

Are there any tax exemptions or reductions for this property for any reason including but not limited to: Tree Growth, Open Space and Farmland, Veteran's, Homestead Exemption, Blind, Working Waterfront?..... ☐ Yes ☒ No ☐ Unknown

If Yes, explain: **none**

Is a Forest Management and Harvest Plan available?..... ☐ Yes ☒ No ☐ Unknown

Is the property subject to any of the following relating to shoreland zoning ordinances: a) A notice of violation issued by a municipal official or state agency; b) A pending enforcement action; c) Litigation; d) A court judgment; or e) A settlement or consent agreement?..... ☐ Yes ☒ No ☐ Unknown

If Yes, explain: **n/a**

Equipment leased or not owned (including but not limited to, propane tank, hot water heater, satellite dish, water filtration system, solar panels, wind turbines): Type: **none**

From Whom: **n/a**

Year Principal Structure Built: **1979** What year did Seller acquire property? **2018**

Roof: Year Shingles/Other Installed: **unknown - metal**

Water, moisture or leakage: **none**

Comments: **none**

Foundation/Basement:

Is there a Sump Pump? ..... ☐ Yes ☒ No ☐ Unknown

Water, moisture or leakage since you owned the property: ..... ☐ Yes ☒ No ☐ Unknown

Prior water, moisture or leakage? ..... ☐ Yes ☒ No ☐ Unknown

Comments: **no basement**

Mold: Has the property ever been tested for mold? ..... ☐ Yes ☒ No ☐ Unknown

If Yes, are test results available? ..... ☐ Yes ☐ No

Comments: **none**

Electrical: ☐ Fuses ☒ Circuit Breaker ☐ Other: _____ ☐ Unknown

Comments: **none**

Has all or a portion of the property been surveyed? ..... ☐ Yes ☐ No ☒ Unknown

If Yes, is the survey available? ..... ☐ Yes ☐ No ☒ Unknown

Manufactured Housing - Is the residence a:

Mobile Home ..... ☒ Yes ☐ No ☐ Unknown

Modular ..... ☐ Yes ☒ No ☐ Unknown

Known defects or hazardous materials caused by insect or animal infestation inside or on the residential structure ..... ☐ Yes ☒ No ☐ Unknown

Comments: **none**

PROPERTY LOCATED AT: **1 Riverside Dr, Mechanic Falls, Me 04256**

KNOWN MATERIAL DEFECTS about Physical Condition and/or value of Property, including those that may have an adverse impact on health/safety: **one outlet on living back wall not working**

Comments: **none**

Source of Section VII information: **Seller**

SECTION VIII - ADDITIONAL INFORMATION

Was owner occupied until 2024, family has been staying there since.

ATTACHMENTS EXPLAINING CURRENT PROBLEMS, PAST REPAIRS OR ADDITIONAL INFORMATION IN ANY SECTION IN DISCLOSURE: ..... [X] Yes [ ] No

Seller shall be responsible and liable for any failure to provide known information regarding known material defects to the Buyer.

Neither Seller nor any Broker makes any representations as to the applicability of, or compliance with, any codes of any sort, whether state, municipal, federal or any other, including but not limited to fire, life safety, building, electrical or plumbing.

As Sellers, we have provided the above information and represent that all information is correct. To the best of our knowledge, all systems and equipment, unless otherwise noted on this form, are in operational condition.

Signed by: Chase Thibault 10/26/2026

SELLER DATE SELLER DATE

28C0E14588024DA...

Chase Thibault

SELLER DATE SELLER DATE

I/We have read and received a copy of this disclosure, the arsenic in wood fact sheet, the arsenic in water brochure, and understand that I/we should seek information from qualified professionals if I/we have questions or concerns.

BUYER DATE BUYER DATE

BUYER DATE BUYER DATE

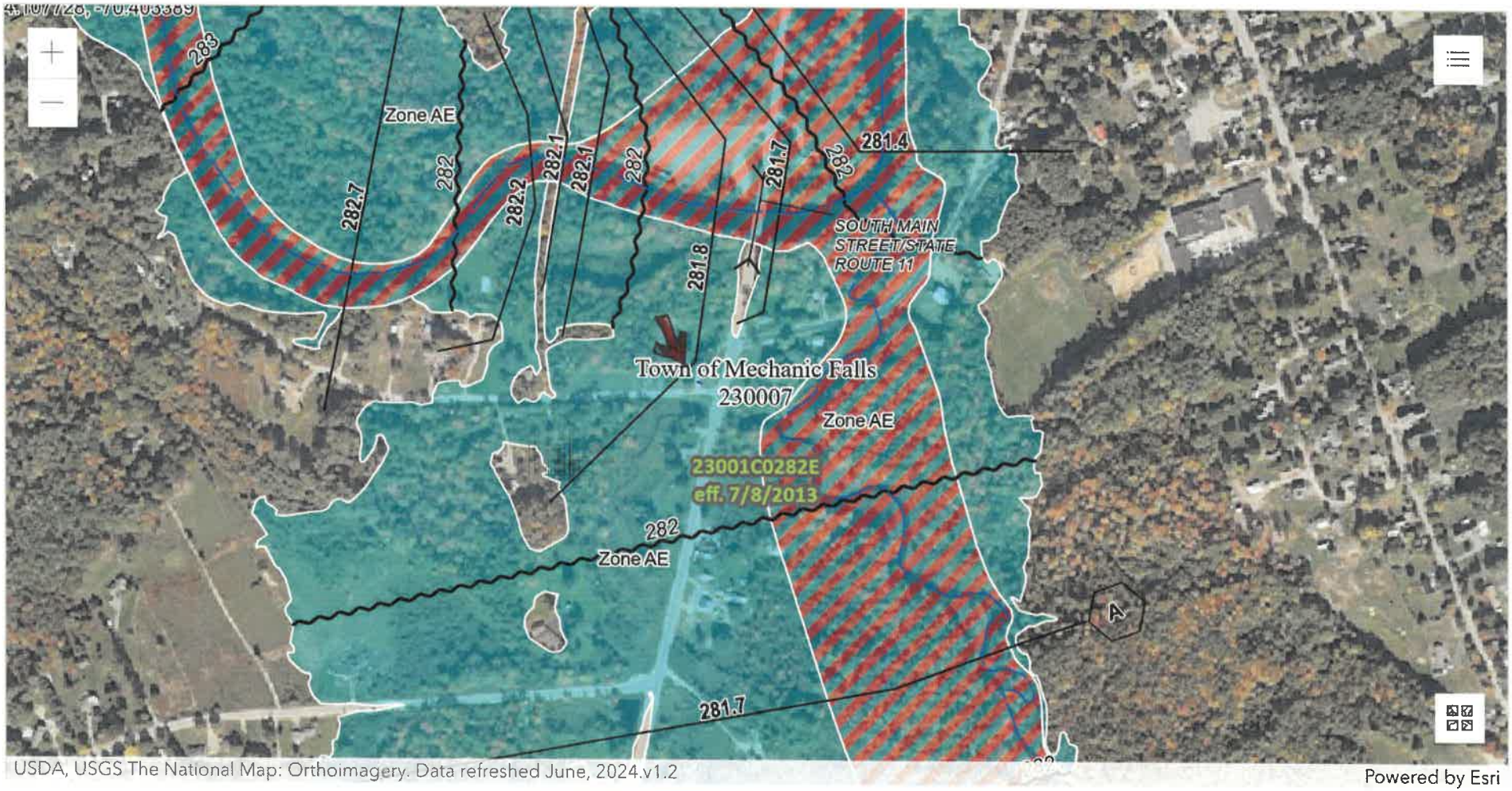
REALTOR®

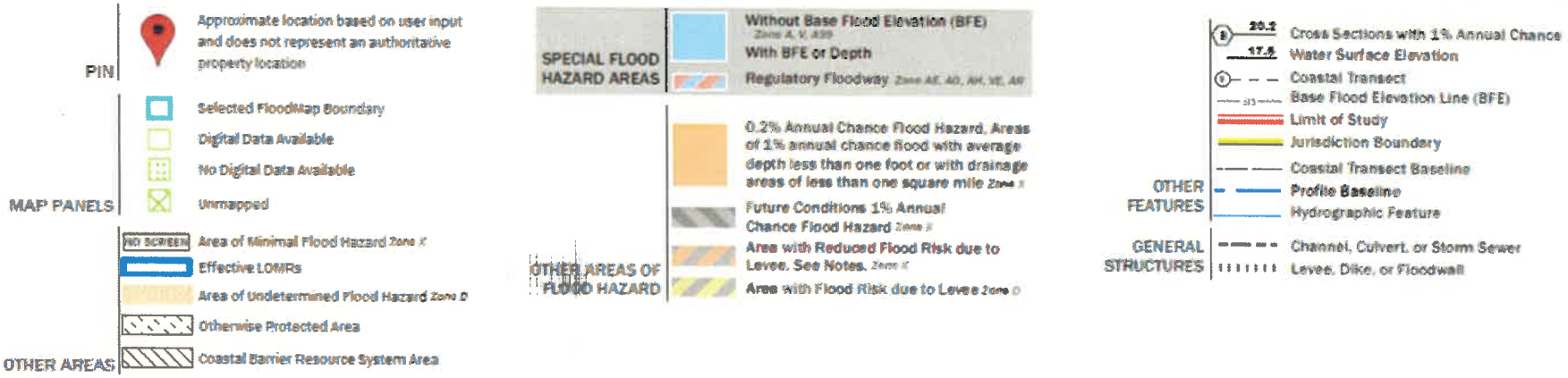
Maine Association of REALTORS®/Copyright © 2026.
All Rights Reserved. Revised August 2026.

EQUAL HOUSING OPPORTUNITY

You can choose a new flood map or move the location pin by selecting a different location on the locator map below or by entering a new location in the search field above. It may take a minute or more during peak hours to generate a dynamic FIRMette.

Go To NFHL Viewer »





ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

	For Insurance Company Use:
BUILDING OWNER'S NAME	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. STATE RT. 11	Company NAIC Number
CITY Mechanic Falls STATE ME. ZIP CODE 04256	

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) PROPOSED Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° ##' - ## ##" or ## ######) HORIZONTAL DATUM: [X] NAD 1927 [ ] NAD 1983 SOURCE: [ ] GPS (Type) [ ] USGS Quad Map [X] Other FIRM

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
Mechanic Falls 230007-0004B	ANDROSCOGGIN	MAINE

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0004	B	MAY 17, 1990	MAY 17, 1990	AE	282.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
[ ] FIS Profile [X] FIRM [ ] Community Determined [ ] Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: [X] NGVD 1929 [ ] NAVD 1988 [ ] Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [ ] Yes [X] No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [X] Construction Drawings* [ ] Building Under Construction* [ ] Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments _____

Elevation reference mark used RM 15 Does the elevation reference mark used appear on the FIRM? [X] Yes [ ] No

a) Top of bottom floor (including basement or enclosure)	Proposed	283.2 ft.(m)
b) Top of next higher floor		ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)		ft.(m)
d) Attached garage (top of slab)		ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building		ft.(m)
f) Lowest adjacent grade (LAG)	Pre-construction	279.2 ft.(m)
g) Highest adjacent grade (HAG)	" "	279.2 ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade		
i) Total area of all permanent openings (flood vents) in C3h		sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, 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. Code, Section 1001.

CERTIFIER'S NAME STUART DAVIS LICENSE NUMBER PLS 2208
COMPANY NAME JKL LAND SURVEYING
TITLE Surveyor
ADDRESS 173 Winterbrook Road CITY Mechanic Falls STATE Maine ZIP CODE 04256
SIGNATURE DATE 7-13-00 TELEPHONE 207-998-2764

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			For Insurance Policy Number
STATE Route 11			
CITY Mechanic Falls	STATE Maine	ZIP CODE 04256	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS Pre-Construction Conditions. Shot Elevation on Stake at Site - Mark on Stake = 283.31'. Contractor is Responsible to meet or Exceed 1' foot above Base Flood Elevation or 283 feet. Post Construction Certification is Required once Home is installed

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E3. *If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.*

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is ☐☐ ft.(m) ☐☐ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade.

E3. For 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 REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS | CITY | STATE | ZIP CODE

SIGNATURE | DATE | TELEPHONE

COMMENTS

☐ Check here if attachments

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.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME | TITLE

COMMUNITY NAME | TELEPHONE

SIGNATURE | DATE

COMMENTS

☐ Check here if attachments