



CITY OF HARRISONBURG
**COMMUNITY
DEVELOPMENT**

Change of Zoning District
(Rezoning) Application
www.harrisonburgva.gov/zoning

PROPERTY INFORMATION

910 North Liberty Street
Property Address
040-B-2
Tax Map Parcel/ID
0.61
Total Land Area
☐ acres or sq.ft.
(circle)
Existing Zoning District: M1-General Industrial District
Proposed Zoning District: B2 Business
Existing Comprehensive Plan Designation: Commercial-Retail Service

PROPERTY OWNER INFORMATION

Aniciria Veterinary Center
Property Owner Name
1992 Medical Avenue
Street Address
Harrisonburg VA 22801
City State Zip
540-437-1980
Telephone
c.lemmond@anicira.org
E-Mail

OWNER'S REPRESENTATIVE INFORMATION

Erin E. Layman, Esq.
Owner's Representative
100 S. Main St., P. O. Box 23
Street Address
Bridgewater VA 22812
City State Zip
540-828-6856
Telephone
erin@trustlayman.com
E-Mail

CERTIFICATION

I certify that the information supplied on this application and on the attachments provided (maps and other information) is accurate and true to the best of my knowledge. In addition, I hereby grant permission to the agents and employees of the City of Harrisonburg to enter the above property for the purposes of processing and reviewing this application. I also understand that, when required, public notice signs will be posted by the City on any property.

C. Lemmond, President & CEO
PROPERTY OWNER

10-30-25
DATE

REQUIRED ATTACHMENTS

- ☒ Letter explaining proposed use & reasons for seeking change in zoning.
- ☒ Statement on proffers, if applying for conditional rezoning.
- ☒ Survey of property or site map.
- ☒ Traffic Impact Analysis (TIA) Determination Form OR Traffic Impact Analysis (TIA) Acceptance Letter signed by Public Works Department. Applicant is responsible for coordinating with Public Works prior to submitting this application. For more information, visit www.harrisonburgva.gov/traffic-impact-analysis.

TO BE COMPLETED BY PLANNING & ZONING DIVISION

7/2/25
Date Application and Fee Received

Received By [Signature]

Total Fees Due: \$ 580
Application Fee: \$550.00 + \$30.00 per acre
\$550 Paid 7/2/25
\$30 Paid 7/3/25

LAYMAN'S LAW, PLC

Attorney At Law

100 South Main Street
Post Office Box 23
Bridgewater, VA 22812
540-828-6856 telephone
540-237-4669 facsimile



Erin E. Layman, Esq.

Erin@TrustLayman.com
www.TrustLayman.com

July 3, 2025

Thanh Dang, Deputy Director
Department of Community Development
409 South Main Street
Harrisonburg, VA 22801

RE: Rezoning and Proffer for 910 North Liberty Street

Dear Ms. Dang:

My client, Anicira Veterinary Center (hereinafter "Anicira"), is seeking rezoning of their property located at 910 North Liberty Street ("Property"), Harrisonburg from M-2 General Industrial District to B-2 Business.

The Property is currently used as a veterinary spay/neuter clinic and pet food pantry. Anicira intends to remodel the roughly 2,300 square foot facility to accommodate a child care center for children (Little Roots Early Learning Center, hereinafter "LRELC") aged twelve weeks to 6-years old, with any opening maximum capacity of 30 children, in a given contract period. The proposed hours of operation are 6:45 a.m. to 6 p.m., Monday through Friday. Parents/caregivers will bring their children into the building at predetermined, contracted times. Given these parameters, traffic should be minimal. Parking will be in front and on the right of the building. Handicap parking and an entrance ramp are available. The existing fenced-in area at the back of the property, may be use for outdoor activities.

As the Harrisonburg community grows, so too does the need for child care. Currently, all child care facilities in Harrisonburg have a waitlist, some exceeding a wait time of over a year, underscoring a critical need for additional early childhood care options within the city limits. One facility we inquired about had an approximate wait time of four months, but openings were not guaranteed.

Anicira is working with Architect Mike Wittig, of LDD Blueline, on the building plans to assure compliance with all applicable building codes and safety standards. Once the rezoning is resolved, LRELC will file the requisite applications and paperwork with the Department of Social Services to get the licensing started for the planned opening in March 2026.

Several nearby businesses are compatible with B-2 zoning (e.g., an accounting office and hair salon). The property abuts an M-1 zone, but is near R-2 and R-7 zones, as well as a B-2 zone. The proposed rezoning will allow for a much-needed community service in a location that is appropriately situated and suitably buffered. LRELC is committed to being a responsible neighbor and a valuable addition to the Harrisonburg community.

We hope that your team and City Officials will give this request the careful consideration it deserves. I am available to answer any questions or concerns you may have.

Sincerely,

A handwritten signature in blue ink, reading "Erin E. Layman". The signature is fluid and cursive, with the first name "Erin" and last name "Layman" clearly distinguishable.

Erin E. Layman, Esq.

ANICIRA VETERINARY CENTER
REZONING REQUEST PROFFER

APPLICANT / PROPERTY OWNER:

Anicira Veterinary Center (hereinafter "Anicira")

PROPERTY:

Harrisonburg Tax Map #040-B-2
910 N. Liberty Street
Area (GIS): 26,880.31 sq. ft.; 0.62 acres.
Currently Zoned M-1 General Industrial District
Proposed Rezoning to B-2 Business

DATED:

July 3, 2025

TO THE HONORABLE MAYOR AND
MEMBERS OF THE COUNCIL OF THE CITY OF HARRISONBURG

PROPERTY INFORMATION:

The Applicant and Property Owner of the above-described parcel, containing approximately 26,880 square feet (+/-) of land (the "Property"), are petitioning the City of Harrisonburg, Virginia (the "Council") for rezoning to allow for the development of a specific project, identified as Little Roots Early Learning Center ("LRELC") delineated in the rezoning application being filed herewith.

The Applicant plans to lease to LRELC the existing building, with its roughly 2,300 square feet of space, to operate a child care center.

PROFFERS:

In furtherance of the Rezoning, the Applicant hereby proffers that in the event the Council shall approve the rezoning of the Property, from M-1, General Industrial District to B-2, General Business District, then the Project shall be done in conformity with the terms and conditions as set forth herein, except to the extent that such terms and conditions may be subsequently amended or revised by the Applicant and such be approved by the Council in accordance with Virginia law. In the event that such rezoning is not granted, then these Proffers shall be deemed withdrawn and have no effect whatsoever. These Proffers shall be binding upon the Applicant, the Owner, and their legal successors or assigns. Any and all terms and conditions, accepted or binding upon the Property and Project, as a condition of accepting these Proffers, shall become void and have no subsequent effect. The Applicant hereby agrees that the Proposed Rezoning itself gives rise to the need for these Proffers, that the Proffers have a reasonable relation to the Proposed Rezoning, and that all conditions are in conformity with the City's Comprehensive Plan.

The Applicant/Owner, hereby voluntarily proffers that, if the Council approves the rezoning, the Applicant/Owner, or their successors and assigns, will provide the following during the Project:

1. In accordance with the B-2 zoning restrictions and guidelines, the following uses are prohibited on the Property:
 - a. Funeral homes.
 - b. Vehicle fuel stations, bus terminals or facilities designed for vehicular convenience.
 - c. Drive through facilities.
2. All traffic generating uses shall be limited to a combined total of 100 vehicle trips in either the AM or PM peak hour as calculated using the latest edition of the Institute of Transportation Engineer's Trip Generation Manual unless the property owner first, at their cost: (1) completes a Traffic Impact Analysis approved by the City Department of Public Works and (2) implements all identified mitigation measures or improvements. The City Department of Public Works may, in its sole discretion, waive, in whole or in part, completion of a Traffic Impact Analysis or any identified mitigation measures or improvements.

In Witness Whereof, the Applicant/Owner has executed this Rezoning Request Proffer as follows:

APPLICANT/OWNER:

Anicira Veterinary Center

BY: Catherine Lemmond (SEAL)
Catherine Lemmond,
President & CEO

COMMONWEALTH OF VIRGINIA,
CITY/COUNTY OF Rockingham to-wit:

27th The foregoing instrument was acknowledged before me in the jurisdiction aforesaid this day August, 2025, by Catherine Lemmond, President and CEO of Anicira Veterinary Center.

My commission expires: April 30, 2027.
My registration number is: 167246.

[Signature]
Notary Public



① ARCHITECTURAL SITE PLAN
1/16" = 1'-0"

**LITTLE ROOTS EARLY
LEARNING CENTER**
910 N LIBERTY ST, HARRISONBURG VA 22802

NOT FOR CONSTRUCTION

ALL DESIGNS, GRAPHICS, AND DATA ON THIS SET OF DRAWINGS ARE THE INTELLECTUAL PROPERTY OF LDDBLUELINE, PC AND HAVE BEEN CREATED AND DEVELOPED FOR THIS SPECIFIC PROJECT. USE OF ALL INTELLECTUAL PROPERTY BY ANY PERSON, FIRM, OR CORPORATION FOR ANY PURPOSE IS UNAUTHORIZED WITHOUT THE WRITTEN PERMISSION OF LDDBLUELINE, PC. IF DISCREPANCIES ARE FOUND BETWEEN ANY ELECTRONIC FILES AND THE SEALED ORIGINAL, THE SEALED ORIGINAL SHALL GOVERN.
COPYRIGHT: 2025

REV	DATE	ISSUED FOR
	04/21/2025	PRE-APPLICATION MEETING
	08/08/2025	CITY COMMENTS

PROJECT NO.: 0225025
DRAWN BY: XXX QC: XXX



LEVEL 1 LIFE
SAFETY PLAN
G-101



City of Harrisonburg, VA
Department of Public Works

**Determination of Need for a
Traffic Impact Analysis (TIA)**
www.harrisonburgva.gov/traffic-impact-analysis

For inclusion in an application for Planning Commission review (for Special Use Permit, Rezoning or Preliminary Plat), this form must be submitted to the Public Works Department at least 5 business days prior to the Planning Commission application deadline.

Contact Information				
Consultant Name:	Erin E. Layman, Esq.			
Telephone:	540-828-6856			
E-mail:	erin@trustlayman.com			
Owner Name:	Anicira Veterinary Center			
Telephone:	540-437-1980			
E-mail:	c.lemmond@anicira.org			
Project Information				
Project Name:	Little Roots Early Learning Center			
Project Address:	910 North Liberty Street			
TM #:	TM# 040-B-2			
Existing Land Use(s):	Veterinary Clinic			
Proposed Land Use(s): (if applicable)	Child Daycare Center			
Submission Type:	Comprehensive Site Plan <input type="radio"/>	Special Use Permit <input type="radio"/>	Rezoning <input checked="" type="radio"/>	Preliminary Plat <input type="radio"/>
Project Description: (Include site plan or preliminary sketch and additional details on land use, acreage, access to site, etc)	Narrative Sheet Attached			
Peak Hour Trip Generation (from row 15 on the second page)				
AM Peak Hour Trips:	19			
PM Peak Hour Trips:	19			

(reserved for City staff)

TIA required? Yes _____ No ☒

Comments:

Accepted by: Zenetta Mason

Date: 05/22/2025

Peak Hour Trip Generation by Land Use

Row	ITE Land Use		ITE Land Use Code	Unit	Quantity	AM Peak Hour of Adjacent Street Traffic	PM Peak Hour of Adjacent Street Traffic
1	Proposed #1	Child Daycare Center	565	1000 sq ft	2.5	28	28
2	Proposed #2						
3	Proposed #3						
4	Proposed #4						
5	Proposed #5						
6	Proposed #6						
7	Total New Trips					28	28
8	Existing #1	Veterinary Clinic	640	1000 sq ft	2.5	9	9
9	Existing #2						
10	Existing #3						
11	Existing #4						
12	Existing #5						
13	Existing #6						
14	Total Existing Trips					9	9
15	Final Total (Total New – Total Existing)					19	19

Instructions

Determination of trip generation rates shall be in conformance with ITE guidelines.

- Based on the intended use(s), calculate the AM Peak and PM Peak trip generation using the AM and PM Peak Hour of Adjacent Street Traffic rates from the most current version of the ITE Trip Generation Manual (rows 1-6). Attach additional sheets as necessary for more uses.
- Sum up all of the trips generated for the new uses in the Total New Trips row (row 7).
- If the development has any existing uses, calculate the AM Peak and PM Peak trip generations using the AM and PM Peak Hour of Adjacent Street Traffic rates from the most current version of the ITE Trip Generation Manual (rows 8-13). Attach additional sheets as necessary for more uses.
- Sum up all of the trips generated for the existing uses in the Total Existing Trips row (row 14).
- Subtract the total existing trips from the total new trips to get the final total number of trips generated by the development (row 15). Enter these numbers on the first page.

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

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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>Anicira Veterinary Hospital</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>910 N. Liberty Street</u>		Company NAIC Number: _____
City: <u>Harrisonburg</u> State: <u>VA</u> ZIP Code: <u>22802</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Tax Parcel 40 (B) 2</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Non-Residential</u>		
A5. Latitude/Longitude: Lat. <u>38°27'47"</u> Long. <u>78°51'54"</u> Horiz. 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 color photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>1A</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>N/A</u> 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 checked="" 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: <u>N/A</u> Engineered flood openings: <u>N/A</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>N/A</u> 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 checked="" 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: <u>N/A</u> Engineered flood openings: <u>N/A</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>City of Harrisonburg</u>		B1.b. NFIP Community Identification Number: <u>510076</u>
B2. County Name: <u>Rockingham</u>	B3. State: <u>VA</u>	B4. Map/Panel No.: <u>5100760403</u> B5. Suffix: <u>D</u>
B6. FIRM Index Date: <u>02/06/2008</u>		B7. FIRM Panel Effective/Revised Date: <u>02/06/2008</u>
B8. Flood Zone(s): <u>AE</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>1344</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 checked="" 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 INSTRUCTION PAGES 1-11

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

910 N. Liberty Street

City: Harrisonburg State: VA ZIP Code: 22802

FOR INSURANCE COMPANY USE

Policy Number: _____

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: GPS RTK Position Vertical Datum: NAVD 1988

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.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 1344.95 ☒ feet ☐ meters

b) Top of the next higher floor (see Instructions): 1345.14 ☒ 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): 1343.6 ☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished 1343.6 ☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished 1344.3 ☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 1343.08 ☒ 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: Hal T. Benner, LS License Number: 1526

Title: President/Owner

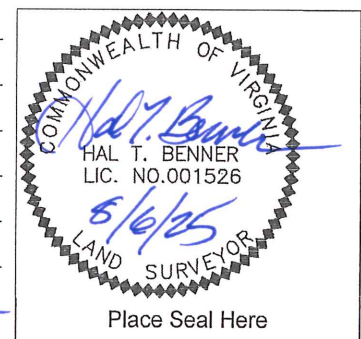
Company Name: Benner & Associates, Inc.

Address: 8 Pleasant Hill Road

City: Harrisonburg State: VA ZIP Code: 22801

Telephone: (540) 434-0267 Ext.: _____ Email: _____

Signature: Hal T. Benner Date: 8/6/25



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):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 910 N. Liberty Street	FOR INSURANCE COMPANY USE
City: <u>Harrisonburg</u> State: <u>VA</u> ZIP Code: <u>22802</u>	Policy Number: _____
	Company NAIC Number: _____

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

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: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Form Page 5 of 8

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 910 N. Liberty Street	FOR INSURANCE COMPANY USE
City: <u>Harrisonburg</u> State: <u>VA</u> ZIP Code: <u>22802</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 5–8.** Top of bottom _____ ☐ feet ☐ meters ☐ above the LAG
floor (include above-grade floors only for buildings with
crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next _____ ☐ feet ☐ meters ☐ above the LAG
higher floor (i.e., the floor above basement, crawlspace, or
enclosure floor) is:

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: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
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.:
910 N. Liberty Street

City: Harrisonburg State: VA ZIP Code: 22802

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC 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: Left/Rear

Clear Photo One



Photo Two

Photo Two Caption: Rear

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

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

City: Harrisonburg State: VA ZIP Code: 22802

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

Photo Three Caption: Right

Clear Photo Three



Photo Four

Photo Four Caption: Left

Clear Photo Four