



**Greene County
Resource Management Department
Environmental Section
940 Boonville
Springfield, Missouri 65802
417-868-4147
Fax: 417-868-4175**

**GREENE COUNTY ELEVATION CERTIFICATE
For Use Where Submittal to FEMA is Not Required**

Complete Property Address _____

Building Permit No. _____

**Legal Description
of Property** _____

(Subdivision Name & Lot # OR Metes & Bounds Description - *May be Attached*)

Minimum Floor Elevation for Stormwater: _____

- From Recorded Plat
 From Greene County Stormwater Engineer
 Other _____

Measured Elevation: _____

The measured elevation represents:

- Floor elevation of walkout basement
 Floor elevation of crawl-space home
 Floor elevation of slab on grade
 Bottom of lowest window opening for basement
 Other _____

I hereby certify that the lowest opening into the structure is at or above the minimum floor elevation for stormwater as specified above.

Printed Name

Date Signed

Signature

Title (Professional Engineer or Professional Land Surveyor)

SEAL: