FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: Policy Number BUILDING OWNER'S NAME MC DONOUGH 14R JIE BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 14 KC 1115 スムャン ZIP CODE STATE CALIFORNIA 04/470 94945 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.) LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: I GPS (Type): (##° - ##' - ##.##" or ##.####") [__] NAD 1983 | NAD 1927 USGS Quad Map SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B2. COUNTY NAME B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B3. STATE CALIFORNIA 060178 VO V/+70 B4. MAP AND PANEL B7. FIRM PANEL B5. SUFFIX B6. FIRM INDEX BB. FLOOD B9. BASE FLOOD ELEVATION(S) EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) NUMBER DATE 0000 <u>C</u> 40 B10, Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. IN FIRM 1 | Community Determined [__] Other (Describe): B11, indicate the elevation datum used for the BFE in B9: [/ NGVD 1929 [/ NAVD 1988 | Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: |__|Construction Drawings* 11/1Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. 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.) 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. Conversion/Comments Elevation reference mark used BM, CL 7C, GTS Does the elevation reference mark used appear on the FIRM? I ₺ No a) Top of bottom floor (including basement or enclosure) # (ft.)(m) ft.(m) D b) Top of next higher floor **∠**(fL(m) Q c) Bottom of lowest horizontal structural member (V zones only) 3<u>(fl</u>(m) ☐ d) Attached garage (top of slab) and ☐ e) Lowest elevation of machinery and/or equipment servicing the building ft.(m) **6** (ft.∤m) f) Lowest adjacent grade (LAG) g) Highest adjacent grade (HAG) <u>ろ</u>(ft)(m) D 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) 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. l understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME LICENSE NUMBER COMPANY NAME TITLE CITY STATE ZIP CODE ADDRESS SIGNATURE DATE TELEPHONE

ORTANT: In these spaces, copy the corresponding information from Section A.				For Insurance Company Use:
LDING STREET ADDRESS (Includin	ng Apt., Unit, Suite, and/or Bldg. No.) OR F	O. ROUTE AND BO	X NO.	Policy Number
165 DA	LUIS WAY		ZIP CODE	Company NAIC Number
10V4TO	CALIFORNIA	+ 9-	1945	
	O - SURVEYOR, ENGINEER, OR AR			
*	ertificate for (1) community official, (2)	insurance agent/co	ompany, and (3	b) building owner.
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SETTING DIM BRIGGE TO	ATTON INFORMATION (OUR) (EV. NO.	OT DECLUDED) FO	D 70NE AO	Check here if attachments
	ATION INFORMATION (SURVEY NO			
∠one AO and ∠one A (without b) mation for a LOMA or LOMR-F,	FE), complete Items E1 through E3. I Section C must be completed	т тпе Елеуацоп Сеп.	mcate is intent	sed for use as supporting
	(Select the building diagram most sir	milar to the building	for which this	certificate is being completed -
	m accurately represents the building,			
	iding basement or enclosure) of the bi	uilding is/_	(ft)(m) [[6][n/(cm) L/ above or L below
check one) the highest adjacen				
	epth number is available, is the top of	· ·		•
loodplain management ordinand				is information in Section G.
	F - PROPERTY OWNER (OR OWNE			· · · · · · · · · · · · · · · · · · ·
	norized representative who completes	Sections A, B, and	E for Zone A (without a FEMA-issued or
munity-issued BFE) or Zone AC	o must sign here.			
PERTY OWNER'S OF OWNER'S	AUTHORIZED REPRESENTATIVE'S NAME NO DONOUGH	ME		
		Y	STATE	ZIP CODE
165 DAN LL	IS VVAY NOU	1,470 C	ALIFOR	11A 914945
NATURE	DA'	TE	TELEPI	HONE
MMENTS		 		
				Check here if attachments
	SECTION G - COMMUNITY IN			
	y law or ordinance to administer the c			
	s Elevation Certificate. Complete the a C was taken from other documentation			
	s authorized by state or local law to co			•
ejevation data in the Comm	•	stary storeduct, miles	manon: (maio	are the boarde and date of the
	eted Section E for a building located in	Zone A (without a	FEMA-issued	or community-issued BFE) or
Zone AO.				
The following information (It	tems G4-G9) is provided for communi	ty fioodplain manag	jement purpos	es.
PERMIT NUMBER	G5. DATE PERMIT ISSUED	1	ERTIFICATE O	F COMPLIANCE/OCCUPANCY
		ISSUED		
This permit has been issued for.	:	·	nı	ft.(m) Datum:
3FE or (in Zone AO) depth of flo	· · · · · · · · · · · · · · · · · · ·	<u> </u>		ft.(m) Datum:
, ,				
CAL OFFICIAL'S NAME	ERRH DUNN		HIEER	· <u> </u>
MMUNITY NAME	ENGINEERING DIVISIO	TELEPHONE 4	15-89	7-4359
NATURE	7	DATE	1/2:	
MENTE	· Clum	2/10	0/01	
YUNDATION FLOOR	STELLEVATION = 51.2,	5.6 BELOW	Y FINISH	ED FLOOR ELEVATION
EYHTICK REFEREN	CE POINTS ESTABLISI	46047576	PERT CRIA	ITER LINE AND TOP OF
2B ELIZYATIONS FRE	MASBULT PLAN, BE	ENCH MARK	ON SAN	Check here if attachments
15 KLHY, AND 10	O SCALA GIS MARS	INUNDATIO	ON FLOO.	D FILLINATION ESTABLISH
	M FROOD INSURANCE			
(FI	RM) AND 100 SE	alt GIS	DRAIN	KG/Z MAP