79-802

EHALEMERGEN	ICY MANAGEM	ENT AGENCY
NATIONAL FLOC	D INSURANCE	PROGRAM

# POSTCONSTRUCTION CERTIFICATION FORM

CO NITY NAME COMMUNITY NUMBER NOVATO (Marin County) 060178 A

### INSTRUCTIONS

The community permit official completes Section I below. Section II may be completed by any of the professionals listed at the beginning of Section II, or by a similarly qualified local permit official. Print or type the information on this form. This form is to be used for new construction and for substantial improvements to existing structures in Zones A1-A30, AH and V1-V30. The community submits the form to the address listed below once the structure is sufficiently completed to fill in Section II.

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SECTION - I  (To be completed by the community permit official)  PROPERTY ADDRESS (or lot and block numbers if address is unavailable)				
FIA MAP PANEL ON WHICH PROPERTY IS LOCATED		FIA MAP ZONE IN WHICH PROPERTY IS LOCATED		
060178 0002A		Zone AO (Est. Depth 2†)		
FIA MAP EFFECTIVE DATE		BASE FLOOD ELEVATION AT THE PROPOSED SITE (Obtain from FIA's map even if more restrictive elevations are required locally)		
January 19, 1978		Est. Depth 2		
DATE OF BUILDING PERMIT ISSUANCE OFFICIAL'S NAME  September 6, 1979 Robert B. Pedronce			PHONE (with Area Code)	
		elli	(415) 897-4333	
START OF CONSTRUCTION DATE	·			
Signature)  9-17-80 (Date)				
· SECTION - II				

## INSTRUCTIONS

Complete only the Elevation Certification unless the structure has been floodproofed at least to the base flood elevation. If floodproofing is used, complete only the Floodproofing Certification. The Elevation Certification may be completed by a registered professional engineer, architect, or surveyor. The Floodproofing Certification may only be completed by a registered professional engineer or architect.

## **ELEVATION CERTIFICATION**

I certify that the structure at the property location described above has the first floor at an elevation of \_ feet NGVD (mean sea level).

Note: Also indicate the elevation of the basement floor, or put N/A for nonapplicable.

CERTIFIER'S NAME AFFIX SEAL OR WRITE PROFESSIONAL David L. Glendening LICENSE NO BELOW: TITLE Vice President ADDRESS M & M CONSULTANTS, INC. 150 Ford Way, Novato, CA 94947

> /16/80 (Date)

For PAYMENT: The community submits a copy of this form to:

The National Flood Insurance Program Post Office Box 34294

Bethesda, Maryland 20034 Attention: Community Reporting Project