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:		
BUILDING OWNER'S NAME THOMAS TUERKE	Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or-Bidg, No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number		
CITY NOVATO CALIFORNIA	ZIP CODE 94945		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	11-7-4-3		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)			
KESI DIENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: L. GPS (Type): (##° - ##' - ##.##" or ##.####") L. IUSGS Quad Man	Other:		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFJP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME I	B3_STATE		
NOV.470 060/78 MARIN	CALIFORHIA		
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD NUMBER OOOZ C 9/29/89 SAME B7. FIRM PANEL B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.			
FIS Profile FIRM Community Determined Other (Describe):			
B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (De	escribe):		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes Wo Designation Date:			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: Construction Drawings* Building Under 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.		
pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	Sermicate is being completed - 586		
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 use	ed. 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 CL, GIS BM Does the elevation reference mark used appear	ron the FIRM? Yes Mo		
D a) Top of bottom floor (including basement or enclosure) D b) Top of next higher floor MA fl (m) fl (m)			
☐ e) Lowest elevation of machinery and/or equipment			
☐ f) Lowest adjacent grade (LAG) 36 Z(ft(m) = 56			
d g) Highest adjacent grade (HAG)			
D h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade / 1/4			
i) Total area of all permanent openings (flood vents) in C3h V/A 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.			
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Sec	tion 1001.		
TITLE COMPANY NAME LICENSE NUMBER			
ADDRESS CITY STATE	710 0005		
SIGNATURE DATE TELEPHO	ZIP CODE		
DATE TELEPHO	VIVE		

MPORTANT: In these spaces, copy the corresponding information from Section A. UILDING STREET ADDRESS (Including Appl., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		For Insurance Company Use:	
BUILDING STREET ADDRESS (Includin	g Apt., Unit, Suite, and/or Bldg. No.) OR P.O. F	ROUTE AND BOX NO.	Policy Number
MOVITO	STATE C.4LI FORIVIA	ZIP CODE 94947	Company NAIC Number:
SECTION) - SURVEYOR, ENGINEER, OR ARCHIT	TECT CERTIFICATION (COI	NTINUED)
	ertificate for (1) community official, (2) insu		
COMMENTS	7.1110010 (e. (7) 007111 01111) 01110111, (2) 11100	manoo agamoompan,, ana (o, boliang emer.
	ATION INFORMATION (CURVEY NOT F	TOURSEN FOR TONE AG	Check here if attachments
	ATION INFORMATION (SURVEY NOT R	**************************************	
or Zone AO and Zone A (Without Br Information for a LOMA or LOMR-F,	FE), complete Items E1 through E3. If the Section C must be completed.	Elevation Certificate is inten	ded for use as supporting
1. Building Diagram Number 🥕	(Select the building diagram most similar		certificate is being completed -
	n accurately represents the building, prov		
•	ding basement or enclosure) of the buildir	ng is [[/(#2(m) [[8]	(n.(cm) L above or below
(check one) the highest adjacent 3. For Zone AO only. If no flood de	r grade. epth number is available, is the top of the b	bottom floor elevated in acco	rdance with the community's
floodplain management ordinand		he local official must certify ti	
SECTION	F - PROPERTY OWNER (OR OWNER'S	REPRESENTATIVE) CERT	IFICATION
•	norized representative who completes Sec	tions A, B, and E for Zone A	(without a FEMA-issued or
community-issued BFE) or Zone AC) must sign here.		
PROPERTY OWNER'S OR OWNER'S	AUTHORIZED REPRESENTATIVE'S NAME		
- HOMAS	TURRER	DT 4 T T	
ADDRESS 49 Mc CLA	y Ro Novaro	STATE C,4	ZIP CODE 94947
SIGNATURE	DATE	TELÉP	PHONE
COMMENTS			
			Check here if attachments
<u> </u>	SECTION G - COMMUNITY INFOR	RMATION (OPTIONAL)	Check here it attachments
he local official who is authorized b	y law or ordinance to administer the comm		ent ordinance can complete
ections A, B, C (or E), and G of this	Elevation Certificate. Complete the appli	icable item(s) and sign belov	v.
	was taken from other documentation that		· · · · · · · · · · · · · · · · · · ·
engineer, or architect who in elevation data in the Comm	s authorized by state or local law to certify	elevation information. (Indi-	cate the source and date of the
	eted Section E for a building located in Zor	ne A (without a FEMA-issued	or community-issued BFE) or
Zone AO.	Ų.		•
3. [] The following information (It	tems G4-G9) is provided for community fic	oodplain management purpos	ses.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		OF COMPLIANCE/OCCUPANCY
67. This permit has been issued for	New Construction Substan	ISSUED htial Improvement	
•	(including basement) of the building is:	alai improvement	ft.(m) Datum:
9. BFE or (in Zone AO) depth of fig			ft.(m) Datum:
LOCAL OFFICIAL'S NAME	T	ITLE F.	7
COMMUNITY NAME,	PAN _DUNN	ELEPHONE ELEPHONE	
-1 TY OF LOXATO, 12	MGINIERRING DIVISION	415-89	77-4359
SIGNATURE) The second	tourn	DATE 4/4/01	
COMMENTS FLUOR FLUOR	BLEVATION = 35.9- 3.1	BRLOW FINISH	LED FLOOR TELEXATION
	ICE PUINTS ESTABLISHE		
	O SCALE GISMAPAND		
887 Mckey RD -	FRUNDATION FLOOD ELEVA	THON ESTABLISHE	D FROM FLOOD INSUR
EMA Form 81-31, AUG 99 PATA	EMAP (FIRM) AND 10	3	LACES ALL PREVIOUS EDITIONS
GIS	S DRAINAGE MAPUSING	BFEZ	