



FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

OMB 3067-0077
Expires: July 1984

ELEVATION CERTIFICATE

This form is to be used for 1) New/Emergency Program construction in Special Flood Hazard Areas, 2) Pre-FIRM construction after September 30, 1982, 3) Post-FIRM construction and 4) Other buildings rated as Post-FIRM rules

Stafford Associates, Inc. P.O. Box 436 Ross, CA 94957
BUILDING OWNER'S NAME ADDRESS

Legal: Cedar Creek Condominiums, Bldg. 2
PROPERTY LOCATION (Lot and Block numbers and address if available) C21 & C25 (upper)

Address: 1755 Novato Blvd., Novato, CA 94947 Bldg. C/Units C1, C2, C3, C4 & C5

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

SECTION I ELIGIBILITY CERTIFICATION (Completed by Local Community Permit Official or a Registered Professional Engineer, Architect or Surveyor)

COMMUNITY NO.	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	DATE OF CONSTR.	BASE FLOOD ELEV. (in AO Zone, use depth)	BUILDING IS
060178	0002	A	1-19-78	AO	June, 1983	Est. Depth 2'	<input type="checkbox"/> New Emergency <input type="checkbox"/> Pre-FIRM Reg. <input checked="" type="checkbox"/> Post-FIRM Reg.

YES NO It is intended that the building described above will be constructed in compliance with the community's flood plain ordinance. The certifier may rely on community records. The lowest floor (including basement) will be at an elevation of _____ ft. NGVD. Failure to construct the building at this elevation may place the building in violation of the community's flood plain management ordinance.

YES NO The building described above has been constructed in compliance with the community's flood plain management ordinance based on elevation data and visual inspection or other reasonable means. If NO is checked, attach copy of variance issued by the community.

YES NO The mobile home located at the address described above has been tied down (anchored) in compliance with the community's flood plain management ordinance, or in compliance with the NFIP Specifications.

MOBILE HOME MAKE	MODEL	YR OF MANUFACTURE	SERIAL NO.	DIMENSIONS
				X

(Community Permit Official or Registered Professional Engineer, Architect, or Surveyor)

NAME Tom Nolan ADDRESS 901 Sherman Ave.

TITLE City Engineer CITY Novato STATE CA ZIP 94947

SIGNATURE *Tom Nolan* DATE 2/3/84 PHONE (415) 897-4341

SECTION II ELEVATION CERTIFICATION (Certified by a Local Community Permit Official or a Registered Professional Engineer, Architect, or Surveyor)

FIRM ZONE A1-A30. I certify that the building at the property location described above has the lowest floor (including basement) at an elevation of _____ feet, NGVD (mean sea level) and the average grade at the building site is at an elevation of _____ feet, NGVD.

FIRM ZONES V, V1-V30. I certify that the building at the property location described above has the bottom of the lowest floor beam at an elevation of _____ feet, NGVD (mean sea level), and the average grade at the building site is at an elevation of _____ feet, NGVD.

FIRM ZONES A, A99, AO, AH, and EMERGENCY PROGRAM. I certify that the building at the property location described above has the lowest floor elevation of 32.2 feet, NGVD. The elevation of the highest adjacent grade next to the building is 30 feet, NGVD.

FIRM ZONES A, A1-A30, V1-V30, AO and AH. Certified Floodproofed Elevation is _____ feet, (NGVD).

THIS CERTIFICATION IS FOR SECTION II BOTH SECTIONS II AND III (Check One)

CERTIFIER'S NAME Arthur T. Coleman COMPANY NAME Oberkamper & Associates LICENSE NO. (or Affix Seal) RCE 16429

TITLE Engineer ADDRESS 10 Paul Drive, San Rafael, CA ZIP 94903

SIGNATURE *Arthur T. Coleman* DATE 2-2-84 CITY San Rafael STATE CA PHONE (415) 479-8662

The insurance agent should attach the original copy of the completed form to the flood insurance policy application, the second copy should be supplied to the policyholder and the third copy retained by the agent

INSURANCE AGENTS MAY ORDER THIS FORM

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