FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: Policy Number BUILDING OWNER'S NAME <u>GUASCO</u> 414 BUILDING STREET ADDRESS (Including Apt., Unit., Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number ERNOSA AZA STATE ZIP CODE CITY VOVATO ALIFORNIA 94945 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) # 140-201-21 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessor), etc. Use Comments section if necessary.) だらしカダルナレベム LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: GPS (Type) SOURCE. ##°-##'-##.##" or ##.####") | NAD 1927 L_INAD 1983 USGS Quad Map 1 Other SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE 060178 2.ALIFURNIA (10 VATO B7, FIRM PANEL B8, FLOOD B9, BASE FLOOD ELEVATION(S B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX DATE EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding, NUMBER 40 0002 24/89 SAME B10 Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. | | FIRM [] Community Determined ___ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: L__I NGVD 1929 LV NAVD 1988 L__I Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? No. Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: L__IConstruction Drawings* Finished Construction _[Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number \iint (Select the building diagram most similar to the building for which this certificate is being completed - sepages 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 Does the elevation reference mark used appear on the FIRM? Elevation reference mark used 4 (f. (m) a) Top of bottom floor (including basement or enclosure) □ b) Top of next higher floor C) Bottom of lowest horizontal structural member (V zones only) **€**.**6**€t.(m) 20m) O d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment servicing the building f) Lowest adjacent grade (LAG) ☐ g) Highest adjacent grade (HAG) 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. Lunderstand 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 STATE ZIP CODE ADDRESS CITY TELEPHONE SIGNATURE DATE

THE OING STREET ADDRESS Including	y the corresponding information from Sec		For Insurance Company Use:
UILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO			Policy Number
NOVATO	STATE C.4LI FORNIA	ZIP CODE 94945	Company NAIC Number
7 70071	<u>OFFICE STA</u>	-7 7-7-13	
SECTION D -	SURVEYOR, ENGINEER, OR ARCHITECT	CERTIFICATION (CON	ITINUED)
opy both sides of this Elevation Cert	ificate for (1) community official, (2) insuranc	e agent/company, and (3	3) building owner.
OMMENTS			
			-
			Check here if attachments
SECTION E - BUILDING ELEVA	TION INFORMATION (SURVEY NOT REQU	JIRED) FOR ZONE AO	and ZONE A (WITHOUT BFE)
	E), complete Items E1 through E3 If the Elev	vation Certificate is intend	ded for use as supporting
formation for a LOMA or LOMR-F, Se			
	Select the building diagram most similar to the		certificate is being completed -
	accurately represents the building, provide a ing basement or enclosure) of the building is		nd (om) I labour of I labour
 the top of the bottom floor (including the continuous) (check one) the highest adjacent ς 			(cm) above or below
	grade. oth number is available, is the top of the botto	m floor elevated in accor	dance with the community's
floodplain management ordinance			is information in Section G.
	- PROPERTY OWNER (OR OWNER'S REP		
The property owner or owner's autho	orized representative who completes Sections	A, B, and E for Zone A	without a FEMA-issued or
community-issued BFE) or Zone AO	·		•
PROPERTY OWNERS OR OWNER'S A	UTHORIZED REPRESENTATIVE'S NAME		
	<u> </u>		
ADDRESS P	44 COTY	STATE	ZIP CODE
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SIGNATURE			94945
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