FEDERAL EMERGENCY	MANAGEMENT AGENCY NAT	ONAL FLOOD INSU	IRANCE PROGH	AM
This form is to be us for: 1) Post-FIRM construc y v			nd ~ Pre-FIRM build	ings rated using Pol. FIRM rules.
	u for completing this form can be k			
BUILDING OWNER'S NAME			POLICY NUM	BER
13507 F. AV	enve W-11			
STREET ADDRESS				
AptA/Unit-U Suite-S/BidgB	NO.	ROUTE	_ · _	BOX NUMBER
APN 3037-026-0	204		BPC	? # 5103-0
OTHER DESCRIPTION (Block and lot numbers., etc.)	······································		1	i.A. Comig-Dpw
Pearblessem				<u>a 93553</u>
			ST	ATE ZIP CODE
This form is to be completed by a land surveyor, el information for zones A1-A30, AE, AH, A(with BFE) owner, or the owner's representative should compli- authorized by local law or ordinance to provide floo), V1-V30, VE, and V(with 8FE) is ete the information in Section I an odplain management information n	required. In the case of d may also complete (hay also complete this	of zone AO, the bu he certification. Co form.	uiding official, the property
SEC	TION I BUILDING ELEVAT	ION INFORMATIO	N	
1, Using the Flood Insurance Manual or the Ni	FIP Flood Insurance Applicatio	n-Part 2 Workshee	t, indicate the pr	oper diagram number 🖊
2) FIRM Zones A1-A30, AE, AH, and A (with	BFE). The top of the reference	level floor from the	selected diagra	am is at an
elevation of 3257.4 feet NGVD. (or o	ther datum-see #5)			
3. FIRM Zones V1-V30, VE. and V (with BFE)). The bottom of the lowest ho	rizontal structural m	ember of the re	ference level floor from -
the selected diagram is at an elevation of	feet NGVD (or other o	atum-see #5).		
4. FIRM Zone AO. The floor used as the refe		-	-	-
the building (also enter in line 8). This value	-			
flood depth number is available, is the buil		elevel) elevated in	accordance wit	h the community's
	Yes No Unknown			and da . N
Indicate the elevation datum system used				
Indicate the elevation datum system used	on the FIRM for base flood ele	vations: XNGVD	Other (descri	be on back)
(ATTENTION: If the elevation datum used in	n measuring the elevations is diffe	rent than that used on	the FIRM, then th	e elevations provided
must be converted to the datum system use				
7. Is the reference level based on actual con				
 A "No" answer is only valid if the buildir tion drawings and do not complete quest 	ng does not have the reference	e level floor in place	. Fill in the elev	ation based on construc-
construction. After construction of the rel				
continued flood insurance coverage	• •	•		
 a. The reference level is: 	D. 1	ue darage noor (ii)	thbucante) is:	
이외 feet 조 above Delow (check o				ck one) the highest grade.
017 feet X above below (check o	ne) the lowest grade.	15 feet A above	below (cheo	ck one) the lowest grade.
SECTION	I FLOOD INSURANCE R	ATE MAP INFORM	ATION	
	A.C DIP.W.)			
COMMUNITY NO. PANEL NO. SUFFIX	DATE OF FIRM & FIRM ZONE	BASE FLOOD EI	EV. COMMUNI	TY ESTIMATED BASE FLOOD
065043 410 B	11-15-85 A	In AO Zone use c	3	20NE V. IF AVAILABLE 3256.1
Elevation reference mark used appears on F		erse side for details FICATION	<u> </u>	
This certification is to be signed by a land surveyo			lo certify elevation	information when the
elevation information for zones A1-A30, AE, AH, A	(with BFE), V1-V30, VE, and V/wi	h BFE) is required. In	the case of zone	AO, the building official, the 📔
property owner, or the owner's representative can floodplain management information, may also sign	1 the certification. I certify that the	information on this ca	rtificate represents	my best efforts to interpret
the data available. I understand that any false star	tement may be punishable by fine	or imprisonment unde	r 18 U.S. Code, S	ection 1001.
T TANCE UTITED		T C (000		
J. LANCE HILLER		L.S. 4089 LICENSE NUMBER	for Attix Seall	
			fer sum Geed	
OK INTER	SITE SURVE	LTING		
OWNER				
TITLE	COMPANY N			0252/
	COMPANY N/ Lancaster	ME	CA	93534
42919 Chicory Ave.	COMPANY N	Y	STA	TE ZIP
ADDRESS	COMPANY N/ Lancaster	y October 2	sta 6, 1992	te zip (805) 948-2428
ADDRESS	COMPANY N Lancaster Cit	v October 2	sta 6, 1992 date	te zip (805) 948-2428 phone
TITLE 42919 Chicory Ave. ADDRESS SIGNATURE The insurance agent should attach the original coordinated attach the originated attach the o	COMPANY N/ Lancaster Cit	Y October 2	STA 6, 1992 DATE	TE ZIP (805) 948-2428 PHONE
TITLE 42919 Chicory Ave. ADDRESS SIGNATURE The insurance agent should strach the original copy policyholder and the third copy	COMPANY N/ Lancaster Git 	Y October 2 maurance policy applicat y is for the local commu looduces.	STA 6, 1992 DATE Ion. The second cop nity permit office. If	TE ZIP (805) 948-2428 PHONE y should be supplied to the required.
TITLE 42919 Chicory Ave. ADDRESS SIGNATURE The insurance egent should attach the original coop	COMPANY N/ Lancaster Git of the completed form to the flood retained by the spent. The fourth coo THIS FORM MAY BE REP THIS FORM MAY BE REP ince level also the lowest floor und	Y October 2 maurance policy applicat y is for the local commu looduces.	STA 6, 1992 DATE Ion. The second cop nity permit office. If	TE ZIP (805) 948-2428 PHONE y should be supplied to the required.