



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with this community's participation in the National Flood Insurance Program's Community Rating System, all FEMA Elevation Certificates must be correct and complete. The attached Certificate has some incorrect items which are noted here.

| SECTION A - PROPERTY INFORMATION | | For Insurance Company Use: |
|---|--|----------------------------|
| A1. Building Owner's Name | | Policy Number |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | | Company NAIC Number |

City State ZIP Code
Saugus CA 91390

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
AIN: 3228-014-006

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)

A5. Latitude/Longitude: Lat. Long. Lat 34°36'41.9" Long 118°23'51.6" Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number

A8. For a building with a crawl space or enclosure(s), provide

- a) Square footage of crawl space or enclosure(s) sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade
c) Total net area of flood openings in A8.b sq in

A9. For a building with an attached garage, provide:

- a) Square footage of attached garage sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade
c) Total net area of flood openings in A9.b sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|------------|-------------------------------------|---------------------------------------|-------------------|---|
| B1. NFIP Community Name & Community Number | | B2. County Name | | B3. State | |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date July 6, 1998 | B7. FIRM Panel Effective/Revised Date | B8. Flood Zone(s) | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe)

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe) N/A

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date ☐ CBRS ☐ OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIA/E, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized Vertical Datum

Conversion/Comments

COMMENTS:

Project started when form was valid. Completed when form expired.

Section E, E5 is not applicable. Disregard C3 in Section C.

Date of Review:

7/29/10

Community Official:

George De La O

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

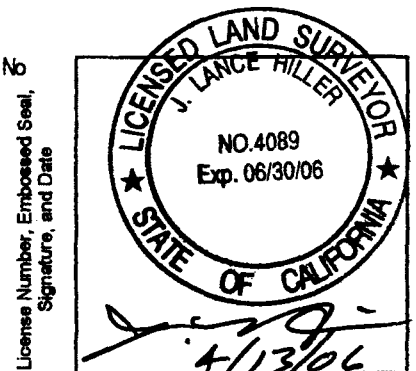
ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use: | |
|--|-------------|--|----------------------------|--|
| BUILDING OWNER'S NAME [REDACTED] | | | Policy Number | |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 15151 CALLE SAN LUIS POTOSI | | | Company NAIC Number | |
| CITY GREEN VALLEY | STATE CA | ZIP CODE 91350 | | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL 3228-014-006 | | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) ADDITION | | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##-##-##.## or ##.####) | | HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | | SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
|---|-----------------|---------------------------------|--|-------------------------|--|
| B1. FIP COMMUNITY NAME & COMMUNITY NUMBER UNINCORPORATED AREA 065043 | | B2. COUNTY NAME LOS ANGELES | | B3. STATE CA | |
| B4. MAP AND PANEL NUMBER 065043 0220 | B5. SUFFIX B | B6. FIRM INDEX DATE 11/15/85 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 12/2/80 | B8. FLOOD ZONE(S) AO | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 2 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): | | | | | |
| B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date | | | | | |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | |
|---|----------------------|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. | |
| C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 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 C3.-a-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. Datum <u>NGVD1929</u> Conversion/Comments | |
| Elevation reference mark used <u>LOS ANGELES</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | <u>3042.6</u> ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | <u>3044.6</u> ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | <u>NA</u> ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | <u>NA</u> ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) | <u>3043.0</u> ft.(m) |
| <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) | <u>3042.6</u> ft.(m) |
| <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) | <u>3042.6</u> ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4 | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>350</u> 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, Section 1001. | | | |
| CERTIFIER'S NAME J. LANCE HILLER | | LICENSE NUMBER L.S. 4089 | |
| TITLE SURVEYOR | | COMPANY NAME SITE SURVEYING | |
| ADDRESS 42919 CHICORY AVE | CITY LANCASTER | STATE CA | ZIP CODE 93534 |
| SIGNATURE [Signature] | DATE 3/29/2006 | TELEPHONE 661/948-2428 | |

| | | | | |
|--|-------------|-------------------|----------------------------------|--|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | For Insurance Company Use | |
| BUILDING STREET ADDRESS (including Apt., Unit, Suite, or Bldg. No.) OR P.O. ROUTE AND BOX NO. 15151 CALLE SAN LUIS POTOSI | | | Policy Number | |
| CITY GREEN VALLEY | STATE CA | ZIP CODE 91350 | Company NAIC Number | |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

C3: BENCH MARK IS LOS ANGELES COUNTY ROAD DEPT

C3b: ELEV. IS TOP OF FORM.

C3e: ELEV. IS CONC. PAD OF OUTDOOR AIR CONDITIONING UNIT.

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is 0 ft.(m) 0 in.(cm) ☒ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is 2 ft.(m) 0 in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is 0 ft.(m) 4 in.(cm) ☒ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?

☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

J. LANCE HILLER

ADDRESS

42919 CHICORY AVE.

CITY

LANCASTER

STATE

CA

ZIP CODE

93534

SIGNATURE

DATE

3/29/2006

TELEPHONE

661/948-2428

COMMENTS E3: TOP OF FORM.

E4: THIS IS CONC. PAD OF OUTDOOR AIR CONDITIONING UNIT.

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

| | | |
|-------------------|------------------------|---|
| G4. PERMIT NUMBER | G5. DATE PERMIT ISSUED | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED |
|-------------------|------------------------|---|

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

_____. ft.(m)

Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is:

_____. ft.(m)

Datum:

| | |
|-----------------------|-----------|
| LOCAL OFFICIAL'S NAME | TITLE |
| COMMUNITY NAME | TELEPHONE |
| SIGNATURE | DATE |
| COMMENTS | |

☐ Check here if attachments