## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

orm is to be used for: 1) Post-FIRM constructic vinen the base flood information is available for the building. ad 2) Pre-FIRM buildings rated using Post-FIRM rules.

	Instruc	tions for completing	this form can be foun	on the	reverse sd.			
UILDING OWNER'S NAME	4					p	OLICY NUMBER	
15770 SPUNKY C	ANYON ROAD							
TREET ADDRESS					:			
			· .					
AptA/Unit-U Suite-S/BldgB		NO.		H	OUTE .			BOX NUMBER
TR 6639 BLK. 9	LOTS 11,	12, 13					BPC é8.0	0-6839
OTHER DESCRIPTION (Block and lot no	umbers., etc.)							
GREEN VALLEY							CA	91350
SITY							STATE	ZIP CODE
This form is to be completed by a information for zones A1-A30, AE, owner, or the owner's representati authorized by local law or ordinant	AH, A(with BFE), ' ve should complete	V1-V30, VE. and ' e the information	V(with BFE) is req in Section I and n	uired. II nav also	n the case of complete th	zone . e certi	AO. the building	official, the property
	SECTI	ON I BUILD	ING ELEVATIO	N INF	ORMATION			
	H, and A (with Bit of NGVD. (or other NGVD. (or other NGVD. (or other NGVD. (or other NGVD.)  In elevation of	FE). The top of er datum—see if The bottom of the FIRM for the FIRM.)  The FIRM for the Bottom on the FIRM.)  The control of the Bottom of of the	the reference left) the lowest horize the lowest horize the lowest horize the selected dia to or greater the or (or reference Inknown e above reference base flood eleva evations is different the reference left c checked, this or is completed, a e next to the but b. The	ontal standard secondard s	tructural me e #5). isfeet AO Zone fleelevated in a elevated in a elevations Relevations from the properties of the construction (round to the floor (if a)above	above cood d accord  City No C	of the reference highest nature eith number lance with the GVD Other (describe of M, then the elevation only for build ation certifications: low (check on the check of the ch	s at an ace level floor from trail grade next to listed below. If no ecommunity's ar (describe on back) vations provided based on constructings in the course of the cours
	SECTION II	FLOOD IN	SURANCE RAT	E MAP	INFORMA	TION		
Provide the following from the	proper FIRM (se	e instructions of	on back-Date of	FIRM)	and accon	npanyi	ng insurance	application:
COMMUNITY NO. PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	i, (in A	SE FLOOD ELE O Zone, use de County , Dé	pth)	<b>ELEVATION EST.</b>	TIMATED BASE FLOOD ABLISHED FOR ZONE A V, IF AVAILABLE
065043 215	В		A:	1	,,,,,,		2920.	
Elevation reference mark used	appears on FiF	RM 🗌 Yes 🛭	No (See revers	e side	for details)			
		SECTION	III CERTIFIC	ATION	4			
This certification is to be signed be elevation information for zones Al property owner, or the owner's refloodplain management information the data available. I understand the DONALD E. HAL	i-A30, AE, AH, A(w presentative can si in, may also sign ti hat any false states	rith BFE), V1-V30 ign the certification he certification. I	), VE, and V(with E on. Community offi certify that the infi	BFE) is icials will crimation impriso	required. In the are author on this cert inment under 123862	he cas ized by ificate 18 U.S	e of zone AO, ti olocal law or or represents my l of Code. Section	he building official, the dinance to provide best efforts to interpre
CERTIFIER'S NAME		LIATE	c yecoctan		ISE NUMBER (	or Affix :	Seal)	
PRESIDENT		- nale	& ASSOCIAT		TIVC.			
TITLE	mas: + 22 == 1=1	TM P					<b>03</b>	01255
26017 HUNTING		TIR	VALENCIA CITY				CA STATE	91355
ADDRESS V) EL LE	フ <u></u>		Gii		21	da	,	ZIP 0.400
					<u> </u>	2/4	<del>'</del>	305)295-0400
SIGNATURE					6/	ĄE.		ONE
The insurance agent should attac policyholder a	ch the original copy on the third copy ret	ained by the agent	. The fourth copy is	for the	olicy applicatio local communi	n. The : ly perm	second copy shou It office, if require	uid be supplied to the
OR OPTIONAL COMMUNITY US		THIS FOR	M MAY BE REPROD	UCED.				

YES NO If NO the elevation of the lowest floor is \_\_\_\_\_\_feet NGVD.