| | | FLOOD II | NSURANCE P | ROGRAM | - | OMB 30 Expires: |)67-0077 July 198 |
|---|---|---|---|--|---|--|--|
| This form is to be used for: 1 September 30, 1982; 3) Post-1 | LEVATI | gram constru | ction in Special F | lood Hazard | Areas; 2) Pre-Fl | IRM construction | n after |
| | rinw construction, and | u, 4) Other D | undings rated as | Post-FIRM R | lies. | | |
| BUILDING OWNER'S | <u></u> | | ADDRESS | | | ······ | |
| 18004 West Av | enue E | | | | · · · · · · · · · · · · · · · · · · · | | |
| PROPERTY LOCATION (Lot | | | available) | | 1 | | |
| Lancaster, Ca certify that the information statement may be punishable SECTION I ELIGIBILITY C | on this certificate repre- by fine or imprisonme ERTIFICATION (Com | esents my be ent under 18 | U.S. code, Sectio cal Community Pe | n 1001. | | | |
| COMMUNITY NO PANEL NO. 5 065043 0075 | B 11-15-85 | FIRM ZONF | DATE OF CONSTR. 1986 | BASE FLOC (In AO Zone. | | ING IS | Reg |
| ordinance. The ce of 2782.5 ft. | the building described ertifier may rely on cor NGVD. Failure to con flood plain managemen | nmunity reco struct the bu | be constructed in ords. The lowest f uilding at this elev | loor (includir | ig basement) w | unity's flood plai |] |
| | cribed above has been on elevation data and v attach copy of variance | visual inspec | tion or other reas | | | in management | F, |
| YES NO The mobile home | located at the address d plain management or | | | | | pliance with the | |
| MOBILE HOME MAKE | MODEL | | OF MANUFACTU | ······ | SERIAL NO. | DIMENSIO X | NS |
| (Community Permit Official C NAME BAPTY TITLE CIVILENG | Tolcr Tolcr The Tolry | | ADDRESS | | V Ave Ca. | J zip 9 | 353 |
| NAME BARRY TITLE CIVILENG SIGNATURE BELL SECTION IL ELEVATION OF FIRM ZONE A1-A30: 1 cert at an | TOLCY VINCEY TCITY MY Joley SERTIFICATION (Cert Arch | Lanc tified by a Lo itect, or Surv the property feet, NG | ADDRESS / CASHER DATE 7/2 pical Community Prove veyor.) v location describ VD (mean sea leve | STATE STATE STATE UIG PHC ermit Official ed above has | Ca. DNE 8Q5- or a Registered | ZIP 9 945-6 Prolessional En | ement) |
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INSURANCE AGENTS MAY ORDER THIS FORM