## RAL EMERGENCY MANAGEMENT & FICY

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

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**ELEVATION CERTIFICATE** 

Importan	t: Read the instructions on pag	jes 1 - 7.	
SECTION	A - PROPERTY OWNER INFORMA	TION	For Insurance Company Use
BUILDING OWNER'S NAME	,		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite		BOX NO.	Campany NAIC Number:
CITY / NE HIV. 115	STATE	CA	ZIP CODE 93532
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax	Parcel Number, Legal Description, etc.)		7.33.2-
BUILDING USE (e.g., Residential, Non-residential, Addition		if necessary.)	
	DITION ONTAL DATUM: SOURCE: I	GPS (Type):	
(##*-##-##.##" or ##.#####") [_[NAD 19		USGS Quad Map	Other:
SECTION B - FLO	OD INSURANCE RATE MAP (FIRM	) INFORMATION	
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER L.A. Co. 065043	B2 COUNTY NAME LOS ALBELES	[ E	IS. STATE
84. MAP AND PANEL   85. SUFFIX   86. FIRM IN	DEX B7. FIRM PANEL	88. FLOOD	B9. BASE FLOOD ELEVATION(S
NUMBER B DEC. 2,	EFFECTIVE/REVISED DATE	ZONE(S)	(Zone AO, use depth of flooding)
810. Indicate the source of the Base Flood Elevation (		d in B9.	
	runity Determined Other (De		
B11. Indicate the elevation datum used for the BFE in			
B12. Is the building located in a Coastal Barrier Resou	rces System (CBRS) area or Otherw	ise Protected Are	a (OPA)? LIYes XNo
Designation Date:			•
SECTION C - BUILDI	NG ELEVATION INFORMATION (SI	JRVEY REQUIRE	ED)
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 comple	ete.	
C2. Building Diagram Number (Select the build			ertificate is being completed - se
pages 6 and 7. If no diagram accurately represen			
C3. Elevations – Zones A1-A30, AE, AH, A (with BFE)			
Complete Items C3a-i below according to the build	ling diagram specified in Item C2. St	ate the datum use	d. If the datum is different from
the datum used for the BFE in Section B, convert calculation. Use the space provided or the Comm	ne datum to that used for the BPE. S	now were measur	ements and calum conversion
Datum Conversion/Comments	ents at ear of Section D or Section S,	as appropriate, to	
Elevation reference mark used	Does the elevation reference r	nark used appear	on the FIRM?YesN
a) Top of bottom floor (including basement or e		ft.(m) 🛒 🗍	
b) Top of next higher floor		fL(m)	
C) Bottom of Jowest horizontal structural members	er (V zones only)	fL(m) 👯	
C d) Attached garage (top of slab)		fL(m) 출발	
<ul> <li>e) Lowest elevation of machinery and/or equipre</li> </ul>	nent	7 E	
servicing the building	•	ft(m) [a]	
☐ f) Lowest adjacent grade (LAG)	***************************************	tt(m) 老邊	
☐ g) Highest adjacent grade (HAG)	**************************************	fL(m) }	
h) No. of permanent openings (flood vents) with			
Q i) Total area of all permanent openings (flood v		(sq. cm)	
	EYOR, ENGINEER, OR ARCHITECT		المستقد
This certification is to be signed and sealed by a land	surveyor, engineer, or architect auth	orized by law to c	ertify elevation information.
I certify that the information in Sections A, B, and C of			
I understand that any false statement may be punished CERTIFIER'S NAME	able by fine or imprisonment under 18 LICE	8 U.S. Code, Sec NSE NUMBER	1001 10U7.
TITLE	COMPANY NAME		
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHO	NE .
SIGIN I WE	UNIE	I SLEFRUI	·

	NT: In these spaces,			For Insurance Company Use:
BUILDING		ding Apt., Unit, Suite, and/or Bidg. No.)	OR P.O. ROUTE AND BOX NO.	Policy Number
CITY	1 1/	STATE	ZIP CODE	Company NAIC Number
	LAKE HULLES		ARCHITECT CERTIFICATION (COI	NTINUEON
Canubath			**************************************	
COMMENT		Certificate for (1) community official	, (2) insurance agent/company, and (3	o) building owner.
COMMEN				
	· · · · · · · · · · · · · · · · · · ·			
	•			Check here if attachmer
SECTI	ION E - BUILDING ELE	VATION INFORMATION (SURVEY	NOT REQUIRED) FOR ZONE AO	ND ZONE A (WITHOUT BFE)
			4. If the Elevation Certificate is intend	ded for use as supporting
		, Section C must be completed.		
		_, _ , _ ,	t similar to the building for which this ng, provide a sketch or photograph.)	certificate is being completed -
		luding basement or enclosure) of th		n.(cm) Labove or K below
(check	one) the highest adjace	nt grade.		
			gher floor or elevated floor (elevation	HOPESSON SE
 54 .5ez 7e:	ft.(m) [[]in.(cm) abo	eve the highest adjacent grade.	of the hottom floor elevated in Sec.	sance with the community's
:4. Foi Zoi : floodol:	ain management ordinar	nce?   Yes     No     Unkn	of the bottom floor elevated in Qcca own. The local official must read to	s information is Section G.
ne i			NER'S REPRESENTATIVE	
The prope			tes Sections A, B, and E for the A (	Without & CEMA-issued
	y-issued BFE) or Zone A			Exp. 06-30-01
PROPERTY	COWNED'S OF OWNED'S	AUTHORIZED REPRESENTATIVE'S	NAME TO	
	AUTELONE VAL	EA ENIMERIAL, INC.		CIVIL
ADDRESS	1290W. DA	MRANST. LA	NCASTER 2	OF CAUSES
SIGNATUR	E - H	7/19000	PATE 100 TELEPH	
COMMENT	S	No.		
	THIS HOX?		MUSTED ON A RAISED	TOOK THINGE
	A CRAWL			Check here if attachmer
.=			INFORMATION (OPTIONAL)	
		-	e community's floodplain managemer	nt ordinance can complete
•	• •	•	ne applicable item(s) and sign below. tion that has been signed and embos	sed by a licensed surveyor.
			certify elevation information. (Indica	
ele	vation data in the Comm	nents area below.)		
	-	eted Section E for a building located	in Zone A (without a FEMA-issued o	or community-issued BFE) or
	ne AO. • following information (II	tems G4-G9) is provided for commi	unity floodplain management purpose	8
G4. PERMIT		G5. DATE PERMIT ISSUED	•	COMPLIANCE/OCCUPANCY
G FERMI	. HOMBER	GS. DATE PERMIT ISSUED	ISSUED	COMPENSACE COST AND
7. This per	rmit has been issued for	: New Construction S	ubstantial Improvement	
		(including basement) of the buildin	g is:	ft.(m) Datum:
9. BFE or	(in Zone AO) depth of fic	ooding at the building site is:	•	ft.(m) Datum:
LOCAL OFF	FICIAL'S NAME	·	TITLE	
COMMUNIT	Y NAME .		TELEPHONE .	
SIGNATURI	E		OATE	
COMMENT	S			
	· · · · · · · · · · · · · · · · · · ·			
<del></del>	· · · · · · · · · · · · · · · · · · ·			
				_  Check here if attachmen