



# 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 CINGULAR WIRELESS			Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 27011 WEST AVENUE C6			Company NAIC Number
City LANCASTER	State CA	ZIP Code 93536	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) AIN: 3275-013-004			

- A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) \_\_\_\_\_
- A5. Latitude/Longitude: Lat. \_\_\_\_\_ Long. \_\_\_\_\_ Lat 34° 47' 10.2" Long 118° 36' 43.7" 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                                                           | A9. For a building with an attached garage, provide:                                                       |
| b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____ | a) Square footage of attached garage _____ sq ft                                                           |
| c) Total net area of flood openings in A8.b _____ sq in                                                                | 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) 2988 feet

- 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) \_\_\_\_\_
- 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, ARA, ARAE, ARA1-A30, ARAH, ARAO. Complete Items C2.a-g below according to the building diagram specified in Item A7.  
 Benchmark Utilized \_\_\_\_\_ Vertical Datum \_\_\_\_\_  
 Conversion/Comments \_\_\_\_\_

### COMMENTS:

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Date of Review: 7/29/10 Community Official: [Signature]

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

**SUPPLEMENTAL INFORMATION FOR SECTION C**

**ELEVATION CERTIFICATE**

U.S. DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
National Flood Insurance Program

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

**SECTION A - PROPERTY INFORMATION**

<b>A1. Building Owner's Name</b>		<b>For Insurance Company Use:</b>
		Policy Number
<b>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</b> 27011 West Avenue C6		<b>Company NAIC Number</b>
<b>City</b> Lancaster, CA 93536	<b>State</b>	<b>ZIP Code</b>
<b>A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)</b>		
<b>A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)</b>		
<b>A5. Latitude/Longitude: Lat. _____ Long. _____</b>		<b>Horizontal Datum:</b> <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983
<b>A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.</b>		
<b>A7. Building Diagram Number</b> _____		
<b>A8. For a building with a crawlspace or enclosure(s):</b>		<b>A9. For a building with an attached garage:</b>
a) Square footage of crawlspace or enclosure(s) _____ sq ft		a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

<b>B1. NFIP Community Name &amp; Community Number</b>		<b>B2. County Name</b>		<b>B3. State</b>	
<b>B4. Map/Panel Number</b>	<b>B5. Suffix</b>	<b>B6. FIRM Index Date</b>	<b>B7. FIRM Panel Effective/Revised Date</b>	<b>B8. Flood Zone(s)</b>	<b>B9. Base Flood Elevation(s) (Zone AO, use base flood depth)</b>
<b>B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.</b> <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
<b>B11. Indicate elevation datum used for BFE in Item B9:</b> <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
<b>B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> 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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO.** Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized \_\_\_\_\_ Vertical Datum \_\_\_\_\_  
Conversion/Comments \_\_\_\_\_

	Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor _____	N/A <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) _____	N/A <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) _____	N/A <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____	2988.50 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

**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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Certifier's Name _____		License Number _____	
Title _____	Company Name _____		
Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

PLACE SEAL HERE

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME Cingular Wireless			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 27011 West Avunue C6			Company NAIC Number	
CITY Lancaster	STATE CA	ZIP CODE 93536		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 3275-013-004				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Non-residential - Wireless Telecommunications Facility				
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. NFIP COMMUNITY NAME & COMMUNITY NUMBER Los Angeles County, California 065043		B2. COUNTY NAME Los Angeles		B3. STATE CA	
B4. MAP AND PANEL NUMBER 0050	B5. SUFFIX B	B6. FIRM INDEX DATE 12-02-80	B7. FIRM PANEL EFFECTIVE/REVISED DATE 12-02-80	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) None

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

- FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929

- NAVD 1988  Other (Describe): \_\_\_\_\_

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

## 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. Building Diagram Number 1 (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

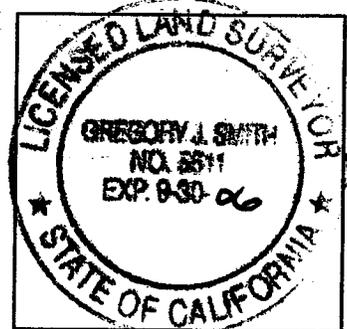
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum 88 Conversion/Comments \_\_\_\_\_

Elevation reference mark used PID-EW3036 Does the elevation reference mark used appear on the FIRM?  Yes  No

- o a) Top of bottom floor (including basement or enclosure) 2988. 50 ft.(m)
- o b) Top of next higher floor \_\_\_\_\_ ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft.(m)
- o d) Attached garage (top of slab) \_\_\_\_\_ ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) \_\_\_\_\_ ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 2987. 0 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 2987. 7 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade \_\_\_\_\_
- o i) Total area of all permanent openings (flood vents) in C3.h \_\_\_\_\_ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



## 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 Gregory J. Smith

LICENSE NUMBER LS 5511

TITLE Land Surveyor

COMPANY NAME Smith & Company

ADDRESS  
2005 Airport Drive

CITY  
Bakersfield

STATE  
CA

ZIP CODE  
93308

SIGNATURE

DATE  
1-19-05

TELEPHONE  
661-393-1217

<b>NOTE: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:	
STREET ADDRESS (Including Apt., Unit, Suite, or Bldg. No.) OR P.O. ROUTE AND BOX NO. J11 West Avenue C6			Policy Number	
CITY Lancaster	STATE CA	ZIP CODE 93536	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

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 \_\_ (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 \_\_ ft.(m) \_\_ 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 \_\_ ft.(m) \_\_ 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 \_\_ ft.(m) \_\_ 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

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

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
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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