

NATIONAL FLOOD INSURANCE PROGRAM ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>[REDACTED]</u>		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>30247 Hasley Canyon</u>		Company NAIC Number	
CITY <u>Castaic</u>	STATE <u>CA</u>	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)			

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)

BUILDING USE: Residential

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

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>L.A. County, CA (Unincorporated Areas)</u>		B2. COUNTY NAME <u>Los Angeles</u>		B3. STATE <u>CA</u>	
B4. MAP AND PANEL NUMBER <u>065043 340</u>	B5. SUFFIX <u>B</u>	B6. FIRM INDEX DATE <u>12-2-80</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>12-2-80</u>	B8. FLOOD ZONE(S) <u>A</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>1430.0</u>

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 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 C3a-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 _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

→ ☐ a) Top of bottom floor (including basement or enclosure) 1431 ft.(m)

☐ b) Top of next higher floor _____ ft.(m)

☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

→ ☐ d) Attached garage (top of slab) 1430 ft.(m)

☐ e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)

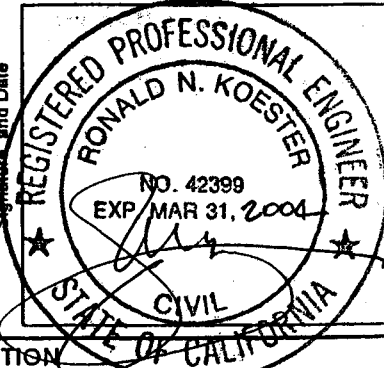
☐ f) Lowest adjacent grade (LAG) _____ ft.(m)

☐ g) Highest adjacent grade (HAG) _____ ft.(m)

→ ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 13

→ ☐ i) Total area of all permanent openings (flood vents) in C3h 5632 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 <u>RON KOESTER</u>		LICENSE NUMBER <u>RCE 42399</u>	
TITLE <u>OWNER</u>	COMPANY NAME <u>CRC ENTERPRISES</u>	CITY <u>SANTA CLARITA</u>	STATE <u>CA</u> ZIP CODE <u>91350</u>
ADDRESS <u>27690 BOUQUET CYN RD</u>	DATE <u>12.31.01</u> TELEPHONE <u>661.297.2336</u>		
SIGNATURE <u>[Signature]</u>			