

## ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME [REDACTED]		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3204 SAN YSIDRO LANE		Company NAIC Number	
CITY ACTON	STATE CA	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) POR OF SW 1/4 OF THE SE 1/4 OF SEC 25 T5N, R13W OF SDPM.			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section if necessary.)			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-## or ##.###)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type: <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: <input type="checkbox"/>	
<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983			

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

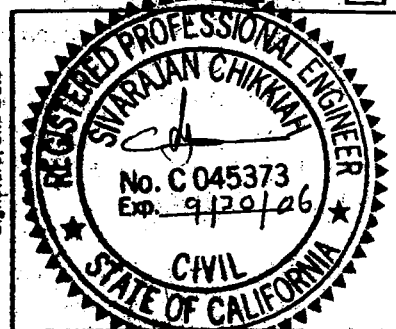
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 065 043 LA CO		B2. COUNTY NAME LOS ANGELES		B3. STATE CA	
B4. MAP AND PANEL NUMBER 065043/0380	B5. SUFFIX B	B6. FIRM INDEX DATE DEC 2, 1980	B7. FIRM PANEL EFFECTIVE/REVISED DATE 11-15-1985	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION (Zone AO, use depth of flooding) 2812.2

- 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 4 and 5. 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 1929 NAVD Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No
- ☐ a) Top of bottom floor (including basement or enclosure) 2825 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) \_\_\_\_\_ ft. (m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building \_\_\_\_\_ ft. (m)
- ☐ f) Lowest adjacent grade (LAG) 2822 ft. (m)
- ☐ g) Highest adjacent grade (HAG) 2824 ft. (m)
- ☐ h) No. of permanent openings (flood vents) within 1.0 ft. of LAG NONE
- ☐ i) Total area of all permanent openings (flood vents) in C3h NONE 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 SIVARAJAN CHIKKARAJ		LICENSE NUMBER C 45373	
TITLE PRINCIPAL	COMPANY NAME SARTI CIVIL ENGINEERING CO		
ADDRESS P.O. BOX: 3037 QUARTZ HILL	CITY CA	STATE CA	ZIP CODE 93536
SIGNATURE [Signature]	DATE 12/20/02	TELEPHONE 661-722-0382	

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX		For Insurance Company Use:
32814 SAN YSIDRO LANE		Policy Number
CITY	STATE	Company NAIC Number
ACTON	CA	
ZIP CODE		

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

NONE

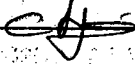
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONES AO and A (WITHOUT BFE)

For Zones AO and A (without BFE), complete items E1 through E3. 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 4 and 5. 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.
- E3. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME		SIVARAJAN CHIKRIAN	
ADDRESS	PO BOX 3037	CITY	QUARTZ HILL
SIGNATURE		STATE	CA
		ZIP CODE	93536
		TELEPHONE	661-722-0382
COMMENTS		DATE 11/20/02	

NONE

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. Check the applicable box(es) and sign below.

- ☐ 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.)
- ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- ☐ The following information (Items G1-G6) is provided for community floodplain management purposes.

G1. PERMIT NUMBER	G2. DATE PERMIT ISSUED	G3. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
G4. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G5. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____		
G6. 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