

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

Company NAIC Number

3375 COUNTRY WAY

CITY

STATE

ZIP CODE

ACTON

CA

93510

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

APN: 3209-003-037

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

OFFICE BUILDING

LATITUDE/LONGITUDE (OPTIONAL)

HORIZONTAL DATUM:

SOURCE: ☐ GPS (Type: _____)

(##°-##'-###" or ##.#####)

☐ NAD 1927☐ NAD 1983☐ USGS Quad Map☐ Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER

B2. COUNTY NAME

B3. STATE

ACTON L.A. 065043

LOS ANGELES

CA

B4. MAP AND PANEL
NUMBER

B5. SUFFIX

B6. FIRM INDEX
DATEB7. FIRM PANEL
EFFECTIVE/REVISED DATEB8. FLOOD
ZONE(S)B9. BASE FLOOD ELEVATION
(Zone AO, use depth of flooding)

0390

B

12-2-80

11-15-85

AO

2

2664.8

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: 4/10/2000

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 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: SEE LEVEL Conversion/Comments

Elevation reference mark used BM-BL 1554 A Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No☐ a) Top of bottom floor (including basement or enclosure)

2666.30 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)

2662.85 ft.(m)

☐ g) Highest adjacent grade (HAG)

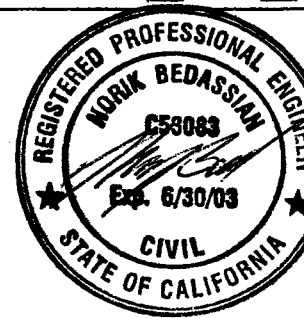
2662.50 ft.(m)

☐ h) No. of permanent openings (flood vents) within 1.0 ft. of LAG

1

☐ i) Total area of all permanent openings (flood vents) in C3h 400 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

LICENSE NUMBER

NORIK BEDASSIAN

TITLE

COMPANY NAME

CIVIL ENGINEER

HY-GEOTECHNICS INC

ADDRESS

CITY

STATE

ZIP CODE

38713 9th St. E

OAKDALE

CA

93550

SIGNATURE

DATE

TELEPHONE

NOTE: In these spaces, copy the corresponding information from Section A				For Insurance Company Use:	
MAILING STREET ADDRESS (Including Apt. Suite, and/or Bldg. No.) OR P.O. ROUTE AND ZIP CODE				Policy Number	
CITY <u>3375 Country Way</u> STATE <u>Ca</u> ZIP CODE <u>93510</u>				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 attached

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 8 (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			
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

☐ Check here if attached

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: <u> </u> ft.(m) Datum: <u> </u>		
G6. BFE or (in Zone AO) depth of flooding at the building site is: <u> </u> ft.(m) Datum: <u> </u>		
LOCAL OFFICIAL'S NAME	TITLE	
COMMUNITY NAME	TELEPHONE	
SIGNATURE	DATE	
COMMENTS		

☐ Check here if attached