OMB 3067-0077 Expires: July 1984



## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

This form is to be used for: 1) New/Emergency Program construction in Special Flood Hazard Areas; 2) Pre-FIRM construction after September 30, 1982; 3) Post-FIRM construction; and, 4) Other buildings rated as Post-FIRM rules.

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BUILDING OWNER'S				ADDRESS				
PROPERTY LOCATION	V (I of and B)	ack numbers as	d address if		EEN	VALLEY		017.5
39125 (	11/2/	$\frac{1}{2}$	or T	+ 1811	9 /	3/00/	7	Tr 11A
I certify that the information statement may be puni	nation on this shable by fine	certificate repr	esents my bo ont under 18	est efforts to inter	pret the c	ata available	. I under	stand that any lais
SECTION I ELIGIBIL	ITY CENTIFI	CATION (Comp	pleted by Lo	cal Community Pe	ermit Offic	cial or a Regi	slared Pro	ofessional Enginee
COMMUNITY NO PANEL I	ID SUFFIX	DATE OF FIRM		DATE OF CONSTR	BASE	FLOOD FLEV	BUILDIN	3 IS
065043 022	$o \mid \mathcal{B} \mid$	12-2-80	AO	6-18-84	, , ,	/	1	Hew/Emirgency Cl Pre-FIRM Reg Post-FIRM Reg
of JOT7. the commu	Ity certifier ( Lett, NGVD nity's flood p	may rely on con . Failure to con lain managemen	nmunity recr struct the bu it ordinance	ords. The lowest liding at this election of the control of the con	lloor (incl valion ma C/C/V	uding basen y place the b	ent) will wilding h on Ap	be at an elevation of provided Drag
YES NO The buildin	g described r	need earl evodi allon data and i	constructed visual inspec	in compliance wi tion or other reas the community.	ith the co	mmunity's fic	ood plain	management M
				bove has been ti In compliance wi				ince with the
MOBILE HOME M	AKE	MODEL.	YR.	DE MANUFACTU	ME	SERIAL I	10.	DIMENSIONS X
(Community Permit O	licial or Regi	stered Professio	nal Enginea	r Architect or St	itsesor)			
NAME BOTTY	Tolc			ADDRESS //		AVE	: J	
HILE CIVILE	Nginee			aster				zıp 93
SIGNATURE BO	ILAU	Lales	_	DATE / C	7-8-4	BUONE P	05-	145-641
	ION DENTIF	ICATION (Cerl	Ified by a Lo	cal Community P	<b>∤4∤-</b> ormit Offi	cial or a Reg	islered Pr	rolessional Enginee
-		Arch	itect, or Surv	reyor.)				The Find Reg Prostrink Reg Professional Engineer, Plans X X X X X X X X X X X X X X X X X X X
FIRM ZONE A1-A30:	at an elevati	the building at on of	leet, NG	VD (mean sea lei	ed ahove vel) and li	has the lowe he average g	ist floor ( grade at t	including basemen he building site is
FIRM ZONES V, V1-V	ie"iin in	that the building pvation of	leel,	NGVD (menn se	ribed abo a level), s	ve has the bo and the avers	ollom of t	he lowest floor bear at the building sli
FIRM ZONES A, A99,	AO, AH, and has the lowe to the building	EMEIIGENCY at finor elevation	PROGRAM on of 30% Oleel, NGV	Legility that the 7.80 leet, NGVD	building I. The ele	at the prope vation of the	erty local highest	ion described abov adjacent grade ne:
SECTION III FLOOD	PROOFING	CENTIFICATIO	II (Certifical	lon by a Register	ed Proles	sional Engin	eer or Ar	chitect)
walls substantially imp	termeable to ds and ellect	the passage of a of buoyancy t	water and s	structural compor	ients hav	ing the capa	bility of	resisting hydrostal
YES (I NO I)	in the event (Human inte	of flooding, will rvention means reasures are lak	that water v		ling when	floods up to	the base	e flood level oc-
YES D NO D		ding be occupie			iating pur	noses and th	Ne actual	lowest floor must l
completed and certifie							- actual	TO TO ST. TO ST. IN CO.
FIRM ZONES A, A1-A				Certified	Floodpro	oled Elevatio	11 is	leel, (NGVE
THIS CERTIFICATION	I IS FOR (S	ECTION II C	BOTH SEC	THONS II AND II	I (Check		ICENSE	NO for Allix Seal
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TITLE X/AND SOD	ひきんつつ	ansi	ADDRESS OFFIC	E Box H	,		9	
SIGNATURE	11	DATE	, cir	Y		STATE		
XXXIIII CC.	Mee	6-18-87		w/fall	m to the f	CA lload insuran	ce police	application
/ ING INSURANCE A	Materize, only	witacit ma oudi	inicopy of t	na compiated 101		ngga miturah	or punc)	- white among

Insurance Agent should attach the original copy of the completed form to the flood insurance policy application, the second copy should be supplied to the policyholder and the third copy relained by the agent INSURANCE AGENTS MAY ORDER THIS FORM

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