

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

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. 39399 Calle El Fuente		Company NAIC Number	
CITY Green Valley	STATE CA	ZIP CODE 91390	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 3242-016-003			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Single Family Residence			
LATITUDE/LONGITUDE (OPTIONAL) (#° - ##' - ###.###" or ###.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER LA COUNTY / 065403		B2. COUNTY NAME Los Angeles		B3. STATE CA	
B4. MAP AND PANEL NUMBER 065043-0215	B5. SUFFIX B	B6. FIRM INDEX DATE Dec-02-80	B7. FIRM PANEL EFFECTIVE/REVISED DATE 11-15-1985	B8. FLOOD ZONE(S) A-01	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 1.0 ft

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)

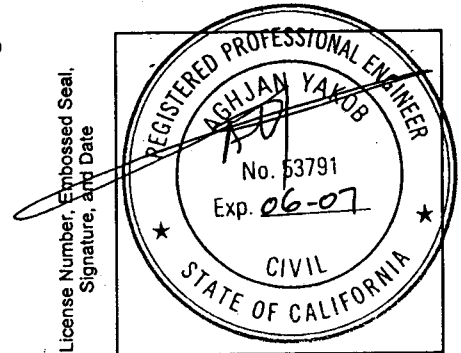
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number (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 _____ 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) _____ 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 (Describe in a Comments area) _____ ft.(m)
- f) Lowest adjacent (finished) grade (LAG) _____ ft.(m)
- g) Highest adjacent (finished) grade (HAG) _____ ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 6
- i) Total area of all permanent openings (flood vents) in C3.h 600 sq. in. (sq. cm)



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 A. Yakob	LICENSE NUMBER C-53791		
TITLE Engineer	COMPANY NAME JT Engineering, Inc		
ADDRESS 33336 Agua Dulce Cy. Rd # 103	CITY Agua Dulce	STATE CA	ZIP CODE 91390
SIGNATURE [Signature]	DATE 02/28/2004	TELEPHONE (661) 268-8899	