ELEVATION CERTIFICATE FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A	ROPERTY INFO	RMATION	1	FOR INSURANCE COMPANY USE				
BUILDING OWNER'S NAME	POLICY NUMBER							
STREET ADDRESS (Including Apt., Unit, Suite and/or Bld								
40965 Fieldspring	COMPANY NAIC NUMBER							
OTHER DESCRIPTION (Lot and Block Numbers, etc.) $TR 29859 - Lot 142$ $BPC^{\#}8.0 - 5009$								
converte Los Angeles	city Lake Los Angeles Ca							
SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
Provide the following from the proper FIRM (S	e Instructions):							
1. COMMUNITY NUMBER 2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION (in AO Zones, use depth)				
065043 300	B	12-2-80	A	NA				
7) Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): XINGVD '29 Other (describe on back) B For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: 1261131.6 feet NGVD (or other FIRM datum-see Section B, Item 7).								
Enter Clark E. J. SEC	Reaction & Section C BUILDING ELEVATION INFORMATION							
 describes the subject building's reference level								
SECTION D COMMUNITY INFORMATION								
. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest								
floor" as defined by the ordinance is: $1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 $								
FEMA Form 81-31, MAY 90	REPLACE	S ALL PREVIOUS EDITIONS	SEE R	EVERSE SIDE FOR CONTINUATION				

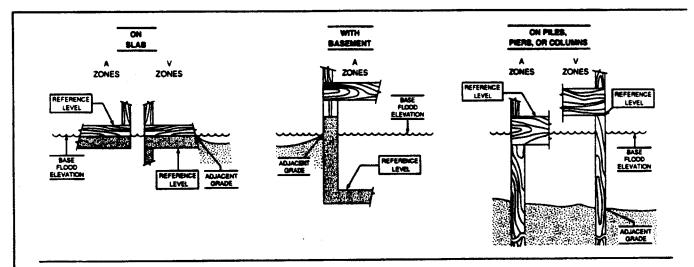
SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1–A30, AE, AH, A (with BFE),V1–V30,VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections 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 (or Affix See)					
TITLE ADDRESS	COMPANY NAM	COMPANY NAME				
	CITY		STATE	ZIP		
SIGNATURE		DATE	PHONE			
Copies should be made of this Cer	tificate for: 1) community official	, 2) insurance agen	t/company, and 3) building (owner.		
COMMENTS:			· · · · · · · · · · · · · · · · · · ·			
- V) 1						



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones.

Elevations for all A Zones should be measured at the top of the reference level floor.

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Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.