FEDERAL EMERGENCY MANAGEMENT AGENCY
TIONAL FLOOD INSURANCE PROGR

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number:
Company NAIC Number:

BUILDING OWNER'S NAME: Steve & Debbie Synnott

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 823 Foreston Dr.

CITY: Acton STATE: Ca ZIP CODE: 93510

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

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

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####") HORIZONTAL DATUM: [ ] NAD 1927 [ ] NAD 1983 SOURCE: [ ] GPS (Type:) [ ] USGS Quad Map [ ] Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
Los Anegeles 065043	Los Angeles	Ca

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
065043 0385	B	Dec. 2, 1980	11-15-85	A	3076.8

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
[ ] FIS Profile [ ] FIRM [X] Community Determined [ ] Other (Describe: Floodway map 407 ML-4

B11. Indicate the elevation datum used for the BFE in B9: [X] 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 [X] No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [ ] Construction Drawings* [ ] Building Under Construction* [X] 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 Floodway map Does the elevation reference mark used appear on the FIRM? [ ] Yes [X] 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 _____ . ___ ft.(m)
- [ ] f) Lowest adjacent grade (LAG) _____ . ___ ft.(m)
- [ ] g) Highest adjacent grade (HAG) _____ . ___ ft.(m)
- [ ] h) No. of permanent openings (flood vents) within 1.0 ft. of LAG _____
- [ ] i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

REGISTERED PROFESSIONAL ENGINEER
ALI SHAHNAZI
C46657
Exp. 6-30-06
CIVIL
STATE OF CALIFORNIA

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

TITLE COMPANY NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE