

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME		For Insurance Company Use:	
[REDACTED]		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Company NAIC Number	
88411. CORSON MESA ROAD			
CITY	STATE	ZIP CODE	
ACTON	CALIFORNIA		
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.)			
S.F.D.			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-##.## or ##.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type: <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: <input type="checkbox"/>	
<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME		B3. STATE	
065043				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 (Zone AO, use depth of flooding)
385	B	12/01/80	12/01/80	A	3161.00
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe: _____)					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe: _____)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or otherwise protected area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 _____ Conversion/Comments _____

Elevation reference mark used PROVIDED MAP Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>3202.01</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>N.A.</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N.A.</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N.A.</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>3200.11</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>3200.00</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>3201.00</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1.0 ft. of LAG	<u>N.A.</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>0</u> 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		C53083	
TITLE		COMPANY NAME	
CIVIL ENG.		AV. 440 TECHNICAL INC.	
ADDRESS	CITY	STATE	ZIP CODE
38713 9TH ST. E.	PACMDALE	CA	93550
SIGNATURE	DATE	TELEPHONE	
[Signature]	2/2/00	(661) 273-3123	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 4884 W. CORSON MESA ROAD			Policy Number:
CITY ACTON	STATE CALIFORNIA	ZIP CODE	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

NO OPENING ARE REQUIRED BECAUSE RESIDENCE IS APPROXIMATELY 40 FEET ABOVE FLOOD ELEVATION

☐ 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 _____ (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
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G4: This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G5. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G6. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

☐ Check here if attached