COUNTY OF LOS ANGELES  
DEPARTMENT OF PUBLIC WORKS  
"To Enrich Lives Through Effective and Caring Service"  

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION  

In accordance with this community's participation in the National Flood Insurance Program's Community Rating System, all FEMA Elevation Certificates must be correct and complete. The attached Certificate has some incorrect items which are noted here.

**SECTION A - PROPERTY INFORMATION**

<table>
<thead>
<tr>
<th>A1. Building Owner's Name</th>
<th>For Insurance Company Use:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Policy Number</td>
</tr>
<tr>
<td></td>
<td>Company NAIC Number</td>
</tr>
<tr>
<td>A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</td>
<td>33120 Agua Dulce Canyon Road</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>ZIP Code</td>
<td></td>
</tr>
<tr>
<td>Saugus</td>
<td>CA</td>
</tr>
<tr>
<td></td>
<td>91390</td>
</tr>
</tbody>
</table>

**A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)**

AIN: 3212-010-062

**A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)**

**A5. Latitude/Longitude: Lat. _____ Long. _____ Lat. _____ Long. _____**

**A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.**

**A7. Building Diagram Number**: 18

**A8. For a building with a crawl space or enclosure(s), provide**

a) Square footage of crawl space or enclosure(s) ______ sq ft

b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade ______

c) Total net area of flood openings in A8.b ______ sq in

**A9. For a building with an attached garage, provide**

a) Square footage of attached garage ______ sq ft

b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade ______

c) Total net area of flood openings in A9.b ______ sq in

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

<table>
<thead>
<tr>
<th>B1. NFIP Community Name &amp; Community Number</th>
<th>B2. County Name</th>
<th>B3. State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B4. Map/Panel Number</th>
<th>B5. Suffix</th>
<th>B6. FIRM Index Date</th>
<th>B7. FIRM Panel Effective/Revised Date</th>
<th>B8. Flood Zone(s)</th>
<th>B9. Base Flood Elevation(s) (Zone AO, use base flood depth)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>September 26, 2008</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9.**

FIS Profile  [ ]  FIRM  [ ]  Community Determined  [ ]  Other (Describe)  [ ]

**B11. Indicate elevation datum used for BFE in item B9:**

NOVD 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  [ ]

| CBRS  [ ]  OPA  [ ] |

**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. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V-1-V30, V (with BFE), AR, ARIA, ARV, AR/A1-A30, AR/AH, ARAO. Complete items C2.a-g below according to the building diagram specified in item A7.**

Benchmark Utilized  ______  Vertical Datum  ______

Conversion/Comments  ______

**COMMENTS:**

For section F, see section D. Disregard Section C. A8 (d) Non Engineered flood openings.

Date of Review: 7/29/10  
Community Official: [Signature]

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

May 2008