



# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

### Memo of Review For Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office.  
The items noted below are not correct on the attached form and should read as entered on this page.

#### SECTION A - PROPERTY INFORMATION

|                                                                                                                                           |          |                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------|
| A1. Building Owner's Name Earl Adams                                                                                                      |          | For Insurance Company Use:                                                                           |
|                                                                                                                                           |          | Policy Number                                                                                        |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>6835 West Avenue B               |          | Company NAIC Number                                                                                  |
| City Lancaster                                                                                                                            | State CA | ZIP Code 93536                                                                                       |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>Lot 121 of R/S 74 37-38 APN: 3260-009-025 |          |                                                                                                      |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____                                                    |          |                                                                                                      |
| A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983      |          |                                                                                                      |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.                             |          |                                                                                                      |
| A7. Building Diagram Number _____                                                                                                         |          |                                                                                                      |
| A8. For a building with a crawlspace or enclosure(s):                                                                                     |          | A9. For a building with an attached garage:                                                          |
| a) Square footage of crawlspace or enclosure(s) _____ sq ft                                                                               |          | a) Square footage of attached garage _____ sq ft                                                     |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____                           |          | b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ |
| c) Total net area of flood openings in A8.b _____ sq in                                                                                   |          | c) Total net area of flood openings in A9.b _____ sq in                                              |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A                                                |          | d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A           |

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

|                                            |            |                     |                                       |                   |                                                             |
|--------------------------------------------|------------|---------------------|---------------------------------------|-------------------|-------------------------------------------------------------|
| B1. NFIP Community Name & Community Number |            | B2. County Name     |                                       | B3. State         |                                                             |
| B4. Map/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 base flood depth) |

- 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:  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 \_\_\_\_\_  CBRS  OPA

|                                      |                             |
|--------------------------------------|-----------------------------|
| Local Official's Name George De La O | Title Senior Civil Engineer |
| Community Name Los Angeles County    | Telephone (626)458-7155     |
| Signature                            | Date 8/3/16                 |

Comments Section D -  Check, comments are provided on back of form.

# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008  
 Expiration Date: July 31, 2015

| SECTION A - PROPERTY INFORMATION                                                                              |                         |                                                                                                   | FOR INSURANCE COMPANY USE |
|---------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------|---------------------------|
| A1. Building Owner's Name                                                                                     | [REDACTED]              |                                                                                                   | Policy Number:            |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No.         | 6835 West Avenue B      |                                                                                                   | Company NAIC Number:      |
| City                                                                                                          | Lancaster               | State                                                                                             | Ca                        |
|                                                                                                               |                         | ZIP Code                                                                                          | 93536                     |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)                  | Lot 121 of R/S 74 37-38 | APN:                                                                                              | 3260-009-025              |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)                              | Detached Garage         |                                                                                                   |                           |
| A5. Latitude/Longitude: Lat.                                                                                  | 118-15-15.0 W           | Long.                                                                                             | 34-48-24.2 N              |
| Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983              |                         |                                                                                                   |                           |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. |                         |                                                                                                   |                           |
| A7. Building Diagram Number                                                                                   | 28                      |                                                                                                   |                           |
| A8. For a building with a crawlspace or enclosure(s):                                                         |                         | A9. For a building with an attached garage:                                                       |                           |
| a) Square footage of crawlspace or enclosure(s)                                                               | N/A sq ft               | a) Square footage of attached garage                                                              | N/A sq ft                 |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade  | N/A                     | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade | N/A                       |
| c) Total net area of flood openings in A8.b                                                                   | N/A sq in               | c) Total net area of flood openings in A9.b                                                       | N/A sq in                 |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No             |                         | d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                           |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION                                                                                                                                                                                                                       |                        |                     |                                       |                   |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|---------------------------------------|-------------------|-------------------------------------------------------------|
| B1. NFIP Community Name & Community Number                                                                                                                                                                                                                                    | Los Angeles Co. 065043 |                     | B2. County Name                       | Los Angeles       |                                                             |
|                                                                                                                                                                                                                                                                               | B3. State              | Ca                  |                                       |                   |                                                             |
| B4. Map/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 base flood depth) |
| 06037C0150                                                                                                                                                                                                                                                                    | F                      | 9-26-08             | Sept 26, 2008                         | A'                | N/A                                                         |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: N/A        |                        |                     |                                       |                   |                                                             |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: N/A                                                                                                       |                        |                     |                                       |                   |                                                             |
| 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<br>Designation Date: N/A / / <input type="checkbox"/> CBRS <input type="checkbox"/> OPA |                        |                     |                                       |                   |                                                             |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)                                                                                                                                                                                    |                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1. Building elevations are based on:                                                                                                                                                                                                           | <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. |                                                                                                                                                                 |
| Benchmark Utilized:                                                                                                                                                                                                                             | N/A Vertical Datum: N/A                                                                                                                                         |
| Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: N/A                                                 |                                                                                                                                                                 |
| Datum used for building elevations must be the same as that used for the BFE.                                                                                                                                                                   |                                                                                                                                                                 |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)                                                                                                                                                                     | N/A <input type="checkbox"/> feet <input type="checkbox"/> meters                                                                                               |
| b) Top of the next higher floor                                                                                                                                                                                                                 | N/A <input type="checkbox"/> feet <input type="checkbox"/> meters                                                                                               |
| c) Bottom of the lowest horizontal structural member (V Zones only)                                                                                                                                                                             | N/A <input type="checkbox"/> feet <input type="checkbox"/> meters                                                                                               |
| d) Attached garage (top of slab)                                                                                                                                                                                                                | N/A <input type="checkbox"/> feet <input type="checkbox"/> meters                                                                                               |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)                                                                                                                      | N/A <input type="checkbox"/> feet <input type="checkbox"/> meters                                                                                               |
| f) Lowest adjacent (finished) grade next to building (LAG)                                                                                                                                                                                      | N/A <input type="checkbox"/> feet <input type="checkbox"/> meters                                                                                               |
| g) Highest adjacent (finished) grade next to building (HAG)                                                                                                                                                                                     | N/A <input type="checkbox"/> feet <input type="checkbox"/> meters                                                                                               |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                                                                                                                                    | N/A <input type="checkbox"/> feet <input type="checkbox"/> meters                                                                                               |

| 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 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. |                   |                                                                                                                                                    |                      |
| <input type="checkbox"/> Check here if comments are provided on back of form.                                                                                                                                                                                                                                                                                                 |                   | Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| <input type="checkbox"/> Check here if attachments.                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                                                    |                      |
| Certifier's Name                                                                                                                                                                                                                                                                                                                                                              | David W. Farrell  | License Number                                                                                                                                     | 7813                 |
| Title                                                                                                                                                                                                                                                                                                                                                                         | Owner             | Company Name                                                                                                                                       | 3D Surveying/Farrell |
| Address                                                                                                                                                                                                                                                                                                                                                                       | 9569 E. Avenue Y8 | City                                                                                                                                               | Little Rock          |
|                                                                                                                                                                                                                                                                                                                                                                               |                   | State                                                                                                                                              | Ca                   |
|                                                                                                                                                                                                                                                                                                                                                                               |                   | ZIP Code                                                                                                                                           | 93543                |
| Signature                                                                                                                                                                                                                                                                                                                                                                     | [Signature]       | Date                                                                                                                                               | 9-21-15              |
|                                                                                                                                                                                                                                                                                                                                                                               |                   | Telephone                                                                                                                                          | 661-317-0347         |



**ELEVATION CERTIFICATE, page 2**

|                                                                                                                                  |                    |                          |                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|----------------------------------|--|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                            |                    |                          | <b>FOR INSURANCE COMPANY USE</b> |  |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br><u>6835 West Avenue 'B'</u> |                    |                          | Policy Number:                   |  |
| City<br><u>Lancaster</u>                                                                                                         | State<br><u>CA</u> | ZIP Code<br><u>93536</u> | 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 Finish Construction for Detached Garage  
No Equipment servicing Garage at this time

Signature Sei W. Farrell Date 9-21-15

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is 3.2  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is 3.4  feet  meters  above or  below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is N/A  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is N/A  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is N/A  feet  meters  above or  below the HAG.

E5. 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. N/A

**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. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name David W. Farrell

Address 9569 E. Avenue Y8 City Littlerock State CA ZIP Code 93543

Signature Sei W. Farrell Date 9-21-15 Telephone 661 317-0347

Comments \_\_\_\_\_

Check here if attachments.

**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. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

|                   |                        |                                                     |
|-------------------|------------------------|-----------------------------------------------------|
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate Of Compliance/Occupancy Issued |
|-------------------|------------------------|-----------------------------------------------------|

G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G9. BFE (or in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments.

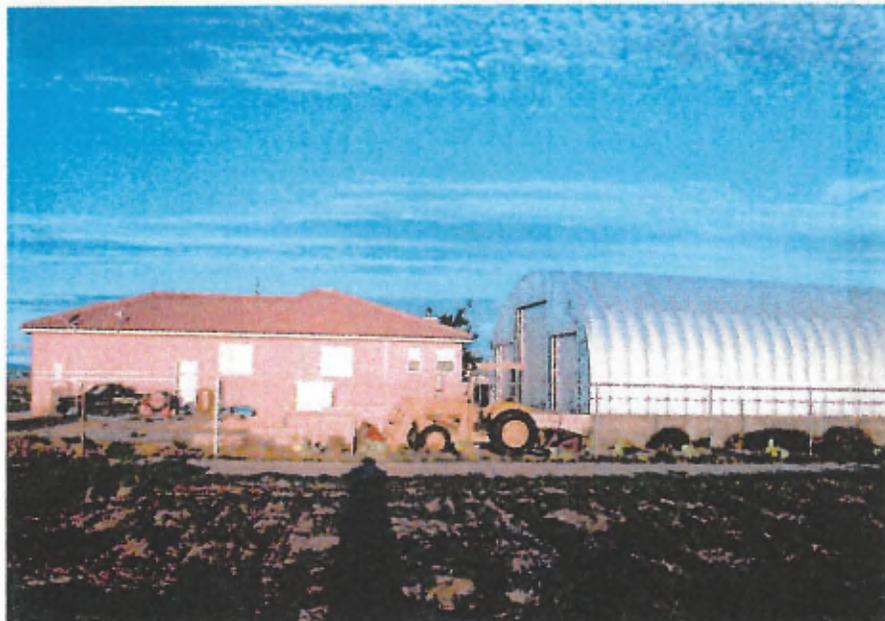
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

|                                                                                                                                  |                    |                          |                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|----------------------------------|--|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                            |                    |                          | <b>FOR INSURANCE COMPANY USE</b> |  |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br><i>6835 West Avenue 'B'</i> |                    |                          | Policy Number:                   |  |
| City<br><i>Lancaster</i>                                                                                                         | State<br><i>Ca</i> | ZIP Code<br><i>93536</i> | Company NAIC Number:             |  |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

*South side, looking Northwesterly 9-20-15*



*East side, looking Westently 9-20-15*