

BP 2013-0522

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

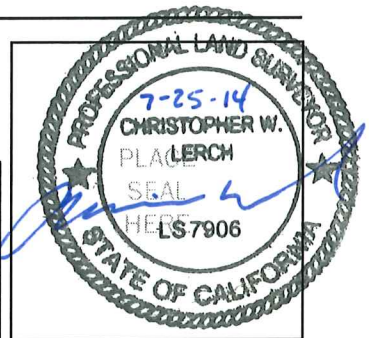
SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name BHN SEED RESEARCH	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 37648 COUNTY ROAD 19A	Company NAIC Number:	
City WOODLAND	State CA	ZIP Code 95695
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ASSESSOR'S PARCEL NUMBER: 025-330-020-000		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON-RESIDENTIAL (GREENHOUSE)		
A5. Latitude/Longitude: Lat. 38°42'07.3"	Long. -121°48'32.9"	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 1A		
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) No. 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	

OFFICE SET

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number YOLO COUNTY UNINCORPORATED 060423		B2. County Name YOLO		B3. State CA	
B4. Map/Panel Number 06113C 0435	B5. Suffix H	B6. FIRM Index Date 05/16/2012	B7. FIRM Panel Effective/Revised Date 05/16/2012	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone A0, use base flood depth) 78.9
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
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: ____ / ____ / ____ <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: CITY OF WOODLAND D14 Vertical Datum: N.A.V.D. 88	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 79 . 9	<input checked="" 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) 82 . 9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 79 . 4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 79 . 6	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 79 . 4	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Check here if attachments.			
Certifier's Name CHRISTOPHER W. LERCH	License Number L.S. 7906		
Title PRINCIPAL/SENIOR SURVEYOR	Company Name LAUGENOUR AND MEIKLE		
Address 608 COURT STREET	City WOODLAND	State CA	ZIP Code 95695
Signature 	Date 07/25/2014	Telephone (530) 662-1755	




ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 37648 COUNTY ROAD 19A			Policy Number:
City WOODLAND	State CA	ZIP Code 95695	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 **CITY OF WOODLAND BENCHMARK D14 = 76.66' (NAVD 88). GREENHOUSE HAS BEEN CONSTRUCTED WITH PIER FOUNDATIONS, A CRUSHED ROCK FLOOR AND A SIDEWALK DOWN THE CENTER. LOWEST ELEVATION FOR MACHINERY IS FOR AN ELECTRICAL PANEL NEAR THE SOUTHWEST CORNER OF THE BUILDING.**

Signature  Date **07/24/2014**

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 N/A . _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is N/A . _____ 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.

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 N/A

Address N/A City N/A State N/A ZIP Code N/A

Signature _____ Date N/A Telephone N/A

Comments N/A

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–G9) is provided for community floodplain management purposes.

G4. Permit Number <u>BP2013-0522</u>	G5. Date Permit Issued <u>10-24-13</u>	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: 79.9 . _____ feet meters Datum NAVD 88
- G9. BFE or (in Zone AO) depth of flooding at the building site: 78.9 . _____ feet meters Datum _____
- G10. Community's design flood elevation: 79.9 . _____ feet meters Datum _____

Local Official's Name ED SHORT Title Chief Building Official

Community Name Yolo County Telephone 530 606-8803

Signature Ed Short Date 9-15-14

Comments structure is located 1' foot above BFE.

Check here if attachments.

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. COUNTY ROAD 19A			Policy Number:
City WOODLAND	State CA	ZIP Code 95695	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.

NORTH SIDE & NORTHWEST CORNER (TAKEN 07/24/14)



IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. COUNTY ROAD 19A			Policy Number:
City WOODLAND	State CA	ZIP Code 95695	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.

SOUTH SIDE & SOUTHEAST CORNER (TAKEN 07/24/14)



Conditions of Approvals: (Read attached Flood Protection Standards carefully prior to start of work)

1. Required elevation of lowest floor: 80.10 OR
2. Required elevation of lowest floor above highest adjacent grade: 80.08 Feet OR
3. Required elevation of flood proofing or flood resistant construction (for non-residential structures):
 Feet M.S.L./or height above highest adjacent grade.

The permit tee agrees to save, indemnify and hold harmless the County of Yolo, its boards, officers, employees and agents from all liabilities imposed by law by reason of injury to or death of any person(s) or damage to property, including without limitation, liability for trespass, nuisance or inverse condemnation, which may arise out of the work covered by this permit, and does agree to defend the County, its officers, employees and agents against any claim or action asserting such liability.

Accepting this permit or starting any work hereunder shall constitute acceptance and agreement to all of the conditions and requirements of this permit and the ordinance and specification authorizing issuance of such permit.

I have read, understand, and agree to abide by the instructions and conditions as stated above. I will ensure that all three certification required below are completed by the Building Official.

Signature of permit holder: *Kes Laugenour* Date: 10/24/13

Print Name: Laugenour & Meikle

Address: 608 Court Street

City/State/Zip: Woodland, CA 95695

For: Lonell Butler, Chief Building Official, Floodplain Administrator, County of Yolo

By: *Erin K. Nickerson* Date: 10/24/13
Erin K. Nickerson - Permit Technician

TO BE COMPLETED BY BUILDING INSPECTION STAFF

Flood Plain Permit #: **FPP-0612**
FP2013-0136 BP2013-0522

OFFICE CERTIFICATION:

1. The above conditions of approvals have been satisfied per Building Inspection Department plan check

Staff/ Administrator _____ Date: _____

2. The elevation certificate has been reviewed.

Staff/ Administrator _____ Date: _____

FIELD CERTIFICATION:

3. The above conditions of approvals have been satisfied per Building Department- Field Inspection.

Inspector: _____ Date: _____

**IMPORTANT: Return this completed form to the Permit Counter Technician in the Application and Permit Center
At the Planning, Public Works, and Building Inspection Department.**