

OFFICE SET ELEVATION CERTIFICATE

210-004819

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name ROBERT M. EASON		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. COUNTY ROAD 44C		Company NAIC Number
City GUINDA	State CA	ZIP Code 95637
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A.P.N. 060-200-043		

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

A5. Latitude/Longitude: Lat. **38°50'42.7"** Long. **-122°12'00.9"** Horizontal Datum: NAD 1927 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 **1**

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

a) Square footage of crawl space or enclosure(s) 1,800 N/A sq ft	A9. For a building with an attached garage, provide:
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A	a) Square footage of attached garage N/A sq ft
c) Total net area of flood openings in A8.b 1,800 N/A sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A
	c) Total net area of flood openings in A9.b N/A sq in

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 060423 0225	B5. Suffix B	B6. FIRM Index Date 04/02/02	B7. FIRM Panel Effective/Revised Date 12/16/80	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 365.6 (SEE SECTION D)

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) **PROFILES OF ELEVATIONS OUTSIDE ZONE A**

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

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-g below according to the building diagram specified in Item A7.	
Benchmark Utilized ELEVATIONS SHOWN ON USGS QUAD "GUINDA" Vertical Datum N.G.V.D. 29	
Conversion/Comments NONE	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure)	<u>366.0</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>369.7</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>365.2</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>365.7</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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.			
Certifier's Name CHRISTOPHER W. LERCH		License Number L.S. 7906	
Title PRINCIPAL/SENIOR SURVEYOR	Company Name LAUGENOUR AND MEIKLE		
Address P.O. BOX 828	City WOODLAND	State CA	ZIP Code 95776
Signature 	Date 02/26/2009	Telephone (530)662-1755	



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 44C			Policy Number
City GUINDA	State CA	ZIP Code 95637	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. S

Comments **B.F.E. WAS DETERMINED BY AVERAGE ELEVATIONS OF NATURAL GROUND OUTSIDE OF ZONE "A" NEAREST TO SHOP BUILDING. LOWEST MACHINERY IS THE BOTTOM OF THE ELECTRICAL PANEL.**

Signature  Date **02/27/2009** Check here if attachments

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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ 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's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

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. and G9.

- 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 210-0048	G5. Date Permit Issued 1/25/2010	G6. Date Certificate Of Compliance/Occupancy Issued 1/25/2010
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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: **366.0** feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: **365.6** feet meters (PR) Datum _____

Local Official's Name **LONELL BUTLER** Title **BUILDING OFFICIAL**

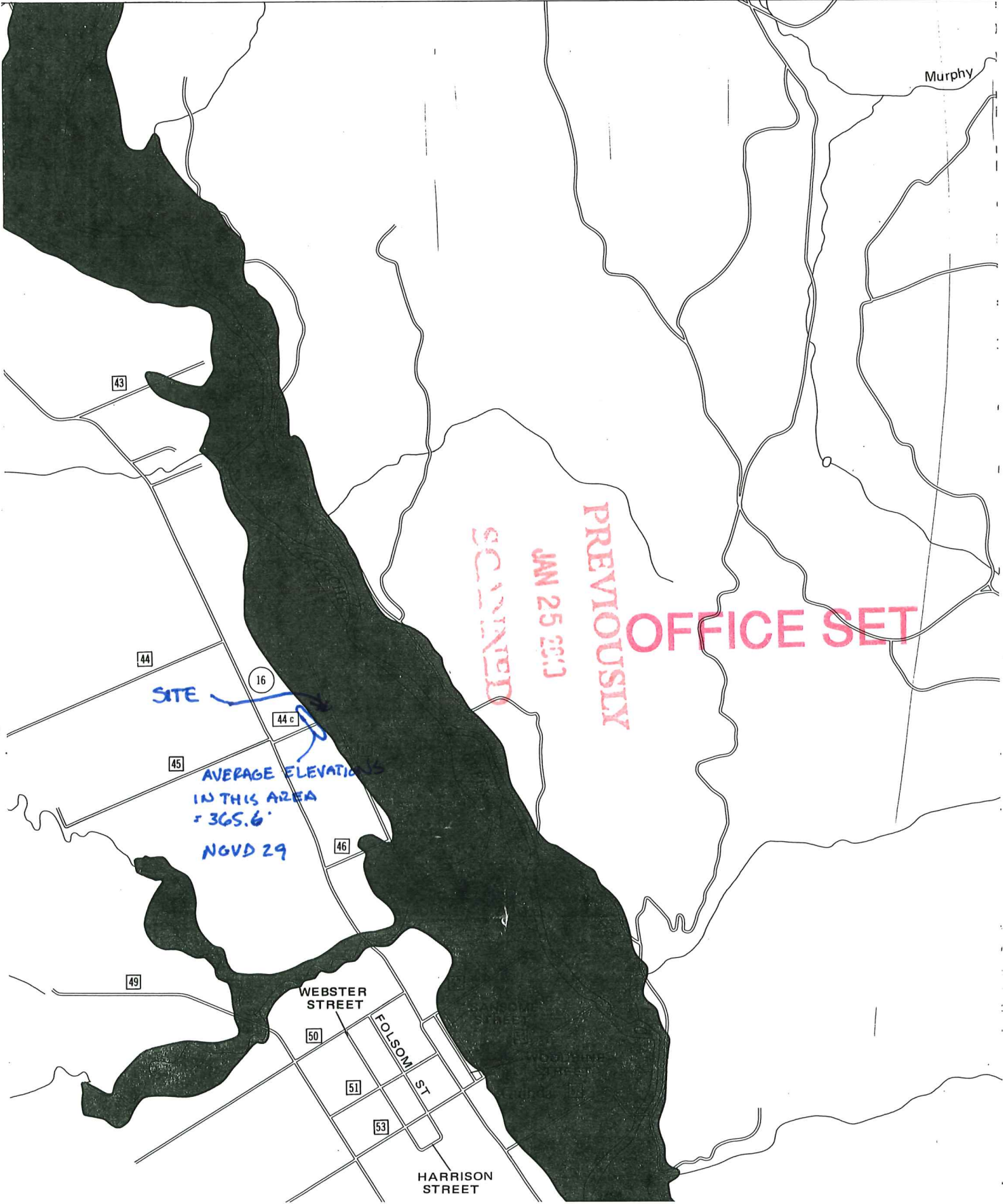
Community Name **YOLO COUNTY** Telephone **(530) 666-8775**

Signature **Lonell Butler** Date **1-22-10**

Comments **BUILDING MUST BE ELEVATED 1' ABOVE B.F.E.; OR INSTALL 1,800 Sq. Ft. OF VENTING.**

Check here if attachments

S



Murphy

43

44

45

49

16

44 c

46

WEBSTER STREET

50

51

53

HARRISON STREET

FOLSOM ST

SITE

AVERAGE ELEVATION
IN THIS AREA
= 365.6'
NGVD 29

PREVIOUSLY
OFFICE SET
SCANNED
JAN 25 2013

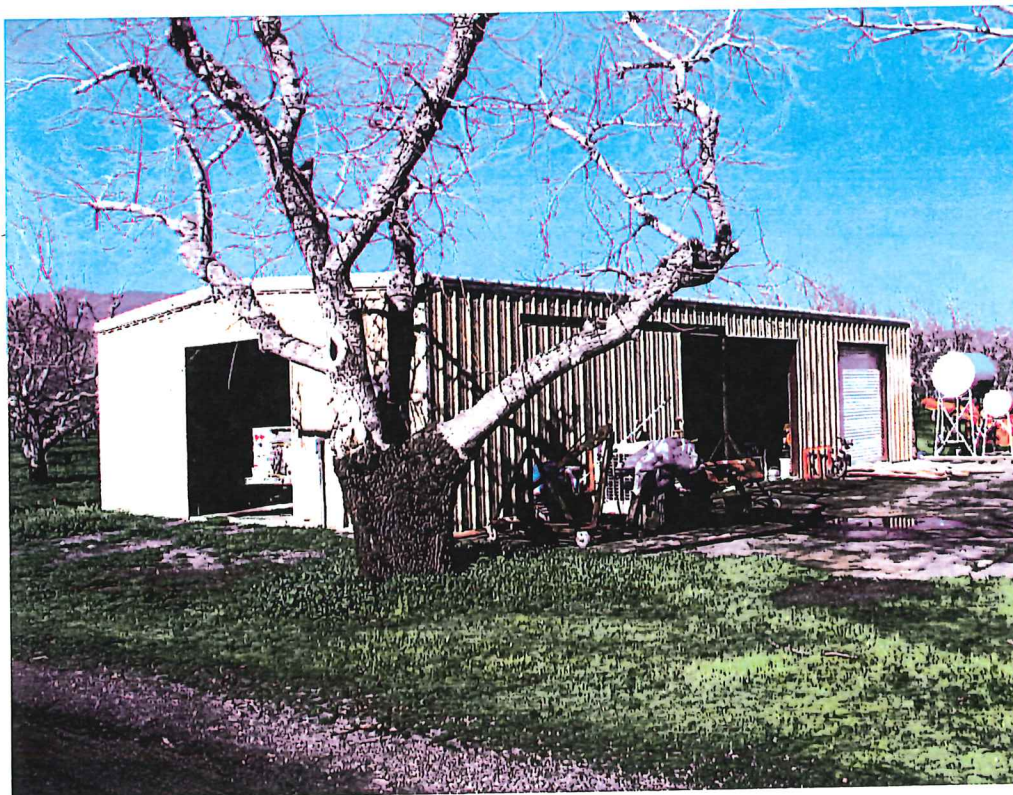
Building Photographs

See Instructions for Item A6.

5

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. COUNTY ROAD 44C			For Insurance Company Use: Policy Number
City GUINDA	State CA	ZIP Code 95637	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



FRONT VIEW
02/26/2009

PREVIOUSLY

JAN 25 2013

SCANNED

OFFICE SET

Building Photographs

Continuation Page

5

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. COUNTY ROAD 44C			For Insurance Company Use: Policy Number
City GUINDA	State CA	ZIP Code 95637	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."



REAR VIEW
02/26/2009

PREVIOUSLY

JAN 25 2013

SCANNED

OFFICE SET