# BPA013-0214 / FPA013-0074

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



OMB No. 1660-0008

Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner,

SECTION A - PROPERTY INFORMATION					FOR INSURANCE COMPANY USE		
A1. Building Owner's Name  ROBERT PASCHOAL  Policy Number:							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:							
45496 COUNTY ROAD 35							
City	City State						
DAVIS					5616		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  YOLO COUNTY ASSESSOR'S PARCEL NUMBER: 033-130-007-000							
A4. Building Use (e.g., Residenti	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) WALNUT HULLER BUILDING						
A5. Latitude/Longitude: Lat. 38	3°30'24.2"	ong121°40'05.5"	Horizontal Datum	□ NAD 19	927 🔳 NAD 1983		
A6. Attach at least 2 photographs	s of the building if the C	Certificate is being used	to obtain flood insura	псе			
A7. Building Diagram Number	1B						
A8. For a building with a crawlsp	ace or enclosure(s):						
a) Square footage of crawls	pace or enclosure(s)	N/A sq f					
b) Number of permanent floo	od openings in the crav	wispace or enclosure(s	within 1.0 foot above	adjacent gra	de N/A		
c) Total net area of flood ope	enings in A8.b N/A	A sq in					
d) Engineered flood openings?							
A9. For a building with an attache	A9. For a building with an attached garage:						
a) Square footage of attache	ed garage N/A	sq ft					
b) Number of permanent flo	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 op	c) Total net area of flood openings in A9.b N/A sq in						
d) Engineered flood opening	gs? 🔲 Yes 🔳 No	0					
<u> </u>		ISURANCE RATE MA		TION			
B1. NFIP Community Name & Community Number B2. County Nar					B3. State		
YOLO COUNTY UNINCO	3	YOLO		CA			
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s	(Zor	e Flood Elevation(s) ne AO, use Base nd Depth)		
06113C 0620 G	06/18/2010	06/18/2010	Á		27.6'		
R10 Indicate the source of the Rase Flood Flevation (RFF) data or hase flood depth entered in Itam R0.							
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/Source: SEE SECTION "D"							
	B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:						
B12. Is the building located in a	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area of Otherwise Protected Apartopolitics No.						
Designation Date: CBRS							
· ·	SCANINED SEP 2 2 2016						

# **ELEVATION CERTIFICATE**

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	Policy Number:				
45496 COUNTY ROAD 35					
City State ZIP Code		Company NAIC Number			
DAVIS CA 95616					
SECTION C - BUILDING ELEVATION INFORMATION (	EQUIRED)				
C1. Building elevations are based on: Construction Drawings* Building U	Inder Constru	ction* Finished Construction			
*A new Elevation Certificate will be required when construction of the building is of	•				
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), A Complete Items C2.a–h below according to the building diagram specified in Item Benchmark Utilized: N.G.S. DESIGNATION "WILSON" Vertical Datum: N.A	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.				
Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929 NAVD 1988 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)	31 0	feet meters			
b) Top of the next higher floor	N/A	feet meters			
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	feet meters			
d) Attached garage (top of slab)	N/A	feet _ meters			
e) Lowest elevation of machinery or equipment servicing the building  (Describe type of equipment and location in Comments)	31.0	feet meters			
f) Lowest adjacent (finished) grade next to building (LAG)	30. 5	feet meters			
g) Highest adjacent (finished) grade next to building (HAG)	31. 0	feet meters			
h) Lowest adjacent grade at lowest elevation of deck or stairs, includingstructural support	<u>30</u> . <u>5</u>	feet meters			
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
This certification is to be signed and sealed by a land surveyor, engineer, or architect I certify that the information on this Certificate represents my best efforts to interpret to statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1	he data availa	y law to certify elevation information. able. I understand that any false			
Were latitude and longitude in Section A provided by a licensed land surveyor?		■ Check here if attachments.			
Certifier's Name License Number					
CHRISTOPHER W. LERCH L.S. 790	)6	ED LAND S			
Title PRINCIPAL/SURVEY MANAGER		ENSED LAND SURLEY OF BIS.16 B			
Company Name  LAUGENOUR AND MEIKLE		1 8 18.16 EX			
Address		* Kleint ()			
608 COURT STREET		J. LS. 7906 T. P. OF CALIFORNIA			
i i	Code	OF CALIFOR			
1	5695				
Signature Date Tele  08/16/2016	2-1755				
Copy all pages of this Elevation Certificate and all attachments for (1) community official,	agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable)					
THE BASE FLOOD ELEVATION WAS INTERPOLATED FROM B.F.E.'S SHOWN ON THE ADJACENT "AE" ZONE. ONE FOOT (1') WAS ADDED TO THE INTERPOLATED B.F.E. USED ON THIS PROJECT. LOWEST MACHINERY IS AN ELECTRICAL RISER.					

# **ELEVATION CERTIFICATE**

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. Policy Number:					
45496 COUNTY ROAD 35					
	itate	ZIP Code	Company NAIC No	umber	
DAVIS	CA	95616			
L			DECUIDED)		
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- complete Sections A, B,and C. For Items E1–E4, use no enter meters.	atural grade, if availal	ole. Check the measure	ment used. In Puert	o Rico only,	
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 _ mete	rs 🔲 above or 🗌	] below the HAG.	
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	N/A	feet imete	rs above or	] below the LAG.	
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in	penings provided in S	Section A Items 8 and/or	9 (see pages 1–2 c	of Instructions),	
the diagrams) of the building is	N/A	feet _ mete	rs 🗌 above or 🖺	below the HAG.	
E3. Attached garage (top of slab) is	N/A	feet _ mete	rs 🗌 above or 🖺	below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is	<u>N/A</u>	feet mete	rs above or	below the HAG.	
E5. Zone AO only: If no flood depth number is availabl floodplain management ordinance?  Yes					
SECTION F - PROPERTY OWI	NER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION		
The property owner or owner's authorized representative	ve who completes Se	ctions A, B, and E for Z	one A (without a FE	MA-issued or	
community-issued BFE) or Zone AO must sign here. The	ne statements in Sect	ions A, B, and E are co	rrect to the best of n	ny knowledge.	
Property Owner or Owner's Authorized Representative	s Name				
N/A					
Address	City	S	tate	ZIP Code	
N/A	N/A	l.	N/A	N/A	
Signature	Date	T	elephone		
	N//	A	N/A		
Comments					
N/A					
			*		

## **ELEVATION CERTIFICATE**

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.	Policy Number:				
45496 COUNTY ROAD 35					
City State ZIP Code	Company NAIC Number				
DAVIS CA 95616					
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 FEN or Zone AO.	1A-issued or community-issued BFE)				
G3. The following information (Items G4–G10) is provided for community floodplain manager	nent purposes.				
G4. Permit Number  G5. Date Permit Issued  G6.  G7.  G8.	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:	et meters Datum KAND 88				
G9. BFE or (in Zone AO) depth of flooding at the building site: 27 6 Seet meters Datum 1410 88					
G10. Community's design flood elevation:	et  meters Datum				
Local Official's Name To SHORT Title CBO					
Community Name Lolo County Telephone (530)	666-8803				
Signature Date 10-	4-16				
Comments (including type of equipment and location, per C2(e), if applicable)					
<u> </u>					
*2					
	Check here if attachments.				

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

1	IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
1	Building Street Address (including Ap	Policy Number:		
	45496 COUNTY ROAD 35			
	City	State	ZIP Code	Company NAIC Number
	DAVIS	CA	95616	

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.

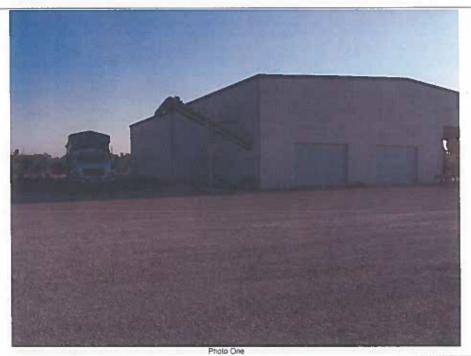


Photo One Caption LOOKING NORTHEAST (TAKEN 08/15/2016)



Photo Two

# **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

EAVIOR OF THE COMMISSION COS			Expiration bate: Notamber 66, 2016	
IMPORTANT: In these spaces, copy the correspo	onding 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.	Policy Number:	
45496 COUNTY ROAD 35				
City	State	ZIP Code	Company NAIC Number	
DAVIS	CA	95616		
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View photographs must show the foundation with representation with repres	v": and, if required	, "Right Side View" and '	'Left Side View." When applicable,	
Photo One Caption	Photo C	)ne		
Those one outsion				
	Photo '	Тwo		
Photo Two Caption				

27.6 41

NAUD. 88

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