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.

037-020-025 BP2017-1026

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	down			
A1. Building Owner's Name	Policy Number:	USE				
ALAN AND LORRAINE FLINT		Tolloy Hallison.				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No Box No. 35900 YOSEMITE AVE.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					
City State		ZIP Code				
DAVIS Califo	rnia	95616				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, APN: 037-020-025 / LOT 18, ROLLINGACRES, 7 BM 59 ORYC	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN: 037-020-025 / LOT 18, ROLLINGACRES, 7 BM 59 ORYC					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accesso	y, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 38.57285 DEG. N Long. 121.84289	DEG. W Horizontal Datum	n: NAD 1927 X NAD 198	3			
A6. Attach at least 2 photographs of the building if the Certificate is beir	g used to obtain flood insura	ance.				
A7. Building Diagram Number8_						
A8. For a building with a crawlspace or enclosure(s):						
 a) Square footage of crawlspace or enclosure(s) 	2334.00 sq ft					
b) Number of permanent flood openings in the crawlspace or enclose	ure(s) within 1.0 foot above	adjacent gradeO_				
c) Total net area of flood openings in A8.b	lin N	And the same and t	_			
d) Engineered flood openings?	Lust apps	aved.				
A9. For a building with an attached garage:	() with	· AD				
A9. For a building with an attached garage: a) Square footage of attached garage N/A sq ft						
b) Number of permanent flood openings in the attached garage with	n 1.0 foot above adjacent gr	rade				
c) Total net area of flood openings in A9.b sq in						
d) Engineered flood openings? Yes No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number B2. Cour	ty Name	B3. State				
YOLO COUNTY 060423 YOLO		California				
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date	B8. Flood B9. Ba Zone(s)	ase Flood Elevation(s) one AO, use Base Flood Depth))			
06113C0580 G 06-18-2010	AE 84.8 F	EET				
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:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No						
Designation Date: CBRS OPA						

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			FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 35900 YOSEMITE AVE.			Policy Number:		
City DAVIS	State ZIP California 956	Code 16	Company NAIC Number		
SECTION C – BUILDING	G ELEVATION INFORMAT	ION (SURVEY RE	QUIRED)		
 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, 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: RM 18 +2.56 FEET Vertical Datum: NAVD 1988 					
Indicate elevation datum used for the elevations ☐ NGVD 1929 ☑ NAVD 1988 ☐ Of Datum used for building elevations must be the	ther/Source:				
a) Top of bottom floor (including basement, cra b) Top of the next higher floor)	Check the measurement used. 84.30		
c) Bottom of the lowest horizontal structural med) Attached garage (top of slab)			N/A feet meters N/A feet meters		
En Lawart a discout (Fisiology) grade pout to built	Comments)	***************************************	87.30		
 f) Lowest adjacent (finished) grade next to bui g) Highest adjacent (finished) grade next to bu 			84.30 feet meters		
h) Lowest adjacent grade at lowest elevation o structural support			83.80 🗵 feet 🗌 meters		
	YOR, ENGINEER, OR ARC	HITECT CERTIFIC	CATION		
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.					
Were latitude and longitude in Section A provided by	y a licensed land surveyor?	∐Yes ⊠No			
Certifier's Name GERALD F. DING	License Number LS 3735				
Title Company Name			SERVE FORMERS		
Address 9655 CHEROKEE LN. City State ZIP Code		EXPIRES 06-30-18			
City NEWCASTLE	California	95658	OF CALIFORN		
Siglature of the signature of the signat	Date 02-16-2018	Telephone (916) 532-9824	Ext.		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location Air conditioning Unit to be set at finished floor elevation					

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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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. 35900 YOSEMITE AVE.		Policy Number:	
City	State	ZIP Code	Company NAIC Number
DAVIS	California	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

Clear Photo One



Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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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. 35900 YOSEMITE AVE.		Policy Number:	
City	State	ZIP Code	Company NAIC Number
DAVIS	California	95616	

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.



Photo Three Caption

Clear Photo Three



Photo Four Caption