6125. do7

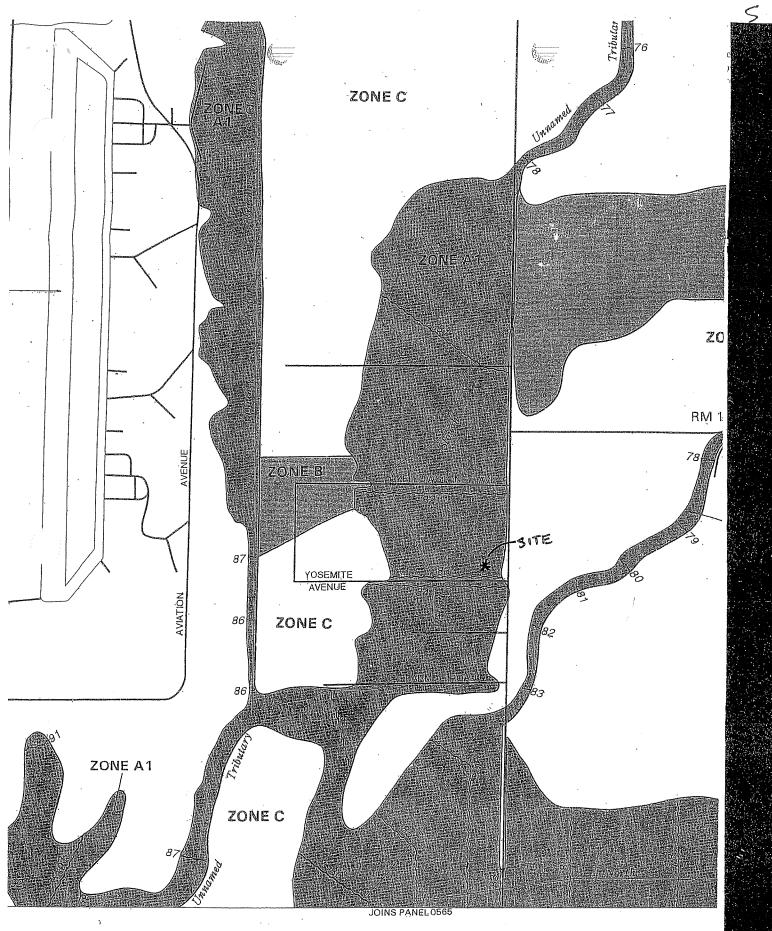
FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

	V	Important: F	Read the instru	uctions on pages 1 - 7	7		5		
	For Insurance Co	For Insurance Company Use:							
LDING OWNER'S NA		Policy Number							
BUILDING STREET ADD 25200 COUNTY ROAD 9	Company NA	IC Number							
CITY DAVIS				STATE CA	ZIP (CODE			
PROPERTY DESCRIPTION	ON (Lot and Block	Numbers, Tax Parce	Number, Lega	(2)(2)(2)	3001				
A.P.N. 037-020-36 BUILDING USE (e.g., Res	sidential, Non-resi	dential, Addition, Acce	ssory, etc. Use	a Comments area, if ne	ecessary.)				
LATITUDE/LONGITUDE (##° - ##' - ##.##'' or ##			ONTAL DATUM		DURCE: GPS (1		Other:		
(## - ## - ## .## 01 ##	,			4		Quad Map			
	S	SECTION B - FLOOD	INSURANCE	RATE MAP (FIRM) IN	FORMATION				
B1. NFIP COMMUNITY NAME YOLO COUNTY	& COMMUNITY NUM UNINCORPORATED		B2. COUNTY NAM	VIE YOLO		B3. STATE			
B4. MAP AND PANEL NUMBER 060426 0555	B5. SUFFIX C	B6. FIRM INDEX DATE 04/02/02		7. FIRM PANEL FIVE/REVISED DATE 03/23/99	B8. FLOOD ZONE(S	B9. BASE FLOOD (Zone AO, use d 82.9 (SEE S	lepth of flooding)		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile FIRM Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in 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									
	SEC	TION C - BUILDING	ELEVATION II	NFORMATION (SURV	(EY REQUIRED)				
C1. Building elevations are bas	sed on: Constru	ction Drawings*	Building Unde	er Construction*	Finished Construction				
*A new Elevation Certificate will be required when construction of the building is complete.									
C2. Building Diagram Number	1 (Select the building	ng diagram most similar	o the building for	which this certificate is be	eing completed - see p	pages 6 and 7. If no dia	agram		
courately represents the building, provide a sketch or photograph.)									
Levations – 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in									
Section B, convert the dat	um to that used for	the BFE. Show field mea	surements and o	datum conversion calculat	tion. Use the space p	rovided or the Commer	nts area of		
Section D or Section G, as	A CONTRACTOR OF THE CONTRACTOR		rsion.						
Datum NGVD 29 Conve									
Elevation reference mark			ıark used appear	on the FIRM? X Yes	☐ No	. 000			
a) Top of bottom floor (including basemen	t or enclosure)		r on the FIRM? Yes No 1 ft.(m) A ft.(m) The ft.(m)					
□ b) Top of next higher floor <u>N</u>				L_ft.(m)					
☐ c) Bottom of lowest horizontal structural member (V zones only)			N/A						
☐ d) Attached garage (top of slab)				<u>.</u> ft.(m)	dm:	LERO	R , 38		
e) Lowest elevation of	machinery and/or e	quipment			.e. e.	L 79	006		
servicing the building (Describe in a Comments area)				3. 9 ft.(m)		D EXP.12	31.07/5		
				<u>1</u> ft.(m)	» Nu Sigr				
☐ g) Highest adjacent (finished) grade (HAG) 83			<u>8</u> ft.(m)	ense	ALE OF C	ALIF			
☐ II) No. of permanent openings (flood verits) within 1 ht. above adjacent grade v									
i) Total area of all perm	nanent openings (flo	ood vents) in C3.h <u>0</u> sq. ii	n. (sq. cm)						
	SE	CTION D - SURVEY	OR, ENGINEER	R, OR ARCHITECT CE	ERTIFICATION				
This certification is to be s									
I certify that the information						e.			
I understand that any false	statement may b	e punishable by fine o	r imprisonment		ection 1001.				
CERTIFIER'S NAME CHRISTOPHER W. LERCH				LICENSE NUMBER L.S. 7906, EXPIRES 12	2/31/05/07				
TITLE				COMPANY NAME					
SENIOR SURVEYOR				LAUGENOUR AND MI	EIKLE				
ORESS				CITY	STAT		CODE		
COURT STREET				WOODLAND	CA	9569	95		
JIGNATURE	1			DATE NOVEMEBER 23, 2009		PHONE 6 62-1755			
Cum V.	n/			IND V LIVILDEN 23, 2003	(330)	WE-1100			

IMPORTANT: In these spaces, c	For Insurance Company Use:			
BU: DING STREET ADDRESS (Including A 25200 COUNTY ROAD 96	pt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE	AND BOX NO.		Policy Number
CITY DAVIS		STATE CA	ZIP CODE 95616	Company NAIC Number
SEC	CTION D - SURVEYOR, ENGINEER, O	R ARCHITECT (CERTIFICATION (CONTINUE)	0)
th sides of this Elevation Certific	cate for (1) community official, (2) insurance a	gent/company, and	(3) building owner.	
CO.VIIVIENTS B.F.E WAS INTERPOLATED BY SCA	LING DISTANCES FROM B.F.E.'S SHOWN	N ON FIRM.		
LOWEST MACHINERY IS THE AIR C	ONDITIONING UNIT.			
		4		Check here if attachments
SECTION E - BUILDING	SELEVATION INFORMATION (SURVI	Y NOT REQUIF	RED) FOR ZONE AO AND ZOI	NE A (WITHOUT BFE)
or Zone AO and Zone A (without BFE), o	complete Items E1 through E4. If the Elevation	n Certificate is inter	nded for use as supporting informat	ion for a LOMA or LOMR-F,
Section C must be completed.				
	ne building diagram most similar to the building	g for which this cert	ificate is being completed – see pa	ges 6 and 7. If no diagram accurately
	basement or enclosure) of the building is	ft.(m)in.(cm) [_	above or below (check one)	the highest adjacent grade. (Use
natural grade, if available).	ngs (see page 7), the next higher floor or elev	ated floor (elevation	b) of the building is ft (m) in	(cm) above the highest adjacent
grade. Complete items C3.h and C3		alca noor (cicvation		into the might out adjacont
	and/or equipment servicing the building is	ft.(m) in.(cm) [above or Delow (check one)	the highest adjacent grade. (Use
natural grade, if available).				
	umber is available, is the top of the bottom flo		rdance with the community's floodp	olain management ordinance?
	he local official must certify this information in			NI
	CTION F - PROPERTY OWNER (OR O			
	ed representative who completes Sections A, e. The statements in Sections A, B, C, and E			nout a FEIVIA-ISSUED or community-
	S AUTHORIZED REPRESENTATIVE'S NAM		cst of my knowledge.	
PISSPERIT OWNERS OR OWNERS	AOTHONIZED NEFNESENTATIVE STYAIV	IL .		
, .ESS		CITY	STAT	E ZIP CODE
SIGNATURE		DATE	TELEI	PHONE
COMMENTS				
:				
			N (OPTIONAL)	Check here if attachments
ha local official who is authorized by law	SECTION G - COMMUNIT or ordinance to administer the community's fl			ns A. B. C. (or F.) and G of this Fleva
Certificate. Complete the applicable item(oodplain managen	ioni ordinanos cam complete ocolio	110 / 1, D, O (01 L), and O of the Llora
	taken from other documentation that has bee	en signed and emb	ossed by a licensed surveyor, engir	neer, or architect who is authorized by
	formation. (Indicate the source and date of th			
	ection E for a building located in Zone A (with			e AO.
63. The following information (Items 0	G4-G9) is provided for community floodplain r	nanagement purpo	ses.	
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE OF COMP	PLIANCE/OCCUPANCY ISSUED
67. This permit has been issued for:	New Construction	nent	<u></u>	
G8. Elevation of as-built lowest floor (inclu	ding basement) of the building is:		ft.(m) ft.(m)	Datum: Datum:
LOCAL OFFICIAL'S NAME	,	TIT		
COMMUNITY NAME		TE	LEPHONE	
SIONATURE		DA	TE	
/IENTS				
TOTAL NO.				
				Check here if attachment



BFE = 82.9 NGUD Z9