BP2014-02/04/ FP2014-0050

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Final Institute Property

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1680-0008 Expiration Date: July 31, 2015

SEC SEC	TION A - PROPERTY INFORMATI	ON		
A. Building Owner's Hame DOD DARTH	ERSHIP			
A2. Building Street Address (Including Apt., Unit, Suits, a	ed/or Blos. No.) or RO. Route and Box No			
· CAV DAVES .	State CA	ZiP Code c	5616	3
A3. Property Description (Lot and Block Numbers, Tax Pa	cel Number, Legal Description, etc.)	OFF	ICE SET	-
A4. Buiking Use (e.g., Residential, Non-Residential, Addit A5: Latitude/Longitude: Lat. 38.550795	ion, Accessory, etc.) RES/05/		IAD 1927 TK NAD 1983	
AS. Attach at least 2 photographs of the building if the Co	relificate is being used to obtain flood in	arauce.	•	U
A7. Building Diagram Number		building with an attached garag		A
a) Squere footage of crandapace or enclosure(s)		uare footage of attached garagember of permanent food open	e SQ ft	0
b) Number of permanent flood openings in the crawle or enclosure(s) within 1.0 foot above adjacent gra	de wit	hin 1.0 foot above adjacent gr tal net area of flood openings in	ide	6
: c) Engineered flood openings in AB.b c) Engineered flood openings? Yes No		gineered flood openings?		Th
SECTION B - FLO	OD INSURANCE RATE MAP (FIRE	INFORMATION .	3000	-
B1. NPP Community Name & Community Number O 60423 DAVIS	P2, County Name	NTV	83. State A	3/20
B4. Map/Panel Number B5, Suffix B6, FIRM Ind	ex Date B7. FIRM Penel Effective/	88. Rood Zone(s) B9. Bas	e Flood Bevation(s) (Zene use base flood depth)	~
0584 G 6/18/	6/18/10	AE	49.0	- A
B1D, Indicate the source of the Base Flood Elevation (BFE) FIS Profile FRM Community Determine	data or base flood depth entered in Item	n B9:		
B11. Indicate elevation datum.used for BFE in Item B9;	☐ NGVD 1929 ☑ NAVD 1988	Other/Source:		100
B12, is the building located in a Coastal Barrier Resources		cted Area (OPA)? Yes	ᅜ(No	-
Designation Oate:/ C	4.)			
	ING ELEVATION INFORMATION (S		Construction REVIOUS	• •
C1. Building elevations are based on: El Construct *A new Elevation Certificate will be required when co	extraction of the building is complete.		rousanersu - 12 A IOOS	LY
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE). VE, C2.n-h below according to the building diagram speci	V1-V30, V (with BFE), AR, AR/A, AR/AE.	AR/A1A30, AR/AH, AR/AQ. C	emplete Items JUL 27 2815	
Benchmark Utilized: J 644 R6	Vertical Datum:	NAVDIY80	SCANNED	
indicate elevation datum used for the elevations in its Catum used for building elevations must be the same	ms a) through h) below. NGVD 1929		_	
a) Top of bottom floor fincfieding basement, crawispa		Check the measurement [Vifeet ☐ metal		
b) Top of the next higher floor	NA.	feet meter		
 e) Bottom of the lowest horizontal structural member 	(V Zones only) NA 511 3	feet meter		
 d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment service 	F-1 10	Thet mater		45
(Describe type of equipment and location in Comm	wate) 50 7	·		10
 f) Lowest adjacent (finished) grade next to building (i g) Highest adjacent (finished) grade next to building (i 	HAG) . 51.7	Ufect ☐meter	🕻 Planning an	
h) Lowest adjacent grade at lowest elevation of deck	or stairs, including 50, 7	[If feet meter	Public Work	(S
structural support	THE PARTY OF THE P	T OFFICIATION		
SECTION D = SUR This certification is to be signed and sealed by a land surve	VEYOR, ENGINEER, OR ARCHITEC			
Information. Foertily that the Information on this Cartifoets in I Understand that any false statement may be punishable by	onresents my best efforts to interpret the	data avatable.	PROFESSION 19	
Check here if comments are provided on back of form.	Were letitude and longitude in Section	n A provided by a	50 W. C.	
Check here if attachments.	licensed land surveyor? ☑Yes	Tho	Edro W. Co.	
Cartifora Name RICHARD W. GHAM			~ " []	
CIVIL ENGINEER	Company Hama NK ENGINEGE		1 Drive 1	
Address 708 POPLAR LN	CHYWOODCAND State CA.		CIVIL	
Styreture Bruss Oule	DIZEZNAISTIV		G CO HOS	
CC144 Comp 000 (C22 /Protect 7H2)	San reverse side for continuation.	R	places all previous editions.	

FEMA Form 086-0-33 (Revised 7/12)

See reverse side for continuation. AN 18 2017

SCANNED

Yolo County Department of Community Services

JAN 13 2017

LEVATION CERTIFICATE, page 2	S. Mar S. State Control of the Contr
IMPORTANT: In these spaces, copy the corresponding information from	10 Section As
Building Street Address (including Apt., Unit, Butts, and/or Bidg. No.) or 24580 COVNTY ROAD 101	A SAME TO SAME
City DAVIS State C.	A ZIP Code 9561-6
SECTION D - SURVEYOR, ENGINEER	R, OR ARCHITECT CERTIFICATION (CONTINUED)
Copy both sides of this Elevation Certificate for (1) community official, (2	
CZO EQUIPMENT IS AC COMP	RESSOR.
Signature	Deta
SECTION E BUILDING ELEVATION INFORMATION (SUR	RYEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)
For Zones AD and A (without BFE), complete Items E1-E5. If the Certifica	ate is intended to support a LDMA or LOMR-F request, complete Sections A, B, and nt used. In Puerto Rico only, enter meters.
 Provide elevation information for the following and check the appropriate (HAG) and the lowest edjecent grade (LAG). 	state boxes to show whether the elevation is above or below the highest adjacent
a) Top of bottom floor (including basement, crawlspace, or enclosure	b) is 5/. B □ fact □ meters Yebove or □ below the HAQ.
b) Top of bottom floor (including basement, crawlapace, or enclosure	a) is
2. For Building Diegrams 6-9 with permanent flood openings provided in	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 NA feet maters above or below the HAG.
3. Attached garage (top of sieb) ie	51 Geet meters Sabove or below the HAG
A. Top of platform of machinery and/or equipment servicing the building	uglis <u>57. 3</u> ☐ feet ☐ metera
5. Zone AO only: If no flood depth number is available, is the top of the ordinance? Type No Unknown. The local official must on	bottom floor elevated in accordance with the community's floodplain management entity this information in Section G.
SECTION F - PROPERTY OWNER (OF	R OWNER'S REPRESENTATIVE) CERTIFICATION
a land of the same of the same and the same	Sections & R. and E for Zone A (without a FEMA issued or community issued BFE
one AO must sign here. The statements in Sections A, B, and E are cor	LIBOT SO ATB DESIT OF TAN KNOWINGERS
Property Owner or Owner's Authorized Representative's Name RICH	WAD W CHAMBERS
direce 708 POPLAR LN	CHUOUD CAND State CA ZIP Code 9 56 95
Signature Petilli Chilli	Date . 7 - 2 7 - 15 Telephone 530,758.649
Comments	
	☐ Check here if attachment
	JNITY INFORMATION (OPTIONAL) mmunity's floodplain management ordinance can complete Sections A. B. C for El.
The local omcial who is authorized by law or programme to scriptional two co a of this Elevation Certificate. Complete the applicable item(s) and sign be	eloys. Check the messurement used in Iteme GS-G10. In Puerto Rico only, enter met
 The information in Section C was taken from other documents who is authorized by law to cartify elevation information. (Indice 	ation that has been algoed and sessed by a licensed surveyor, angineer, or archit cats the source and date of the elevation data in the Comments area below.)
 G2.	In Zone A (without a FEMA-Issued or community (Secretary Report of SE
64. Permis 128014-0204 . 65. 050 (18) 1201	
211 1100 posture time account	ubstantial Improvement
Elevation of as-built lowest floor (including basement) of the building	ng: 51 . 20 ☐ feet ☐ maters Datum
19. BFE or (in Zone AO) depth of flooding at the building after 110. Community's design flood elevation:	Deet Dresters Datum
ocal Official's Name ED SHOPT	Title CBO
Community Name Yulo County	Telephone 530 666-8503
Signature SO SUA	Deta 7-28-15
Comments	*
-Ta-M	Check here if attachmen

FEMA Form 086-0-83 (Revised 7/12)

Replaces all previous editions.

DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY ELEVATION FORM

O.M.B. NO. 1660-0015 Expires February 28, 2014

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1.25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. This collection is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OM8 control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0015). NOTE: Do not send your completed form to this address.

This form must be completed for requests and must be completed and signed by a registered professional engineer or licensed land surveyor. A DHS • FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in flet of this form for single structure requests.

For requests to remove a structure on natural grade OR on engineered fill from the Special Flood Hazard Area (SFHA), submit the lowest adjacent grade (the lowest ground touching the structure), including an ottoched deck or garage. For requests to remove an entire parcel of land from the SFHA, provide the lowest jot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description. All measurements are to be "ounded to nearest tenth of a foot. In order to process your request, all information on this form must be completed in the entirety. Incomplete submissions will result in processing delays.							
NFIP Community Number: OBO 4 2 3 Are the elevations listed bek					101A DAI	113, CA 95616	
3. For the existing or proposed							
4. Has DHS - FEMA identified th			dence or uplift? (see / (month/ye	_	'es ☑No		
 What is the elevation datum if any of the elevations listed (FIRM) (e.g., NGVO 29 or NA' 	below were cor	mputed using a sthe conversion	datum different the	7	or the effective floo	od insurance Rate Map	
Local Elevation +/- ft. = FIRM Datum 6. Please provide the Latitude and Longitude of the most upstream edge of the structure (in decimal degrees to the nearest fifth decimal place): indicate Datum: WGS84 NAD83 NAD27 Lat. 38.59 045 Long. /2/.7557/ Please provide the Latitude and Longitude of the most upstream edge of the property (in decimal degrees to the nearest fifth decimal place): Indicate Datum: WGS84 NAD83 NAD27 Lat. 38.58647 Long. /2/. 75867							
Address	Lot Number	Block Number	Lowest Lot Elevation*	Lowest Adjacent Grade To Structure	Base Flood Elevation	BFE Source	
24580 CR 101A	HOUSE			49.3	48,9		
2 4 5 BO CR 101 A	BARN			49.4	48.9		
This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any faise statement may be punishable by fine or imprisonment under Title 15 of the United States Code, Section 1001.							
Certifler's Name: RICHARD W. CHAMBERS Ucense No.: RE 24608 Expiration Date: 12/31/15							
Company Name: NK ENG. & SURV. CD. /NC. Telephone No.: 758 6490							
Email: mKengineers@36cGLOBALNET FoxNo							
Signature. Rudiu Cheelie Date: 12/8/13							
For requests involving a portion of property, include the lowest ground elevation within the metes and bounds description. Seal (optional) Please note: If the Lowest Adjacent Grade to Structure is the only elevation provided, a desembation will be issued for the structure only.							

In addition to this form (MT-2 Form 1), plasse complete the checklist below. ALL requests must include one copy of the following:	
Copy of the effective FIRM panel on which the structure and/or property location has been accurately plotted (property inadvertently located in the Ni regulatory floodway will require Section 8 of MT-1 Form 3	FIP
Copy of the Subdivision Plat Map for the property (with recordation data and stamp of the Recorder's Office)	
Copy of the Property Deed (with recordation data and stamp of the Recorder's Office), accompanied by a tax assessor's map or other certified map showing the surveyed location of the property relative to local stracts and watercourses. The map should include at least one street intersection that shown on the FIRM panel.	ı İS
Form 2 – Elevation Form. If the request is to remove the structure, and an Elevation Certificate has already been completed for this property, it may be submitted in lieu of Form 2. If the request is to remove the enrice legally recorded property, or a portion thereof, the lowest lot elevation must be provided on Form 2.	t
Please include a map scale and North arrow on all maps submitted.	
For LOMBA's and CLOMB-Fs, the following must be submitted in edition to the items listed above: Form 3 – Community Admowledgment Form	
For CLOMR-Fs, the following must be submitted in addition to the items listed above:	
Documented ESA compliance, which may include a copy of an incidental Take Permit, an incidental Take Statement, a "not likely to adversely affect" determination from the National Marine Fisheries Service (NMFS) or the U.S. Fish and Wildlife Service (USFWS), or an official letter from NMFS or USFV concurring that the project has "No Effect" on proposed or listed species or designated critical habitat. Please refer to the MT-1 instructions for addition information.	
Please do not submit original documents. Please retain a copy of all submitted documents for your records.	
OHS-FEMA encourages the submission of all required data in a digital format (e.g. scanned documents and images on Compact Disc (CO)). Digital submissions help to further DHS-FEMA's Digital Vision and also may facilitate the processing of your request.	
Incomplete submissions will result in processing delays. For additional information regarding this form, including where to obtain the supporting documents listed above, please refer to the MT-1 form instructions located at http://www.ferns.gov/plan/prevent/fhm/di_mt-1.shtm.	
Processing Fee (see instructions for appropriate mailing address; or visit http://www.lema.gov/Ihm/Irm fees.shtm for the most current fee schedule)	
Revised fee schedules are published periodically, but no more than once annually, as noted in the Federal Register. Please note: single/multiplot(s)/structure(s) LOMAs are fee exempt. The current review and processing fees are listed below:	ile
Check the fee that applies to your request:	
3325 (single lot/structure LOMR-F following a CLOMR-F)	
S425 (single lot/structure LOMR-F)	
S500 (single lot/structure CLOMA or CLOMR-F)	
5700 (multiple lot/structure LOMR-F following a CLOMR-F, or multiple lot/structure CLOMA)	
SIOO (multiple int/structure LOMR-F or CLOMR-F)	
Please submit the Payment Information Form for remittance of applicable fees. Please make your check or money order payable to: National Flood Insurance Program.	
All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by Riccord Imprisonment under Title 18 of the United States Code, Section 1001.	
Applicant's Name (required): RICHARD CHAMBERS Company (If applicable): NK ENG. + SURU. CL. INC	C.
Mailing Address (required): 708 POPCAR LN Daytime Telephone No. (required): WOGDCAND, CA 95695 530 758 6490	
E-Mail Address loptional): W By checking here you may receive	
CONTRESPONDENCE ELECTROPICATIVE AT THE EMBILIPHIES PROVIDED: NKENGINEERS 12 @ 3 BC GLO BKL, NET	
Date (required) 12/8/13 Signature of Applicant (required)	

DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY COMMUNITY ACKNOWLEDGMENT FORM

O.M.B, NO. 1640-0015 Expires February 28, 2014

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1.38 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. This collection is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arilington, VA 20588-3005, Paperwork Reduction Project (1660-0015). NOTE: Do not send your completed form to this address.

This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) OR to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B).

This form must be completed and signed by the official responsible for floodplain management in the community. The six digit NFIP community number and the subject property address must appear in the spaces provided below. Incomplete submissions will result in processing delays. Please refer to the MT-1 instructions for additional information about this form.

Community Number: 0604 23 Property Name or Address: 24580 CR 101A DA 115, CA 95616

A. REQUESTS INVOLVING THE PLACEMENT OF FILL

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. For Conditional LOMR-F requests, the applicant has or will document Endangered Species. Act (ESA) compilance to FEMA prior to issuance of the Conditional LOMR-F requests, the applicant has or will document Endangered Species. Act (ESA) compilance to FEMA prior to issuance of the Conditional LOMR-F determination. For LOMR-F requests, I acknowledge that compilance with Sections 9 and 10 of the ESA has been echieved independently of FEMA's process. Section 9 of the ESA prohibits anyone "talking" or harming an endangered species. If an action might harm an endangered species, a permit is required from U.S. Fish and Wildlife Service or National Marine Fisheries Service under Section 10 of the ESA. For actions authorized, funded, or being carried out by Federal or State agencies, documentation from the agency showing its compiliance with Section 7(a)(2) of the ESA will be submitted, in addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by OHS-FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to OHS-FEMA for a possible map revision.

Community Comments: Nove

Community Official's Name and Title: (Please	Interim Chief Building Office	Jelephone No.: 666-8035						
Community Names 4010 County	Continualty Official's Signature: (required)	Date: 1- 15-2014						
8. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY As the community official responsible for iloodplain management, i hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to DHS-FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements. Community Comments:								
Community Official's Name and Title: [Please	Telephone No.:							
Community Name:	Community Official's Signature (required):	Date:						

Continued from Page 1.							
Address	Lot Number	Block Number	Lowest Lot Elevation*	Lowest Adjacent Grade To Structure	_	ase Flood Devation	BFE Source
		T I					1
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This certification is to be signed and sealed by a Foensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.							
Certifier's Name:			License No.:			Expiration Dat	8
Company Name:	me: Telephone No.:						
Ernafi: Fact No.				1			
Signature: Date:					i		
* For requests involving a portion of property, include the lowest ground elevation within the metes and bounds description. Please note: If the Lowest Adjacent Grade to Structure is the only elevation provided, a determination will be issued for the structure only.				s	ieal (optional)		

FEDERAL EMERGENCY MANAGEMENT AGENCY PAYMENT INFORMATION FORM

Community Name: Project identifier:			_		
THIS FORM MUST BE MAILED, ALONG WITH THE APPROPRIATE FEE. TO THE ADDRESS BELOW OR FAXED TO THE FAX NUMBER BELOW.					
Please make check or mone	y order payable to the National	Flood insurance Program.			
Type of Request:	MT-1 application MT-2 application	LOMC Clear inghouse 847 South Pickett Street Alexandria, VA 22304-4605 Attn.: LOMC Manager			
. %	EDR app#cation	FEMA Project Library 847 South Pickett Street Alexandria, VA 22304-4605 FAX (703) 212-4090			
Request No. (if known):	Check No.:		Amount:		
☐ INITIAL FEE® ☐ FINAL	FEE FEE BALANCE**	MASTER CARD VISA CHE	CK MONEY ORDER		
	nd/or Alluvial Fan requests (as a tting a corrected fee for an ong				
COMPLETE THIS SECTION OF	VLY IF PAYING BY CREDIT CARD	-·-···			
	CARD NUMBER		EXP. DATE		
1 2 3 4 - 5	6 7 B - 5 10 11	12 13 14 15 16	Month Year		
Date	**************************************	Signature			
NAME (AS IT APPEARS ON CA (please print or type)	ARD):	_			
ADDRESS: (far your credit cord receipt-please print or type)					
DAYTIME PHONE:			_		

STATE MIGHWAY 415 6, B 47 3-12 COMMITTED THE MIXE , con the addition with many 125 PARCEL 4 PARCEL 2 PARCEL 3 en fr train 636 0K 367 ----11.00° 44' 34" E 371-08 45 dwg Aimnes 110万円 明日 DETAIL The said The state of the Sport Law of the state of Total Control Con-trol Sport of Control Con-trol Sport of Control Con-trol Control Control Con-trol Control Control Con-state of Control Control Con-trol Control Control Control Con-trol Control Control Con-control Control Control Con-control Control Control Con-control Control C SURVEY FOR ---- HELO-BAN -0 Corne E MEYER SECTION 33 B 34 TON, RZE. MIDBBM. M+2, 9, + PROPERTY OF BELLEVILLE AND REAL PROPERTY. TOLD ENGINEERS & SURVEYORS, INC. RECORD AT SURVEY 11 Marte free Yath Carry

** LOUIC: 07-08-1444/080423 -

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