

213-065-040

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

RECEIVED ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SEP 13 2013

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name ILHAN ESER & KAMER TEZCAN	Planning and Public Works	Policy Number:
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Box No. 20180 COUNTY ROAD 103		Company NAIC Number:
City WOODLAND	State CA	ZIP Code 95776

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
ASSESSOR'S PARCEL NUMBER: 042-030-025-000

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

A5. Latitude/Longitude: Lat. **38°38'43.3"** Long. **-121°42'43.4"** 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 **1B**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s)	<u>N/A</u> sq ft	A9. For a building with an attached garage:	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<u>N/A</u>	a) Square footage of attached garage	<u>1,434</u> sq ft
c) Total net area of flood openings in A8.b	<u>N/A</u> sq in	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	<u>20</u>
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c) Total net area of flood openings in A9.b	<u>1,434</u> sq in
		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 06113C 0465	B5. Suffix H	B6. FIRM Index Date 05/16/2012
B7. FIRM Panel Effective/Revised Date 05/16/2012	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 36.2

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 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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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: **"X-26" CITY OF WOODLAND CONTROL** Vertical Datum: **N.A.V.D. 88**

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.

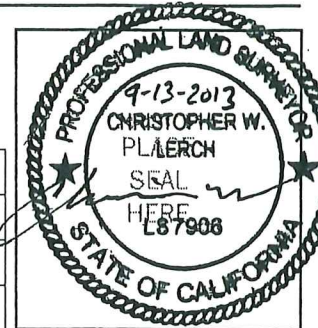
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>37 . 6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>34 . 6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>36 . 2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>33 . 0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>36 . 8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>33 . 0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name CHRISTOPHER W. LERCH	License Number L.S. 7906
Title PRINCIPAL/SENIOR SURVEYOR	Company Name LAUGENOUR AND MEIKLE
Address 608 COURT STREET	City WOODLAND
State CA	ZIP Code 95695
Signature <i>[Signature]</i>	Date 09/13/2013
Telephone (530) 662-1755	



FIELD SET

RECEIVED

DEC 02 2013

WEST COAST
CODE CONSULTANTS, INC.

RECEIVED

DEC 11 2013

Planning and
Public Works

RD 2012-049


ELEVATION CERTIFICATE, page 2

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. 20180 COUNTY ROAD 103			Policy Number:	
City WOODLAND	State CA	ZIP Code 95776	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.

Comments **FINISHED FLOOR AND MACHINERY WILL BE BUILT 1 FOOT ABOVE THE BASE FLOOD ELEVATION.**

Signature  Date **09/13/2013**

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, crawlspace, or enclosure) is N/A . _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is N/A . _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided 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 N/A . _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is N/A . _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is N/A . _____ 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 or Owner's Authorized Representative's Name N/A

Address N/A City N/A State N/A ZIP Code N/A

Signature _____ Date N/A Telephone N/A

Comments N/A

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–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 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 <u>BP2013-0496</u>	G5. Date Permit Issued <u>1-2-2014</u>	G6. Date Certificate Of Compliance/Occupancy Issued <u>2-6-2015</u>
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building:	<u>37.6</u> . _____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters Datum <u>NAVD 88</u>
G9. BFE or (in Zone AO) depth of flooding at the building site:	<u>36.2</u> . _____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters Datum <u>↓</u>
G10. Community's design flood elevation:	<u>37.2</u> . _____	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters Datum _____

Local Official's Name ED SHORT Title CBO

Community Name Yolo County Telephone (530) 666-8803

Signature  Date 2-26-15

Comments _____

Check here if attachments.