

209-0145

C

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

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name Paul Thiebaud		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 41810 South River Road		Company NAIC Number
City Clarksburg State CA ZIP Code 95612		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 043-040-20		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Accessory (horse barn)		
A5. Latitude/Longitude: Lat. <u>38°19'51.0"N</u> Long. <u>121°34'28.8"W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 1		
A8. For a building with a crawlspace or enclosure(s): See comments below		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft		a) Square footage of attached garage <u>N/A</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		c) Total net area of flood openings in A9.b <u>N/A</u> sq in
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Yolo County 060423		B2. County Name Yolo		B3. State CA	
B4. Map/Panel Number 0705	B5. Suffix D	B6. FIRM Index Date 03/05/1990	B7. FIRM Panel Effective/Revised Date 03/05/1990	B8. Flood Zone(s) A30	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>17.0</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) ___					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) ___					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date ___ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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. Use the same datum as the BFE.			
Benchmark Utilized <u>R 461</u> Vertical Datum <u>NGVD29</u>			
Conversion/Comments <u>R 461 (PID JS1573) NAVD88 height converted to NGVD29 via VERTCON and checked against COURTLAND (PID JS4311).</u>			
Check the measurement used.			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>9.9</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
b) Top of the next higher floor <u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
c) Bottom of the lowest horizontal structural member (V Zones only) <u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
d) Attached garage (top of slab) <u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>13.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
f) Lowest adjacent (finished) grade next to building (LAG) <u>9.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
g) Highest adjacent (finished) grade next to building (HAG) <u>10.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	

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. <input type="checkbox"/>			
Check here if comments are provided on back of form. <input type="checkbox"/>		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certifier's Name James H. Frame III	License Number LS 5435		
Title Principal Land Surveyor	Company Name Frame Surveying & Mapping		
Address 609 A Street	City Davis	State CA	ZIP Code 95616
Signature	Date May 5, 2010	Telephone 530.756.8584	
	(Revised 06/28/10)		

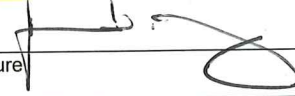


IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 41810 South River Road	Policy Number
City Clarksburg State CA ZIP Code 95612	Company NAIC Number

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 C2a elevation represents top of floor slab. C2e elevation represents the bottom of the external wall-mounted water heater. The enclosed area of the building is 491 s.f. There are 2 each SmartVent 1540-570 vents within 1 foot of adjacent grade, 3 each 3.7-foot wide undercut doors and 1 each 2.4-foot wide undercut door.

Signature  Date May 5, 2010 x Check here if attachments

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 ___ feet ___ meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is ___ 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 ___ feet ___ meters above or below the HAG.

E3. Attached garage (top of slab) is ___ feet ___ meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is ___ 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's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

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 and G9.

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 209-0145	G5. Date Permit Issued 3-06-09	G6. Date Certificate of Compliance/Occupancy Issued 7-27-10
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: ___ feet ___ meters (PR) Datum ___

G9. BFE or (in Zone AO) depth of flooding at the building site: ___ feet ___ meters (PR) Datum ___

G10. Community's design flood elevation ___ feet ___ meters (PR) Datum ___

Local Official's Name LOWELL BUTLER Title CHIEF BUILDING OFFICIAL

Community Name YOLO COUNTY Telephone (530) 666-8775

Signature Lowell Butler Date 7-23-10

Comments _____

Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 41810 South River Road	For Insurance Company Use:
	Policy Number
City Clarksburg State CA ZIP Code 95612	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



Looking north, May 5, 2010



Looking south, May 5, 2010