

# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE			
A1. Building Owner's Name	JANSSEN Properties	Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO, Route and Box No.	50914 NETHERLANDS RD	Company NAIC Number:			
City	Clarksburg	State	WV	ZIP Code	26302
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	440 AC Vineyard				043-110-031
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	Ag Storage				
A5. Latitude/Longitude: Lat. $38^{\circ} 22' 14.32'' N$ , Long. $121^{\circ} 33' 0.68'' W$ . Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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	1A				
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:			
a) Square footage of crawlspace or enclosure(s)	2,400 sq ft	a) Square footage of attached garage	N/A sq ft		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	N/A		
c) Total net area of flood openings in A8.b	2,880 sq in	c) Total net area of flood openings in A9.b	N/A sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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	060423 Yolo County		B2. County Name	Yolo	B3. State	CA
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)	
06113C	0780G	6/18/10	6/18/10	A	N/A	
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 type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: <u>not determined</u>						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: <u>N/A</u>						
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: <u>N/A</u> / / <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input checked="" type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction	1/23/13
*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: <u>N/A</u>	Vertical Datum: <u>N/A</u>
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
Datum used for building elevations must be the same as that used for the BFE.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	_____ <input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ <input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	_____ <input 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)	_____ <input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	_____ <input type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	_____ <input type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ <input 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.			
<input type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name	<u>N/A</u>	License Number	
Title		Company Name	
Address	City	State	ZIP Code
Signature	Date	Telephone	

PLACE SEAL HERE

**ELEVATION CERTIFICATE, page 2**

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:	
City	State	ZIP Code	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

N/A,

Signature

Date

**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 0.7  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is 0.7  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 5.0  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. N/A

**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

Dequias J. Furst

Address

3871 Christensen Rd

City

Gall

State

Ca

ZIP Code

95632

Signature

Dequias J. Furst

Date

1/23/13

Telephone

709 649-2462

Comments

Contractor for const of new Ag storage building  
All vents were 14" x 24"  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>BP2012-0498</u>	G5. Date Permit Issued <u>11/06/12</u>	G6. Date Certificate Of Compliance/Occupancy Issued
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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: N/A  feet  meters Datum N/A

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

G10. Community's design flood elevation: N/A  feet  meters Datum N/A

Local Official's Name LONELL BUTLER

Title BUILDING OFFICIAL

Community Name YOLO COUNTY

Telephone 530-666-8803

Signature Lonell Butler

Date 1-24-13

Comments

MINOR FLOOR VARIANCE APPROVED FOR AG BUILDING

Check here if attachments.

**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 50914 Netherland Rd			Policy Number:
City Charlesburg	State Ga	ZIP Code 31502	Company NAIC Number:

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.



Explain ↑ all vents 14" x 24"

◇ 01/21/13 Printed at Walmart

349179910 3/8 ◇ 3.0PT

Right Side Function



Explain



12U vents 14" x 24"

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 50914 Northwoods Rd			Policy Number:	
City Charlesburg	State Ga	ZIP Code 30612	Company NAIC Number:	

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.



Explan ↑  
all vents 14" x 24"

<> 01/21/13 Printed at Wal-Mart

349179910 6/8 <> 6.0PT

LEFT SIDE FURNACE



EXPLAN

ALL VENTS 14" X 24"