U.S. DEPARTMENT OF HOMELAND SECURITY

Building Owner's Name Jerry McFetridge

ELEVATION CERTIFIC

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions or

SECTION A - PROPERTY INFO

CATE	OMB No. 1660-0008 Expires February 28, 2009			
pages 1-8.	12-0076			
RMATION	For Insurance Company Use:			
TIMATION .	Policy Number			
ox No.	Company NAIC Number			
	ACC - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
Horizontal Datum:	□ NAD 1927 □ NAD 1983			
walls within 1.0 foot abo	hed garage <u>621</u> sq ft openings in the attached garage			
IRM) INFORMATION				
	33. State			
B8. Flood Zone(s) A30	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 17.00			
Item B9.				
ribe)				
☐ Other (Describe) rotected Area (OPA)?	Yes			
N (SURVEY REQUIRE	:D)			
der Construction*	☐ Finished Construction			
R/AE, AR/A1-A30, AR/AH	I, AR/AO. Complete Items C2.a-g			
Check the measurem	ent used.			
feet meters (Puerto	Rico only)			
☐ feet ☐ meter] feet ☐ meters (Puerto] feet ☐ meters (Puerto				
feet meters (Puerto				
ECT CERTIFICATION	1			
I by law to certify elevation of the data available. Code, Section 1001.	OLIVE OLIVE			
er RPE 33407				
	=T. \ MAC C 33407 / → E			

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Bo 37470 South River Road State CA ZIP Code 95612 City Clarksburg A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 043-260-32 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. _____ Long. A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood i A7. Building Diagram Number 6 A9. For A8. For a building with a crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s) a) 621 sq ft b) No. of permanent flood openings in the crawl space or b) enclosure(s) walls within 1.0 foot above adjacent grade 12 907 Total net area of flood openings in A8.b sq in C) SECTION B - FLOOD INSURANCE RATE MAP (F B1. NFIP Community Name & Community Number B2. County Name YOLO COUNTY 060423 B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel Date Effective/Revised Date 0670 3-23-99 3-5-90 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in ☐ Community Determined ☐ Other (Descr ☐ FIS Profile B11. Indicate elevation datum used for BFE in Item B9: ☑ NGVD 1929 ☐ NAVD 1988 P12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise P **Designation Date** ☐ CBRS □ OPA SECTION C - BUILDING ELEVATION INFORMATION ☐ Construction Drawings* ☐ Building Un Building elevations are based on: *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, AF below according to the building diagram specified in Item A7. Benchmark Utilized YES Vertical Datum Conversion/Comments Top of bottom floor (including basement, crawl space, or enclosure floor) \boxtimes 9.0 \times b) Top of the next higher floor 19.0 c) Bottom of the lowest horizontal structural member (V Zones only) X d) Attached garage (top of slab) 9.0 \boxtimes e) Lowest elevation of machinery or equipment servicing the building <u>19.4</u> (Describe type of equipment in Comments) \boxtimes Lowest adjacent (finished) grade (LAG) 8.5 Highest adjacent (finished) grade (HAG) \boxtimes 9.0 g) SECTION D - SURVEYOR, ENGINEER, OR ARCHIT This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized information. I certify that the information on this Certificate represents my best efforts to interpre-I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. ☐ Check here if comments are provided on back of form.

Certifier's Name Chris Oliveira

tle Professional Engineer

Address 2575 Valley Road

Signature

Company Name CNA Engineering, Inc.

City Sacramento

License Number

State CA Telephone 916-485-3746

ZIP Code 95821

IMPORTANT: In these spaces, copy the corresponding informati	on from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. F 37470 South River Road	oute and Box No.	Policy Number
City Clarksburg State CA ZIP Code 95612		Company NAIC Number
SECTION D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFICATION (C	ONTINUED)
Copy both sides of this Elevation Certificate for (1) community official, (2) insur	ance agent/company, and (3) building	owner.
Comments Benchmark used is the USGS Brass Disk - Pier 16 No. 2, located An Air Conditioning unit is attached to the second floor of the building, the lower	at the High School in Clarksburg. The est elevation of the unit being at 19.4' E	e elevation is 16.70, NGVD-1929. El.
Jelypur f-	1 - 0 8	
Signature	Date	☐ Check here if attachments
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY	NOT REQUIRED) FOR ZONE AC	AND ZONE A (WITHOUT BFE)
 For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is and C. For Items E1-E4, use natural grade, if available. Check the measurent E1. Provide elevation information for the following and check the appropriate grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawl space, or enclosure) is b) Top of bottom floor (including basement, crawl space, or enclosure) is E2. For Building Diagrams 6-8 with permanent flood openings provided in Se (elevation C2.b in the diagrams) of the building is 10.0 ☑ feet ☐ meters ☑ above E4. Top of platform of machinery and/or equipment servicing the building is E5. Zone AO only: If no flood depth number is available, is the top of the borordinance? ☐ Yes ☐ No ☐ Unknown. The local official must cell 	nent used. In Puerto Rico only, enter reboxes to show whether the elevation is 0.0 feet meters above 0.5 feet meters above otion A Items 8 and/or 9 (see page 8 oters above or below the HAG. or below the HAG. 10.4 feet meters above or tom floor elevated in accordance with	neters. s above or below the highest adjacent or □ below the HAG. or □ below the LAG. of Instructions), the next higher floor □ below the HAG.
SECTION F - PROPERTY OWNER (OR OW	NER'S REPRESENTATIVE) CER	[IFICATION
The property owner or owner's authorized representative who completes Section	ons A, B, and E for Zone A (without a F	
or Zone AO must sign here. <i>The statements in Sections A, B, and E are corre</i> operty Owner's or Owner's Authorized Representative's Name CNA Engineering, Inc.	ot to the best of my knowledge.	
	City Sacramento State	CA ZIP Code 95821
Signature	Date Telep	hone 916-485-3746
Comments		
		☐ Check here if attachments
SECTION G - COMMUNITY	INFORMATION (OPTIONAL)	
The local official who is authorized by law or ordinance to administer the community of this Elevation Certificate. Complete the applicable item(s) and sign be The information in Section C was taken from other documentation that is authorized by law to certify elevation information. (Indicate the sour	nity's floodplain management ordinand ow. Check the measurement used in has been signed and sealed by a lice ce and date of the elevation data in the	Items G8. and G9. nsed surveyor, engineer, or architect who e Comments area below.)
A community official completed Section E for a building located in Zor The following information (Items G4G9.) is provided for community fl		unity-issued BFE) or Zone AO.
G4. Permit Number		mpliance/Occupancy Issued
	antial Improvement	
Local Official's Name LONELL BUTLER	Title BUILDING OFFI	CIAL
Community Name Your County	Telephone (530) 666-0	
ignature Harell But	Date 4-17-08	
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. 37470 South River Road	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.



March 4, 2008 Front Right



March 4, 2008 Front Left



March 4, 2008 Front Middle

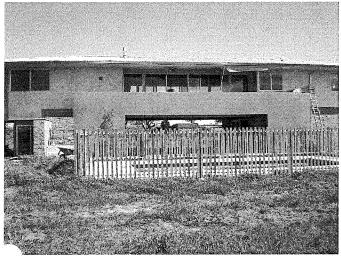


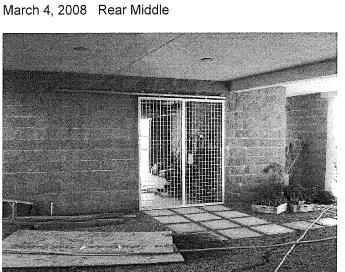
March 4, 2008 Rear Right

Building Photographs Continuation Page

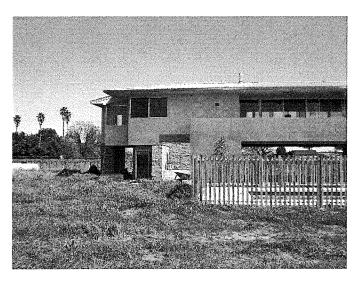
		For Insurance Company Use:	
; · 	ilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. /470 South River Road	Policy Number	
(City Clarksburg State CA ZIP Code 95612	Company NAIC Number	

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."

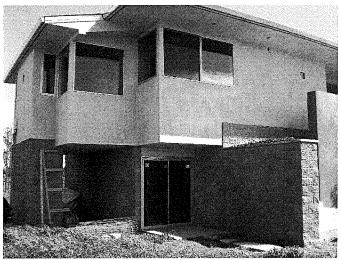




March 4, 2008 Large Vent Opening into Garage



March 4, 2008 Rear Left



March 4, 2008 Basement