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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name **LAURIE MATTHEWS**
A2. Building Street Address (including Apt., Unit, Suite, end/or Bldg. No.) or P.O. Route and Box No.
32454 SOUTH RIVER ROAD
City **CLARKSBURG** State **CA** ZIP Code **95612**

FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number:

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
APN 044-060-031

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**
A5. Latitude/Longitude: Lat. **38.485529** Long. **-121.505874** 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) **N/A** sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **N/A**
c) Total net area of flood openings in A8.b **N/A** sq in
d) Engineered flood openings? Yes No

A9. For a building with an attached garage:
a) Square footage of attached garage **1080** sq ft
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **4**
c) Total net area of flood openings in A9.b **1200** sq in
d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number YOLO COUNTY 060423		B2. County Name YOLO COUNTY		B3. State CA	
B4. Map/Panel Number D60423/0735	B5. Suffix G	B6. FIRM Index Date 6/18/2010	B7. FIRM Panel Effective/Revised Date 6/18/2010	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 27.0

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.e-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: **N34-304** Vertical Datum: **30.211**

Indicate elevation datum used for the elevations in Items e) through h) below. NGVD 1929 NAVD 1988 Other/Source: **CONTROL STATION RECOVERY BY COOPER THORNE 2001**
Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

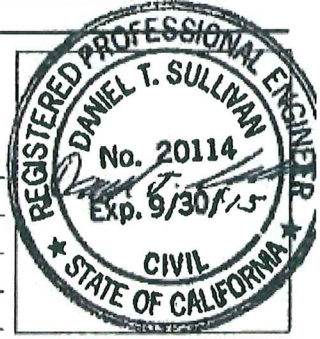
- e) Top of bottom floor (including basement, crawlspace, or enclosure floor) **18.83** feet meters
- f) Top of the next higher floor **N/A** feet meters
- g) Bottom of the lowest horizontal structural member (V Zones only) **N/A** feet meters
- h) Attached garage (top of slab) **N/A** feet meters
- i) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **N/A** feet meters
- j) Lowest adjacent (finished) grade next to building (LAG) **14.54** feet meters
- k) Highest adjacent (finished) grade next to building (HAG) **18.63** feet meters
- l) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **N/A** feet 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 **DANIEL T. SULLIVAN** License Number **20114**
Title **REGISTERED ENGINEER** Company Name **TIM SULLIVAN ENGINEERING**
Address **2420 K STREET, STE 250** City **SACRAMENTO** State **CA** ZIP Code **95616**
Signature *[Signature]* Date **2/20/14** Telephone **916-704-0498**



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. 32454 SOUTH RIVER ROAD		Policy Number:
City CLARSBURG	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 AGRICULTURAL BUILDING IS SLAB ON GRADE WITH ROCK FILL AS NEEDED. BUILDING WILL BE ON LAND SIDE OF THE SACRAMENTO RIVER LEVEE. LEVEE ELEVATION IS APPROXIMATELY 33.00 FEET.

Signature *[Signature]* Date 02/20/14

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's or Owner's Authorized Representative's Name TIM SULLIVAN ENGINEERING

Address 2420 K STREET, STE 250 City SACRAMENTO State CA ZIP Code 95616

Signature *[Signature]* Date 02/20/14 Telephone 916-704-0498

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-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-G10) is provided for community floodplain management purposes.

G4. Permit Number <u>BP2013-0325</u>	G5. Date Permit Issued <u>06/21/13</u>	G6. Date Certificate Of Compliance/Occupancy Issued <u>2-21-14</u>
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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: 18.63 feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: 27.00 feet meters Datum _____
- G10. Community's design flood elevation: N/A feet meters Datum _____

Local Official's Name DOUG SIMMS Title BUILDING OFFICIAL

Community Name YOLO COUNTY Telephone 530-866-8035

Signature *[Signature]* Date 2-21-14

Comments

Applicant approved for minor flood variance per floodplain ordinance

Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (Including Apt., Unit, Suite, end/or Bldg. No.) or P.O. Route and Box No.
32454 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 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.

FRONT VIEW 02/19/14



Building Photographs

Continuation Page

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.
32454 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

REAR VIEW 02/19/14



Building Photographs

Continuation Page

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.
32454 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

FLOOD VENTS ALONG PERIMETER 02/19/14

