

YOLO COUNTY BUILDING DIVISION

292 W. Beamer Street | Woodland, CA 95695 | (530) 666-8775 | Fax (530) 666-8156 www.yolocounty.org
Building.Division@yolocounty.org

Memo of Review for Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office.

The items noted below are not correct on the attached form and should read as entered on this page.

SECTION A - PROPERTY INFORMATION	For Insurance Company Use:
A1. Building Owner's Name	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 27890 County Road 19 (Guest House)	Company NAIC Number
City State ZIP Code	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Latitude/Longitude: Lat Long 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 A8. For a building with a crawlspace or enclosure(s): A9. For a building with an atta a) Square footage of crawlspace or enclosure(s) sq ft a) Square footage of atta b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade within 1.0 foot above c) Total net area of flood openings? Yes No d) Engineered flood openings?	ached garage sq ft d openings in the attached garage adjacent grade I openings in A9.b sq in
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATIO	N
B1. NFIP Community Name & Community Number B2. County Name	B3. State
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood 06113 C 0401 G Date Effective/Revised Date Zone(s) 05/16/2012 06/18/2010	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
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 (Describe) B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Designation Date)
Local Official's Name Scott Doolittle Title Floodplain Administrator	
Community Name Yolo County Telephone 530-666-8609	
Signature First Dalle 02/04/2020	

Comments For this map panel, the 2010 map uses the same topographic, hydrologic, and hydraulic data as the previous map panel. Therefore the elevation certificate by Christopher Lerch dated 10/08/2004 is still valid with the attachment of this memo.

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

		Important						
BUILDING OWNER'S N	JAME	SECTION	VA - PROPE	RTY OWNER INFOR	MATION			For Insurance Company Use;
ERIC AND ERICA WILLIAMS BUILDING STREET ADDRESS (Including Apt., Unit. Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 27890 COUNTY ROAD 19							Policy Number	
27890 COUNTY ROAD	DRESS (Including	Apt., Unit, Suite, and	Vor Bldg. No.)	OR P.O. ROUTE AND	BOX NO.			Company NAIC Number
CITY	13							Company NAIC Number
ESPARTO	O STATE ZIP CODE TY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 219 CODE 48-200-02							
A.P.N. 048-200-02	ION (Lot and Block	k Numbers, Tax Pard	cel Number, L	egal Description, etc.)			021	
BUILDING USE (e.g., RE RESIDENTIAL	sidential, Non-resi	dential Addition Acc	recont etc. I	lea - O				
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			327 NA	0 1983		USGS	Quad	Map Other:
	S	ECTION B - FLOOI	DINSURANC	CE RATE MAP (FIRM)	INFORMA	TION		
81. NFIP COMMUNITY NAME	& COMMUNITY NUMBER	RED	B2. COUNTY			11011		
	UNINCORPORATED	060423		YOLO			B3, S1	CA
B4, MAP AND PANEL NUMBER	85. SUFFIX	20 5/214		87. FIRM PANEL				
060423 0376	C C	86. FIRM INDEX DAT 04/02/02	E EFF	ECTIVE/REVISED DATE	B8. FLO	OD ZONE(S) (39. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
310. Indicate the source of the	Base Flood Elevation	on (BFE) data or haso	fland doub and	04/02/02		A		171.0
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12. Is the building located in a	a Coastal Barrier Res	sources System (CBR:	S) area or Othe	Protected Area (OR	2012	14 NO.	- Dool	anation Dut
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BUILDING STREET ADDRESS #	copy the corresponding information from	om Section	A.		For Insurance Company Use:
27890 COUNTY ROAD 19	Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE	ND BOX NO.			Policy Number
CITY ESPARTO		STATE	ZIP C		Company NAIC Number
SE	CTION D - SURVEYOR, ENGINEER, OF	D ADCUITE	95627		, , , , , , , , , , , , , , , , , , ,
Copy both sides of this Elevation Certifi	icale for (1) community official, (2) insurance ag	ANCHIE	CI CERTIFICATION (C	ONTINUED)	
BENCHMARK WAS ASSUMED FRO	M AN ELEVATION SHOWN AT A ROAD INT	ERSECTION	N SHOWN ON U.S.G.S. QL	JAD MAP (MAI	DISON).
B.F.E. WAS ESTABLISHED FROM P	ROFILE SECTION RUN THROUGH THE A Z	ONE AT SIT	FLOCATION LOWESTA	IAOI III IEON IO	
		OHEAT OH	E LOCATION. LOWEST N	IACHINERY IS	THE WELL SLAB.
SECTION E - BUILDING	ELEVATION INFORMATION (SURVEY	/ NOT REC	LIIRED) EOD ZONE AO		Check here if attachme
For Zone AO and Zone A (without BFE), of	complete Items E1 through E4. If the Elevation	Certificate is	intended for use as a suggest	AND ZONE	A (WITHOUT BFE)
Section C must be completed.	- hadding	Emocite is	cuded for dea ge arbbouti	ny information f	or a LOMA or LOMR-F,
represents the building, provide a sket	e building diagram most similar to the building f tch or photograph.)	or which this	certificate is being complete	d – see pages (and 7. If no diagram accura-
E2. The top of the bottom floor (including b	essement or enclosure) of the building is 2 ft.(r	n) 3in (cm) F	above of District		y
natural grade, if available).	,	ny <u>o</u> mic(om) [2	☑ above or ☐ below (che	ck one) the high	nest adjacent grade. (Use
grade. Complete items C3,h and C3.i	gs (see page 7), the next higher floor or elevate on front of form.	ed floor (eleva	tion b) of the building is 1 ft	(m) 10 in (cm)	above the highest adjacest
E4. The top of the platform of machinery ar	on iron) of form.		3- 1-	() <u>19</u> (((()))	are migriest adjacent
natural grade, if available).	nd/or equipment servicing the building is 1 ft.(n	n) <u>2</u> in.(cm) [2	above or □ below (che	ck one) the hig	hest adjacent grade. (Use
E.5. For Zone AO only: If no flood depth nu	mher is available, is the top of the ballous a		cordance with the comme	h de fle - de la	
Yes No Unknown. The	e local official must certify this information in Sec	tion G.	AND COMMUNICATION OF THE COMMUNICATION	ıys 1100dplain n	nanagement ordinance?
SECT	TION F - PROPERTY OWNED (OR OWN	IED'C DED	RESENTATIVE) CERTIF	ICATION	
				ne A (without a	FEMA-issued or community
PROPERTY OWNER'S OR OWNER'S A	ITHORPED PEROCOCATATAGE MALE	correct to the	best of my knowledge.		o. sommanity
CHRISTO	PHER W. LERCH				
ADDRESS 608 COURT STREET		CITY		STATE	ZIP CODE
SIGNATURE		WOODL DATE	AND	CA	95695
COMMENTS			R 8, 2004	TELEPHON (530)662-175	
				(000)002 110	
				N	Check here if attachments
e local official who is outhorized to the	SECTION G - COMMUNITY IN	IFORMATION	ON (OPTIONAL)		
ertificate. Complete the applicable item(s) a	ordinance to administer the community's floodpl	lain manager	nent ordinance can complete	e Sections A. B.	C (or E), and G of this Flores
 In the information in Section C was take 	en from other documentation that has been				
or local law to certify elevation inform	en from other documentation that has been signation. (Indicate the source and date of the elevent of the building leasted to 7 to 10	rieu and emb ration data in	ossed by a licensed surveyo	or, engineer, or	architect who is authorized by
- L.J A community official completed Section	on E for a builden least - 1:- 7	on or added if	and comments area below.)	or Zono AO	
4. PERMIT NUMBER	, indicate a servinding modupidin manag	ement purpo	ses.		
	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE O	FCOMPLIANCE	OCCUPANCY ISSUED
This permit has been issued for. New	Construction Substantial Improvement				
. Lievalion of as-built lowest floor (including	basement) of the building ic-		h 1- v		
. Brt or (in Zone AO) depth of flooding at the	ne building site is:		ft.(m) ft.(m)		Datum:
OCAL OFFICIAL'S NAME		TIT			Datum:
OMMUNITY NAME			EPHONE		
GNATURE					
DMMENTS		DAT	С		
,					
					hadden V
A Form 81-31, January 2003					heck here if attachments

Replaces all previous editions

