



YOLO COUNTY BUILDING DIVISION

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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):

a) Square footage of crawlspace or enclosure(s) _____ sq ft

b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A8.b _____ sq in

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage _____ sq ft

b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A9.b _____ sq in

d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number 06113 C 0401	B5. Suffix G	B6. FIRM Index Date 05/16/2012	B7. FIRM Panel Effective/Revised Date 06/18/2010	B8. Flood Zone(s)	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)? Yes No
 Designation Date _____ CBRS OPA

Local Official's Name	Scott Doolittle	Title	Floodplain Administrator
Community Name	Yolo County	Telephone	530-666-8609
Signature		Date	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

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME ERIC AND ERICA WILLIAMS		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 27890 COUNTY ROAD 19		Policy Number	
CITY ESPARTO		STATE CA	ZIP CODE 95627
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A.P.N. 048-200-02			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER YOLO COUNTY UNINCORPORATED 060423		B2. COUNTY NAME YOLO		B3. STATE CA	
B4. MAP AND PANEL NUMBER 060423 0376	B5. SUFFIX C	B6. FIRM INDEX DATE 04/02/02	B7. FIRM PANEL EFFECTIVE/REVISED DATE 04/02/02	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 171.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): **SEE SECTION D**

B11. Indicate the elevation datum used for the BFE in 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)? Yes No Designation Date _____

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. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum **NGVD 29** Conversion/Comments **NONE**

Elevation reference mark used **SEE SECTION D** Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	173.3 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	175.1 ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	N/A ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	172.2 ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	173.3 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	173.3 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 17	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h 1,776 sq. in. (sq. cm)	



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 in Sections A, B, and C 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.

CERTIFIER'S NAME CHRISTOPHER W. LERCH	LICENSE NUMBER L.S. 7906, EXPIRES 12/31/05
TITLE SENIOR SURVEYOR	COMPANY NAME LAUGENOUR AND MEIKLE
ADDRESS 608 COURT STREET	CITY WOODLAND
SIGNATURE <i>Christopher W. Lerch</i>	STATE CA
	ZIP CODE 95695
	DATE OCTOBER 8, 2004
	TELEPHONE (530)662-1755

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

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
27890 COUNTY ROAD 19

For Insurance Company Use:

Policy Number

CITY
ESPARTO

STATE
CA

ZIP CODE
95627

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

BENCHMARK WAS ASSUMED FROM AN ELEVATION SHOWN AT A ROAD INTERSECTION SHOWN ON U.S.G.S. QUAD MAP (MADISON).

B.F.E. WAS ESTABLISHED FROM PROFILE SECTION RUN THROUGH THE A ZONE AT SITE LOCATION. LOWEST MACHINERY IS THE WELL SLAB.

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Check here if attachments

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is 2 ft.(m) 3 in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is 1 ft.(m) 10 in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is 1 ft.(m) 2 in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

LAUGENOUR AND MEIKLE, CHRISTOPHER W. LERCH

ADDRESS

608 COURT STREET

CITY

WOODLAND

STATE

CA

ZIP CODE

95695

SIGNATURE

DATE

OCTOBER 8, 2004

TELEPHONE

(530)662-1755

COMMENTS

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

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.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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

G5. DATE PERMIT ISSUED

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

G9. BFE or (in Zone AO) depth of flooding at the building site is:

____ ft.(m)

Datum: _____

____ ft.(m)

Datum: _____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

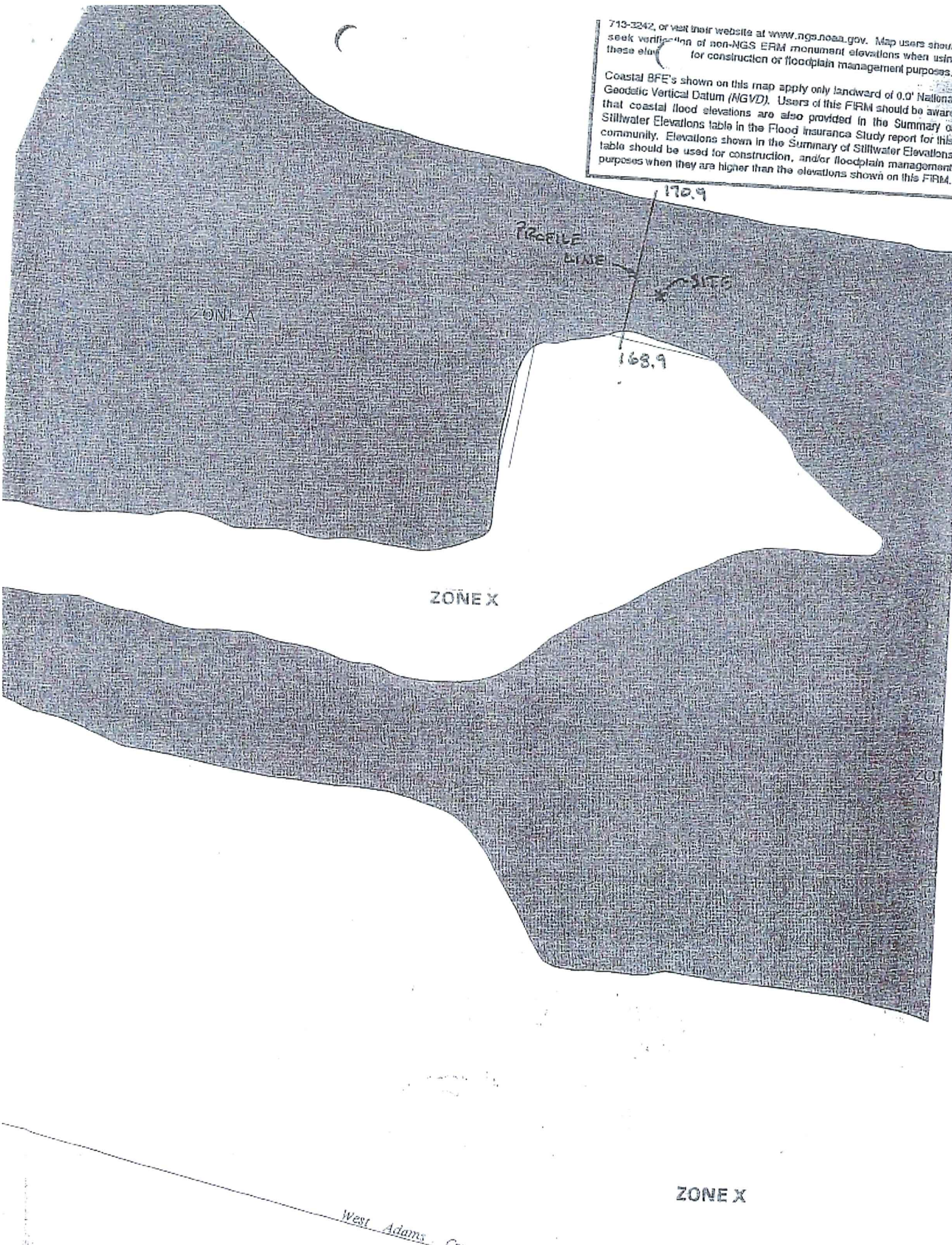
DATE

COMMENTS

Check here if attachments

713-3242, or visit their website at www.ngs.noaa.gov. Map users should seek verification of non-NGS ERM monument elevations when using these elevations for construction or floodplain management purposes.

Coastal BFE's shown on this map apply only landward of 0.0' National Geodetic Vertical Datum (NGVD). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations table in the Flood Insurance Study report for this community. Elevations shown in the Summary of Stillwater Elevations table should be used for construction, and/or floodplain management purposes when they are higher than the elevations shown on this FIRM.



ZONE X

West Adams Canal