U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						RANCE COMPANY USE			
A1. Building Owner's Name Policy Number: ERIC & ERIKA WILLIAMS						ber:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:									
City	27890 COUNTY ROAD 19 (SHOP #1)								
City State ZIP Code ESPARTO CA 95627									
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ASSESSOR'S PARCEL NUMBER: 048-200-002-000									
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON-RESIDENTIAL (SHOP #1)									
A5. Latitude/Longit	A5. Latitude/Longitude: Lat. 38°43'56.0" Long121°59'22.0" Horizontal Datum: NAD 1927 NAD 1983								
A6. Attach at least	2 photograph	ns of the building if the	Certificate is being used to	o obtain flood insuranc	e				
A7 Building Diagra	m Number	1B							
A8. For a building v	with a crawls	pace or enclosure(s):							
a) Square foot	age of crawls	space or enclosure(s)	N/A sqft						
b) Number of p	permanent flo	od openings in the cra	wispace or enclosure(s) w	fithin 1.0 foot above ac	ljacent gra	ade N/A			
c) Total net are	ea of flood op	enings in A8.b N/A	A sqin						
d) Engineered	flood openin	gs? 🗌 Yes 🔳 No							
A9. For a building v	vith an attach	ed garage:							
a) Square foot	age of attach	ed garage N/A	sq ft						
b) Number of p	permanent flo	ood openings in the atta	eched garage within 1.0 fo	ot above adjacent grad	de	N/A			
c) Total net are			/A sq in	ar esserve objectivit gra					
d) Engineered			34 11						
a, Engineered	nood openii	30 103	,						
	SE	CTION B - FLOOD IN	SURANCE RATE MAP	(FIRM) INFORMATION	ON				
B1. NFIP Communi	ty Name & C	ommunity Number	B2. County Name			B3. State			
YOLO COUNT	Y UNINCO	RPORATED 06042	3	YOLO		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 0401	G	05/16/2012	06/18/2010	Α		171.0'			
810. 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: SEE SECTION D									
B11. Indicate elevation datum used for BFE in Item B9: III NGVD 1929 NAVD 1988 Other/Source:									
B12. Is the building located in a Coastal Barner Resources System (CBRS) area or Otherwise Protected Area (OPA)? [Yes] No									
Designation Date: CBRS OPA									

ELEVATION CERTIFICATE

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.					Policy Number:	
27890 COUNTY ROAD 19 (SHOP #1)						
City ESPARTO	State		Code		Company NAIC Number	
	CA		5627			
SECTION C - BUILDING	S ELEVATION I	NFORMAT	ION (SURV	EY RE	EQUIRED)	
	ruction Drawings	-	ding Under C		ction* Trinished Construction	
A new Elevation Certificate will be required wh						
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: ELEVATION FROM QUAD MAP Vertical Datum: N.G.V.D. 29						
Indicate elevation datum used for the elevation	s in items a) throu	igh h) belov	V.			
	her/Source:					
Datum used for building elevations must be the	same as that use	ed for the B	FE.		Check the measurement used.	
 a) Top of bottom floor (including basement, cra 	wispace, or encl	osure floor)	172	0	feet meters	
b) Top of the next higher floor			N/A		feet meters	
c) Bottom of the lowest horizontal structural me	ember (V Zones o	entv)	N/A			
d) Attached garage (top of slab)	20.100	,	N/A		feet meters	
e) Lowest elevation of machinery or equipmen	t servicing the bu	ildina	173	5		
(Describe type of equipment and location in	Comments)	irang	474	0	feet meters	
 Lowest adjacent (finished) grade next to built 				8	feet meters	
g) Highest adjacent (finished) grade next to bu			171		feet meters	
 h) Lowest adjacent grade at lowest elevation o structural support 	f deck or stairs, in	ncluding	171	8	feet [] meters	
SECTION D - SURVEY	OR, ENGINEER	R, OR ARC	HITECT CE	RTIFIC	CATION	
This certification is to be signed and sealed by a lan I certify that the information on this Certificate repres statement may be punishable by fine or imprisonme	d surveyor, engin	eer, or arch	itect authoriz	ad bu	laute cortifu plaustics information	
Were latitude and longitude in Section A provided by				No	Check here if attachments.	
Certifier's Name CHRISTOPHER W. LERCH	License No		7000			
Title		L.S.	7906		SUNSED LAND SUPLE IN STOPHER W.	
PRINCIPAL/SENIOR SURVEYOR					SET TOPHER W	
Company Name			-		1-17-2020 FR 7	
LAUGENOUR AND MEIKLE					11 (0)	
Address					It then I	
608 COURT STREET				(JATE OF CALIFORNIA	
City	State		ZIP Code		F OF CALIFOR	
WOODLAND	CA		95695			
Signature	Date	00	Telephone			
Copy all pages of this Flevation Cartificate and all attac	01/17/20			662-1		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per C2(e), if applicable) BASE FLOOD ELEVATION WAS DETERMINED FROM ENGINEERING GRADING PLANS AND SEVERAL PREVIOUS						
ELEVATION CERTIFICATES APPROVED ON THIS PAD SINCE 2003. LOWEST MACHINERY IS AN AIR CONDITIONING UNIT.						

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE CO.						ANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Policy Number		
27890 COUNTY ROAD 19 (SHOP #1)							
Cit	ESPARTO	State CA	ZIP Code 95627		Company NA	IC Number	
	SECTION E - BUILDING E FOR ZON	LEVATION INFOR	RMATION (SURV	EY NOT	REQUIRED)		
001	Zones AO and A (without BFE), complete Items Enplete Sections A, B,and C. For Items E1–E4, use er meters.	1-E5. If the Certific	eat behanded to	cupped a	LOMA or LOM nent used. In F	IR-F request, Puerto Rico only,	
E1.	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 b) Top of bottom floor (including basement,	N/A	[] feet	meters	above c	or [] below the HAG.	
	crawlspace, or enclosure) is	N/A				or below the LAG.	
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided N/A					
E3.	Attached garage (top of slab) is	N/A		meters		or below the HAG.	
E4.	Top of platform of machinery and/or equipment servicing the building is	N/A		meters		below the HAG.	
E5.	Zone AO only: If no flood depth number is availab floodplain management ordinance? Yes	le, is the top of the	hollow floor claus	dod in annu			
	SECTION F - PROPERTY OW	NER (OR OWNER	'S DEDDESEMTA	TIVELOE	DTIFICATION		
Prop N/A		ne statements in 5	ections A, B, and I	E are corre	e A (without a	FEMA-issued or of my knowledge,	
Add	ress	Ci	ty	Stat	te	ZIP Code	
Cin	N/A	N	I/A		N/A	N/A	
	nature		N/A		phone N/A		
Con	nments						
N/	A						
					Check I	nere if attachments	

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the con-	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, 5	Policy Number.						
27890 COUNTY ROAD 19 (SHOP #1)							
City	Company NAIC Number						
ESPARTO	CA	95627					
SECTI	ON G - COMMUNITY IN	FORMATION (OPTIONA	AL)				
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.)							
or zone AO.			EMA-issued or community-issued BFE)				
G3. The following information (Items G4	-G10) is provided for cor	mmunity floodplain manag	ement purposes.				
G4. Permit Number	G5. Date Permit Issue	ed G	Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	New Construction	Substantial Improvement					
G8. Elevation of as-built lowest floor (includin of the building:	g basement)		ect meters Datum				
G9. BFE or (in Zone AO) depth of flooding at	the building site:		eet meters Datum				
G10. Community's design flood elevation:			eet meters Datum				
Local Official's Name		Title					
Community Name		Telephone					
Signature		Date					
Comments (including type of equipment and lo	cation, per C2(e), if appli	icable)					
			Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

			Expiration Date. November 50, 2010	
IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE			
Building Street Address (including A 27890 COUNTY ROAD 19 (SH	pt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:	
City	State	ZIP Code	Company NAIC Number	
ESPARTO	CA	95627	To the Holling	

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.



Photo One Caption FRONT & LEFT SIDE VIEWS (TAKEN 02/22/2019)



Photo Two Caption REAR & RIGHT SIDE VIEWS (TAKEN 02/22/2019)

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspo	FOR INCURANCE COMPANY NOS		
Building Street Address (including Apt., Unit, Suite,	FOR INSURANCE COMPANY USE Policy Number:		
27890 COUNTY ROAD 19 (SHOP #1)	2.23 ,		Tolicy Number.
City	State	ZIP Code	Company NAIC Number
ESPARTO	CA	95627	The state of the s
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View photographs must show the foundation with representation.	and a reculired	RIGHT SIDE VIEW and '	Tott Side Minur When confinction
Photo One Caption			
		S S S S S S S S S S S S S S S S S S S	
Photo Two Caption			

