

# 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				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <b>DAVID &amp; KATHY AUKES</b>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>28960 MAIN STREET</b>				Company NAIC Number:	
City <b>MADISON</b>	State <b>CA</b>	ZIP Code <b>95653</b>			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>ASSESSOR'S PARCEL NUMBER: 049-444-011-000</b>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>					
A5. Latitude/Longitude: Lat. <b>38°40'47.3"</b> Long. <b>-121°58'14.2"</b> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <b>8</b>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <b>1,237</b> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>11</b>					
c) Total net area of flood openings in A8.b <b>1,008</b> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <b>N/A</b> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>N/A</b>					
c) Total net area of flood openings in A9.b <b>N/A</b> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <b>YOLO COUNTY 060423</b>			B2. County Name <b>YOLO</b>		B3. State <b>CA</b>
B4. Map/Panel Number <b>06113C 0411</b>	B5. Suffix <b>G</b>	B6. FIRM Index Date <b>05/16/2012</b>	B7. FIRM Panel Effective/ Revised Date <b>06/18/2010</b>	B8. Flood Zone(s) <b>AO</b>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <b>1.0' (153.9')</b>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

RECEIVED

MAY 21 2019

Planning and Public Works

**ELEVATION CERTIFICATE**

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>28960 MAIN STREET</b>			Policy Number:
City <b>MADISON</b>	State <b>CA</b>	ZIP Code <b>95653</b>	Company NAIC Number

**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.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: **REF MON. FOR "MADISON"** Vertical Datum: **N.A.V.D. 88**

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 152.9  feet  meters
- b) Top of the next higher floor 155.3  feet  meters
- c) Bottom of the lowest horizontal structural member (V Zones only) N/A  feet  meters
- d) Attached garage (top of slab) N/A  feet  meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 152.8  feet  meters
- f) Lowest adjacent (finished) grade next to building (LAG) 152.9  feet  meters
- g) Highest adjacent (finished) grade next to building (HAG) 153.1  feet  meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 152.9  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.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name <b>CHRISTOPHER W. LERCH</b>	License Number <b>L.S. 7906</b>	
Title <b>PRINCIPAL/SENIOR SURVEYOR</b>		
Company Name <b>LAUGENOUR AND MEIKLE</b>		
Address <b>608 COURT STREET</b>		
City <b>WOODLAND</b>	State <b>CA</b>	
Signature 	Date <b>05/16/2019</b>	Telephone <b>(530)662-1755</b>

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)

**LOWEST MACHINERY IS THE AIR CONDITIONING.**

**ELEVATION CERTIFICATE**

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>28960 MAIN STREET</b>			Policy Number:
City <b>MADISON</b>	State <b>CA</b>	ZIP Code <b>95653</b>	Company NAIC Number

**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 1–2 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 or Owner's Authorized Representative's Name

**N/A**

Address <b>N/A</b>	City <b>N/A</b>	State <b>N/A</b>	ZIP Code <b>N/A</b>
Signature	Date <b>N/A</b>	Telephone <b>N/A</b>	

Comments

**N/A**

Check here if attachments.

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>28960 MAIN STREET</b>	Policy Number:
City <b>MADISON</b> State <b>CA</b> ZIP Code <b>95653</b>	Company NAIC Number

## 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	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: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

## BUILDING PHOTOGRAPHS

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

### ELEVATION CERTIFICATE

See Instructions for Item A6.

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>28960 MAIN STREET</b>			Policy Number:
City <b>MADISON</b>	State <b>CA</b>	ZIP Code <b>95653</b>	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.



Photo One Caption **FRONT VIEW (TAKEN 05/14/2019)**



Photo Two Caption **RIGHT SIDE VIEW (TAKEN 05/14/2019)**

**BUILDING PHOTOGRAPHS**

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

**ELEVATION CERTIFICATE**

Continuation Page

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>28960 MAIN STREET</b>			Policy Number:
City <b>MADISON</b>	State <b>CA</b>	ZIP Code <b>95653</b>	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.



Photo One Caption **REAR VIEW (TAKEN 05/14/2019)**



Photo Two Caption **LEFT SIDE VIEW (TAKEN 05/14/2019)**

National Flood Insurance Program at 1-800-638-6620.



MAP SCALE 1" = 500'



NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0411G

# FIRM

FLOOD INSURANCE RATE MAP  
YOLO COUNTY,  
CALIFORNIA  
AND INCORPORATED AREAS  
PANEL 411 OF 785

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
YOLO COUNTY	069423	0411	G

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.

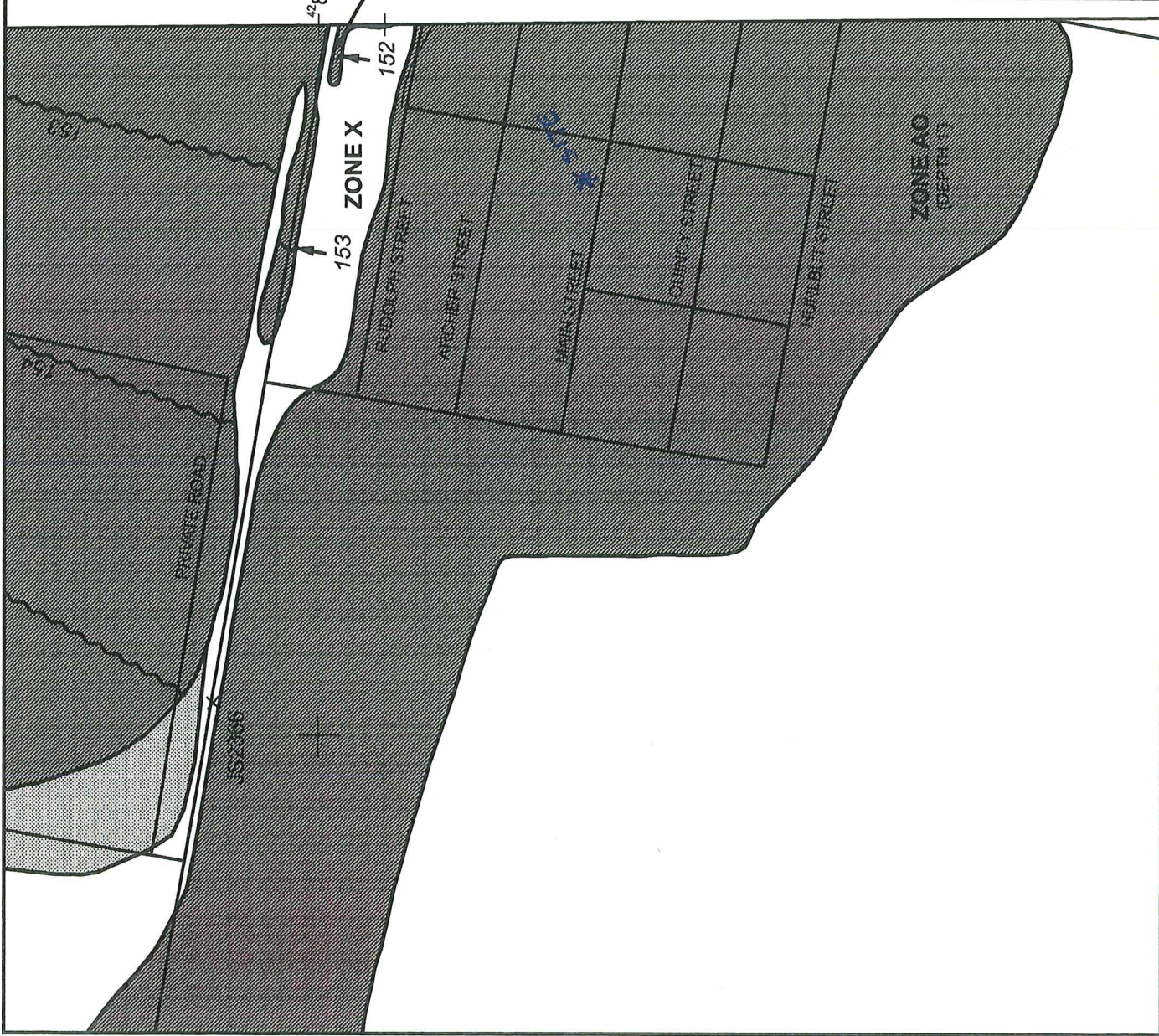


MAP NUMBER  
06113C0411G

EFFECTIVE DATE  
JUNE 18, 2010

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEIMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)



B.F.E. = 153.9 NAVD 88