

BP # 202-0770

EX 212

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

PROPERTY OWNER'S NAME & ROBERT WAYNE HARVEY		For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 17827 SCOTT STREET		Company NAIC Number
CITY MADISON	STATE CA	ZIP CODE 95653
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A.P.N. 49-447-06		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section 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 0387	B5. SUFFIX C	B6. FIRM INDEX DATE 04/02/02	B7. FIRM PANEL EFFECTIVE/REVISED DATE 03/23/99	B8. FLOOD ZONE(S) AO	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 1 FOOT

- 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): _____
- 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.

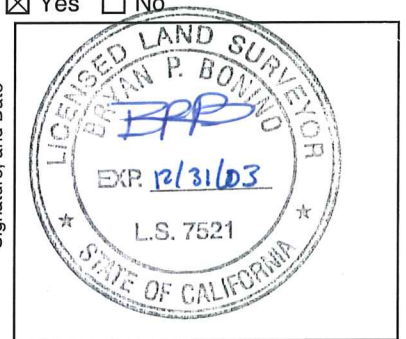
C2. Building Diagram Number **8** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 C3a-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 **NAVD 88** Conversion/Comments **NONE**

Elevation reference mark used **RM 7** Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	151.8 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	154.5 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	154.5 ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	151.8 ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	151.8 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	3
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	372 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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 BRYAN P. BONINO	LICENSE NUMBER L.S. 7521. EXPIRES 12/31/03
TITLE SENIOR CIVIL ENGINEER	COMPANY NAME LAUGENOUR AND MEIKLE
ADDRESS COURT STREET	CITY WOODLAND
SIGNATURE <i>Bryan P. Bonino</i>	STATE CA
	ZIP CODE 95695
	DATE JANUARY 31, 2003
	TELEPHONE (530)662-1755

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. 17827 SCOTT STREET			Policy Number
CITY MADISON	STATE CA	ZIP CODE 95653	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Complete both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS:

AVERAGE OF GROUND SHOTS AT SITE IS 151.8 FEET. IT IS RECOMMENDED THAT FINISH FLOOR IS AT OR ABOVE 153.8 FEET.

Check here if attachments

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

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 __ (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 ____ ft.(m) __in.(cm) above or below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ____ ft.(m) __in.(cm) above the highest adjacent grade.
- E4. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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

<u>17827 Scott st</u>	<u>Madison</u>	<u>CA</u>	<u>95653</u>
ADDRESS	CITY	STATE	ZIP CODE
<u>[Signature]</u>	<u>2-10-03</u>	<u>707-693-1386</u>	
SIGNATURE	DATE	TELEPHONE	

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.

- 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
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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 is: ____ ft.(m) Datum: ____

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

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE

COMMENTS

Check here if attachments

BP # 202-0770

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
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Important: Read the instructions on pages 1 - 7.

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CITY MADISON		STATE CA	ZIP CODE 95653
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A.P.N. 49-447-06			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL			
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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	
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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): _____

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)

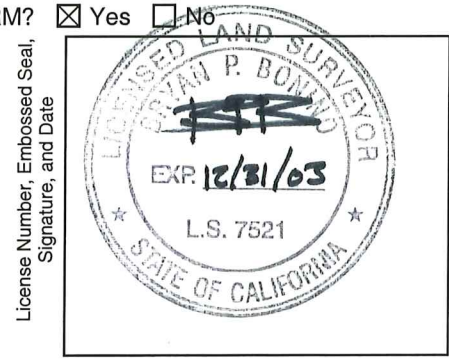
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 Datum **NAVD 88** Conversion/Comments **NONE**

Elevation reference mark used **RM 7** Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) **151.8** ft.(m)
 b) Top of next higher floor (TOP FORMS/STEM WALL) **152.8** ft.(m)
 c) Bottom of lowest horizontal structural member (V zones only) **N/A** ft.(m)
 d) Attached garage (top of slab) **N/A** ft.(m)
 e) Lowest elevation of machinery and/or equipment servicing the building **N/A** ft.(m)
 f) Lowest adjacent grade (LAG) **151.8** ft.(m)
 g) Highest adjacent grade (HAG) **151.8** ft.(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **0**
 i) Total area of all permanent openings (flood vents) in C3h **0** sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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CERTIFIER'S NAME BRYAN P. BONINO	LICENSE NUMBER L.S. 7521. EXPIRES 12/31/03
TITLE SENIOR CIVIL ENGINEER	COMPANY NAME LAUGENOUR AND MEIKLE
ADDRESS COURT STREET	CITY STATE ZIP CODE WOODLAND CA 95695
SIGNATURE <i>Bryan P. Bonino</i>	DATE TELEPHONE JANUARY 8, 2003 (530)662-1755

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
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Check here if attachments

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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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME <i>Robert W Harvey</i>			
ADDRESS <i>17827 Scott St</i>		CITY <i>Madison</i>	STATE <i>CA</i>
SIGNATURE <i>[Signature]</i>		DATE <i>1-10-03</i>	ZIP CODE <i>95653</i>
		TELEPHONE <i>707 693-1386</i>	

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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- 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.

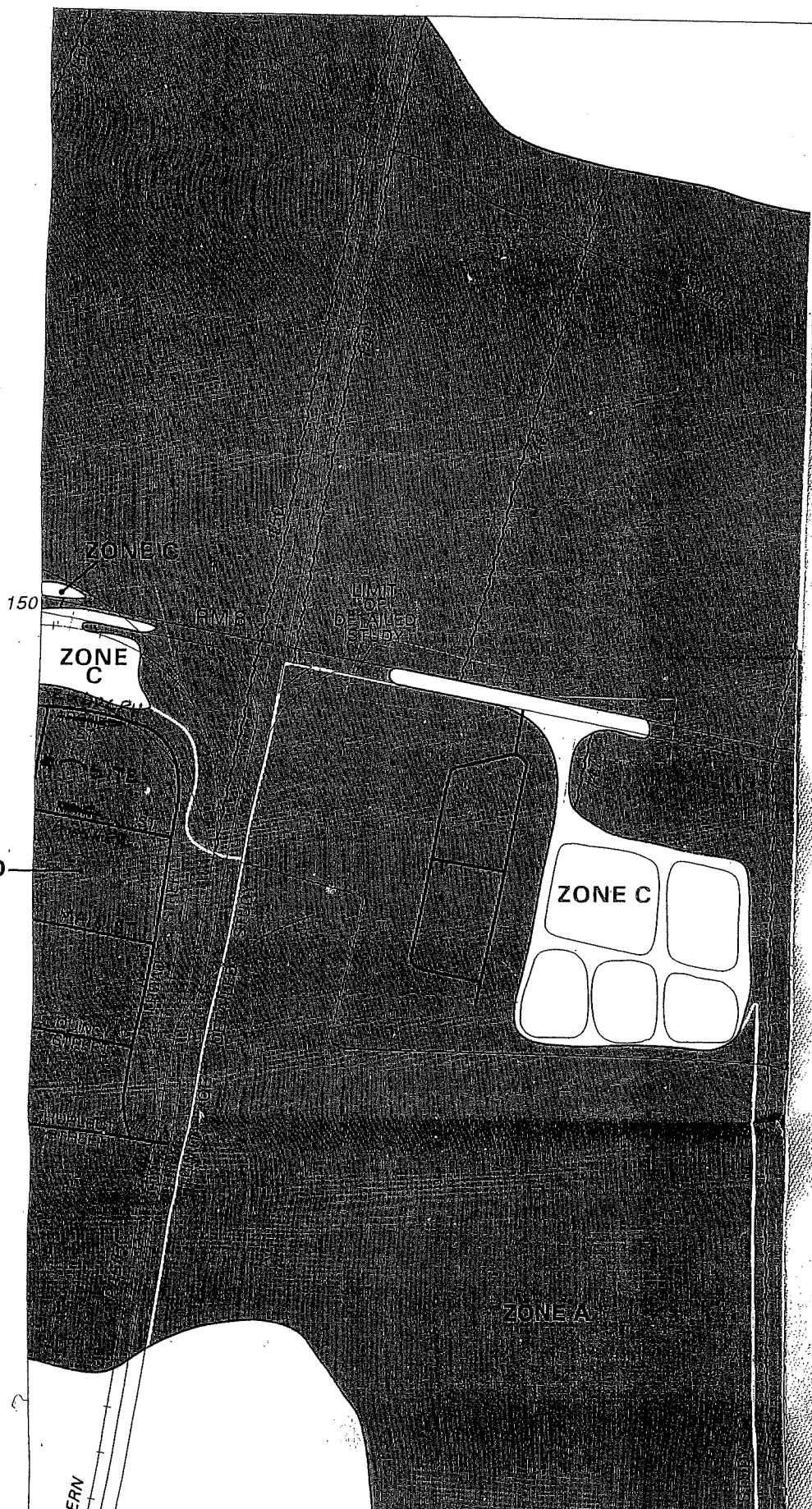
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LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE

COMMENTS

Check here if attachments



ZONE C

150

ZONE C

LIMIT OF DETAILED STUDY

RIVER

ZONE AO
(DEPTH 1)

ZONE C

ZONE A

WATER