U.S. DEPARTMENT OF HOMELAND SEC REFFICE ATSTEERTIFICATE
National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: July 31, 2015

National Flood insurance Frog	gram	Important: R	lead the i	nstructions	on pa	ages 1–9.	Exp	Iration Date. July 31	, 2015
		ŞEC	TION A -	PROPERTY IN	FOR	MATION	FOR	INSURANCE COMPA	NYUSE
A1. Building Owner's Name Hafeez Rehman					Polic	y Number.			
A2. Building Street Address	ss (including Apt.	Unit, Suite, and/or	Bldg. No.)	or P.O. Route an	d Box	No.	CAMPACAN	nany NAIC Number	
City KNIGHTS		DF 13	Sta	Ile ZIP	Code		R	CEIVED	Military Control of Car (19.
A3. Property Description (Lot and Block Nu	mbers, Tax Parcel	C	- 7		7			
APN 053-150-003							A	UG 2 8 2013	
A4. Building Use (e.g., Re A5. Latitude/Longitude: La						NAD 1983		Yolo County	
A6. Attach at least 2 photo	graphs of the bu			used to obtain flo	od ins	urance.	De	pt. of Planning	
A7. Building Diagram Num A8. For a building with a c		losure(s):		A9.	For a	building with an atta	che	Public Works	
 a) Square footage of 	crawlspace or en	closure(s)	many	q ft	a) S	quare footage of atta	iched g	garage <u>N/A</u>	sq ft
 b) Number of permar or enclosure(s) with 	hin 1.0 foot above	e adjacent grade	, <u>9</u>		W	ithin 1.0 foot above	adjace	The State of the S	
 c) Total net area of flood d) Engineered flood 		∖8.b ⊈Yes □ No	<u>1921</u> s	q in		otal net area of flood ingineered flood ope	od openings in A9.b <u>N/A</u> sq in penings?		
	SECT	ION B - FLOOD	INSURAN	ICE RATE MA	P (FII	RM) INFORMATIO	N		
B1. NFIP Community Nam		lumber	B2. Count				B3. S	tate	
Yolo County 060423			Yolo Cour	aty			CA		
B4. Map/Panel Number 0275	B5 Suffix G	B6. FIRM Index I 06/18/2010		B7. FIRM Pane ffective/Revised 06/18/2010		B8. Flood Zone(s) A	BS	Base Flood Elevation AO, use base flood of 52.5	
B10. Indicate the source of	l the Base Flood E	levation (BFE) data	or base flo		in Ite				
☐ FIS Profile		Community De				Best Available Data	_	on D	
B11. Indicate elevation dataB12. Is the building located				NAVD 1		Other/Source:		□ Yes ⊠ No	
Designation Date:		ier Resources Syst	CBRS)			ected Alea (OFA)		L res Mino	•
	SECTIO	C - BUILDING	ELEVATION	ON INFORMA	TION	(SURVEY REQUI	RED)		
C1. Building elevations are *A new Elevation Certifi	pased on:	Construction Di	awings*	Buildin	g Und	er Construction*		Finished Construction	
C2. Elevations - Zones A1-	A30, AE, AH, A (with BFE), VE, V1-	V30, V (with	BFE), AR, AR/A	A, AR/	AE, AR/A1-A30, AR	AH, A	R/AQ. Complete Items	C2.a-h
below according to the I Benchmark Utilized: NG		specified in Item A7		Rico only, enter r Datum: 45.9	neters				
Indicate elevation datun	used for the ele	vations in items a) I	hrough h) b	elow. NGVD	1929	□ NAVD 1988 🕱 C	ther/S	ource:	
Datum used for building	elevations must	be the same as tha	t used for th	e BFE.		Check	the m	seasurement used.	
a) Top of bottom floor (ii	ncluding baseme	nt, crawlspace, or e	nclosure flo	or)	<u>30</u> .	9	⊠ fee	et meters	
b) Top of the next highe					<u>N//</u>	-	☐ fee		
 c) Bottom of the lowest d) Attached garage (top 		ral member (V Zone	es only)		N/A		☐ fee		
e) Lowest elevation of m	achinery or equip		building		NIA		☐ fee		
(Describe type of equ f) Lowest adjacent (finis					N/A	Α.	☐ fee	et meters	
g) Highest adjacent (fini					N/A		☐ fee		
h) Lowest adjacent grad	e at lowest eleva	tion of deck or stair	s, including	structural suppor	t <i>N/A</i>	<u>)</u>	☐ fee	t meters	
						CT CERTIFICATION			
This certification is to be signiformation. I certify that the I understand that any false.	information on ti	nis Certificate repre	senis my be	est efforts to inter	pret th	e data available.	ion	OPROFESSIO	Maria
						ction A provided by	e e	118 AST LALE	8) BI
Check here if attachme	ents.		licensed la	nd surveyor?		Yes ⊠ No			
Certifier's Name Jeff Sandg	ren				mber	RCE 78250		NIXAXI THE	I TX
Title Owner/Partner		Company Name	Empire Eng					Wox I I M	13:11
Address 1402 D Street		City Marysville		State CA		Code 95901		E OF CALL	ORT
Signature /		Date 8-27	-13	Telephone	530-	645-2650			

IMPORTANT: In t	hese spaces, copy the correspo	onding information from Section A.	FOR	INSURANCE COMPANY USE
Building Street Addre	ess (including Apt., Unit, Suite, and/or	Blog. No.) or P.O. Route and Box No.	Policy	Number
City		State ZIP Code	Comp	any NAIC Number
	SECTION D - SURVEYOR	, ENGINEER, OR ARCHITECT CERT	IFICATION (CONTIL	NUED)
Copy both sides of th	is Elevation Certificate for (1) commu	inity official, (2) insurance agent/company,	and (3) building owner.	
Comments The bestor the 40 foot x 80 foot sides.	t available data was taker, as the Sac oot proposed Ag Shop with a total squ	ramento River levee top perpindicular to th lare footage of 3200 sq. ft. 1600 sq. ft. are	ne Proposed Ag shop to fully enclosed with the	cation. This elevation certificate other 1600 sq. ft. being open on
Signature (a)	H.	Date 8-17-7	17	
	///			**************************************
SECTION E L	BUILDING ELEVATION INFORM	IATION (SURVEY NOT REQUIRED) I	FOR ZONE AO AND	ZONE A (WITHOUT BEE)
and C. For Items E1- E1. Provide elevati grade (HAG) a a) Top of botto b) Top of botto E2. For Building Df (elevation C2.E3. Attached garag E4. Top of platform E5. Zone AO only:	-E4, use natural grade, if available. Con information for the following and chold the lowest adjacent grade (LAG). In floor (including basement, crawlspa agrams 6–9 with permanent flood open in the diagrams) of the building is greated to be a first flood open in the diagrams) of the building is greated to fin the diagrams.	enings provided in Section A Items 8 and/or	co only, enter meters er the elevation is above eet	e or below the highest adjacent ve or Delow the HAG. ve or Delow the LAG, istructions), the next higher floor G. ir Delow the HAG.
· · · · · · · · · · · · · · · · · · ·		OWNER (OR OWNER'S REPRESEN		ATION
	n here. The statements in Sections A, Dwner's Authorized Representative's	B, and E are correct to the best of my known Name City	wledge. State	ZIP Code
Signature		Date	Telephone	
Comments				Check here if attachmer
	SECTION (G - COMMUNITY INFORMATION (OF	PTIONAL)	
e local official who is this Elevation Certific	authorized by law or ordinance to adm	inister the community's floodplain managerr nd sign below. Check the measurement use	nent ordinance can com	olete Sections A. B. Cor E), and Puerto Rico only, enter maters
. The informat	ion in Section C was taken from other	documentation that has been signed and the course the source and date of the clov	sealed by a licensed su	rveyor, engineer, or architect who
A community	official completed Section E for a but	liding located in Zone A (without a FEMA-is	saued or community-iss	
4. Permit Number	G5. Date Permit I	ded for community floodplain management Ssued G6. Date (Certificate Of Complian	ce/Occupancy Issued
BP2012		ction Substantial Improvement		
 This permit has be Elevation of as-be 	uilt lowest floor (including basement) o	*	meters Date	m <u>07HE</u> R
	(O) depth of flooding at the building si		meters Datu	m OTHER
. Di L di (ili Londi		_#fA D feet	meters Datu	m H/A
				· ·
Community's des	LOWELL BUTLER	Title Burch	ING OFFICIAL	
Community's desional Official's Name Community Name	LONELL BUTLER		W6 OFFICIAL	
Community's descorated ocal Official's Name	LONELL BUTLER FOLD COUNTY ALL BUTL	Telephone 66		

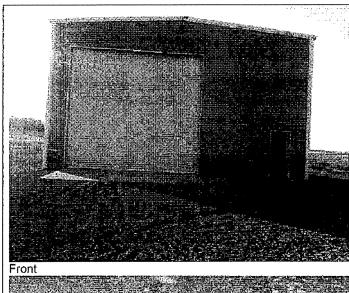
ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the	corresponding Information t	rom Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Su	ite, and/or Bldg. No.) or P.O. Rout	e and Box No.	Policy Number
City	State	ZIP Code	Company NAIG 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.





ELEVATION CERTIFICATE, page 4

Building Photographs Continuation Page

IMPORTANT: In these spaces, copy the corresponding information	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rout			
City State	ZIP Code	Company NAIC Number	
f submitting more photographs than will fit on the preceding page, affi with: date taken; "Front View" and "Rear View"; and, if required, "I photographs must show the foundation with representative examples of t	Right Side View" and	"Left Side View." When applicable,	



