

BP 2016-0537

OFFICE SET

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.

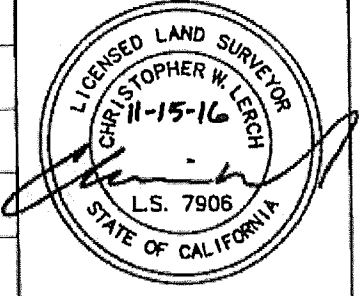

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <b>WILLIAM A. DRIVER</b>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>5224 STATE HIGHWAY 45</b>				Company NAIC Number:	
City <b>KNIGHTS LANDING</b>		State <b>CA</b>		ZIP Code <b>95645</b>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>ASSESSOR'S PARCEL NUMBER: 056-010-021-000</b>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>NON-RESIDENTIAL</b>					
A5. Latitude/Longitude Lat. <b>38°51'41.3"</b> Long <b>-121°47'49.1"</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>1B</b>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <b>728</b> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 10 foot above adjacent grade <b>4</b>					
c) Total net area of flood openings in A8.b <b>800</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 10 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 0300</b>	B5. Suffix <b>G</b>	B6. FIRM Index Date <b>06/18/2010</b>	B7. FIRM Panel Effective/ Revised Date <b>06/18/2010</b>	B8. Flood Zone(s) <b>A</b>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <b>&lt;42.5'</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 type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <b>(SEE SECTION D)</b>					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: <b>N/A</b>					
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					

# OFFICE SET

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


## ELEVATION CERTIFICATE

<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>5224 STATE HIGHWAY 45</b>			Policy Number:																																		
City <b>KNIGHTS LANDING</b>	State <b>CA</b>	ZIP Code <b>95645</b>	Company NAIC Number																																		
<b>SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>																																					
<p>C1. Building elevations are based on:    <input type="checkbox"/> Construction Drawings*    <input type="checkbox"/> Building Under Construction*    <input checked="" type="checkbox"/> Finished Construction          *A new Elevation Certificate will be required when construction of the building is complete.</p> <p>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: <u>"TYNDALL"</u>    Vertical Datum: <u>N.A.V.D. 88</u></p> <p>Indicate elevation datum used for the elevations in items a) through h) below.  <input type="checkbox"/> NGVD 1929    <input type="checkbox"/> NAVD 1988    <input checked="" type="checkbox"/> Other/Source: _____</p> <p>Datum used for building elevations must be the same as that used for the BFE.</p> <p style="text-align: right;">Check the measurement used.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">a) Top of bottom floor (including basement, crawlspace, or enclosure floor)</td> <td style="width: 10%; text-align: center;"><u>34.3</u></td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> feet</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>b) Top of the next higher floor</td> <td style="text-align: center;"><u>N/A</u></td> <td style="text-align: center;"><input type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>c) Bottom of the lowest horizontal structural member (V Zones only)</td> <td style="text-align: center;"><u>N/A</u></td> <td style="text-align: center;"><input type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>d) Attached garage (top of slab)</td> <td style="text-align: center;"><u>N/A</u></td> <td style="text-align: center;"><input type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)</td> <td style="text-align: center;"><u>N/A</u></td> <td style="text-align: center;"><input type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>f) Lowest adjacent (finished) grade next to building (LAG)</td> <td style="text-align: center;"><u>33.6</u></td> <td style="text-align: center;"><input checked="" type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>g) Highest adjacent (finished) grade next to building (HAG)</td> <td style="text-align: center;"><u>34.0</u></td> <td style="text-align: center;"><input checked="" type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</td> <td style="text-align: center;"><u>33.6</u></td> <td style="text-align: center;"><input checked="" type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> </table>						a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>34.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters	c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters	d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters	e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters	f) Lowest adjacent (finished) grade next to building (LAG)	<u>33.6</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	g) Highest adjacent (finished) grade next to building (HAG)	<u>34.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>33.6</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>34.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters																																		
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters																																		
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters																																		
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters																																		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters																																		
f) Lowest adjacent (finished) grade next to building (LAG)	<u>33.6</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters																																		
g) Highest adjacent (finished) grade next to building (HAG)	<u>34.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters																																		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>33.6</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters																																		
<b>SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>																																					
<p>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.</p> <p>Were latitude and longitude in Section A provided by a licensed land surveyor?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No    <input checked="" type="checkbox"/> Check here if attachments.</p>																																					
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>	ZIP Code <b>95695</b>																																			
Signature 		Date <b>11/09/2016</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) <b>NON-RESIDENTIAL BUILDING WITH ENGINEERED FLOOD VENTS. LOWEST ELEVATION ON BACK LEVEE IS ELEVATION 42.5', N.A.V.D. 88. THE BASE FLOOD ELEVATION WOULD BE LESS THAN 42.5'.</b>																																					

# OFFICE SET


## 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>5224 STATE HIGHWAY 45</b>			Policy Number:	
City <b>KNIGHTS LANDING</b>	State <b>CA</b>	ZIP Code <b>95645</b>	Company NAIC Number	
<b>SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)</b>				
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		<u>0</u> <u>3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<input checked="" type="checkbox"/> above or <input type="checkbox"/> below the HAG
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		<u>0</u> <u>7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<input checked="" type="checkbox"/> above or <input type="checkbox"/> 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				
		<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters	<input type="checkbox"/> above or <input type="checkbox"/> below the HAG.
E3. Attached garage (top of slab) is				
		<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters	<input type="checkbox"/> above or <input type="checkbox"/> below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is				
		<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters	<input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.				
<b>SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION</b>				
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 <b>CHRISTOPHER W. LERCH, LAUGENOUR AND MEIKLE</b>				
Address <b>608 COURT STREET</b>		City <b>WOODLAND</b>	State <b>CA</b>	ZIP Code <b>95695</b>
Signature 		Date <b>11/09/2016</b>	Telephone <b>(530)662-1755</b>	
Comments				
<input type="checkbox"/> 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>5224 STATE HIGHWAY 45</b>			Policy Number		
City <b>KNIGHTS LANDING</b>	State <b>CA</b>	ZIP Code <b>95645</b>	Company NAIC Number		
<b>SECTION G – COMMUNITY INFORMATION (OPTIONAL)</b>					
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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> The following information (Items G4–G10) is provided for community floodplain management purposes.					
G4. Permit Number <b>BP2016-0537</b>		G5. Date Permit Issued <b>9-8-16</b>		G6. Date Certificate of Compliance/Occupancy Issued <b>11/17/16</b>	
G7. This permit has been issued for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement					
G8. Elevation of as-built lowest floor (including basement) of the building:		<b>34.30</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	Datum <b>NAD 1983</b>	
G9. BFE or (in Zone AO) depth of flooding at the building site:		<b>42.50</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	Datum <b>NAD 1983</b>	
G10. Community's design flood elevation:		<b>NA</b>	<input type="checkbox"/> feet <input type="checkbox"/> meters	Datum _____	
Local Official's Name <b>ED SHOFF</b>			Title <b>CBO</b>		
Community Name <b>Yolo</b>			Telephone <b>(530) 666-8803</b>		
Signature 			Date <b>11-15-16</b>		
Comments (including type of equipment and location, per C2(e), if applicable)					
<input type="checkbox"/> Check here if attachments					

*[Community letterhead]*

**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.			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.) **ACCESSORY**

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 \_\_\_\_\_

<p>A8. For a building with a crawlspace or enclosure(s):</p> <p>a) Square footage of crawlspace or enclosure(s) _____ sq ft</p> <p>b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____</p> <p>c) Total net area of flood openings in A8.b _____ sq in</p> <p>d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A9. For a building with an attached garage:</p> <p>a) Square footage of attached garage _____ sq ft</p> <p>b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____</p> <p>c) Total net area of flood openings in A9.b _____ sq in</p> <p>d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date <i>May 16, 2012</i>	B7. FIRM Panel Effective/Revised Date	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)?  
 Designation Date \_\_\_\_\_     CBRS     OPA     Yes     No

Local Official's Name <i>Scott Doolittle</i>	Title <i>Plan Check Engineer</i>
Community Name <i>Yolo County</i>	Telephone _____
Signature <i>Scott Doolittle</i>	Date <i>7-24-18</i>
Comments _____	

5224 Highway 45  
Knights Landing CA 95645  
056-021-010

