

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2005

ELEVATION CERTIFICATE

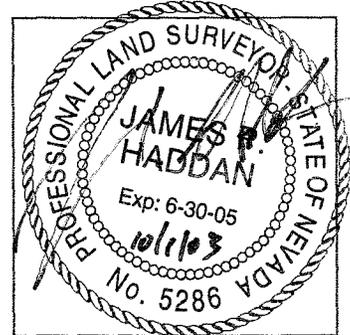
Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use	
BUILDING OWNER'S NAME Rudolph G. and Elaine K. Grant			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1060 Applon Way			Company NAIC Number	
CITY Carson City	STATE NV	ZIP CODE 89701		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 09-186-12				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential				
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" 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 320001		B2. COUNTY NAME City of Carson City		B3. STATE NV	
B4. MAP AND PANEL NUMBER 0125	B5. SUFFIX D	B6. FIRM INDEX DATE 10-16-96	B7. FIRM PANEL EFFECTIVE/REVISED DATE 10-16-96	B8. FLOOD ZONE(S) AH	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 4712
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other (Describe): FIRM					
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 _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
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.	
C2. Building Diagram Number <u>2</u> (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 C3-a-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 <u>FIRM</u> Conversion/Comments _____	
Elevation reference mark used <u>RM#8</u> Does the elevation reference mark used appear on the FIRM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
o a) Top of bottom floor (including basement or enclosure)	<u>4712</u> 1 ft(m)
o b) Top of next higher floor	<u>4715</u> 2 ft(m)
o c) Bottom of lowest horizontal structural member (V zones only)	_____ ft(m)
o d) Attached garage (top of slab)	<u>4714</u> 8 ft(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>4715</u> 0 ft(m)
o f) Lowest adjacent (finished) grade (LAG)	<u>4713</u> 9 ft(m)
o g) Highest adjacent (finished) grade (HAG)	<u>4714</u> 1 ft(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>0</u>	
o i) Total area of all permanent openings (flood vents) in C3.h <u>NA</u> 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 James P. Haddan		LICENSE NUMBER 5286	
TITLE President	COMPANY NAME Haddan Engineering, Inc.		
ADDRESS 206 South Minnesota Street	CITY Carson City	STATE NV	ZIP CODE 89703
SIGNATURE 	DATE 10-1-03	TELEPHONE (775) 883-6595	