

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 - 5.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME

ELSIE & PHILLIPS, T FRANZONE

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

1502 SONOMA STREET

Company NAIC Number

CITY

CARSON CITY

STATE

NV

ZIP CODE
89701

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

PARCEL 19, PARCEL MAP 1389 APN 10-481-15

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section if necessary.)

RESIDENTIAL

LATITUDE/ LONGITUDE (OPTIONAL) (#° - #' - #.###" or ##.#####")

SOURCE: GPS (Type: _____)

USGS Quad Map

Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER

CITY OF CARSON CITY 320001

B2. COUNTY NAME

INDEPENDENT CITY

B3. STATE

NV

B4. MAP AND PANEL NUMBER

320001 0130

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)

4683.3

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 4 and 5. 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 **NGVD 29** Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure)

4684 **7** ft. (m)

b) Top of next higher floor

_____ ft. (m)

c) Bottom of lowest horizontal structural member (V zones only)

_____ ft. (m)

d) Attached garage (top of slab)

4683 **3** ft. (m)

e) Lowest elevation of machinery and/or equipment servicing the building

4684 **7** ft. (m)

f) Lowest adjacent grade (LAG)

4683 **2** ft. (m)

g) Highest adjacent grade (HAG)

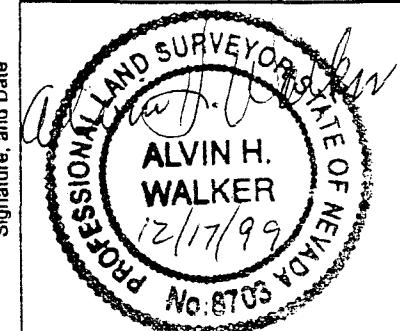
4683 **3** ft. (m)

h) No. of permanent openings (flood vents) within 1.0 ft. of LAG

_____ sq. in. (sq. cm)

i) Total area of all permanent openings (flood vents) in C3h _____ 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

ALVIN H. WALKER

LICENSE NUMBER

P.L.S 8703

TITLE

OWNER

COMPANY NAME

AL WALKER, PLS

ADDRESS

P.O. Box 2372

CITY

MINDEN

STATE

NV

ZIP CODE

89423

| | | | |
|--|--------------------|--------------------------|----------------------------|
| 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. 1502 SONOMA STREET | | | Policy Number |
| CITY CARSON CITY | STATE NV | ZIP CODE 89701 | Company NAIC Number |

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

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

COMMENTS **THE BENCH MARK WAS TOP OF NORTH CURB @ WEST END OF SONOMA STREET ON AS BUILT STREET AND UTILITY PLANS "SKY RIDGE DEVELOPMENT" RANKIN ENGINEERING CO. ELEV = 4683.67 @ 4683.67**

Check here if attachments

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

For Zones AO and A (without BFE), complete Items E1 through E3. 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 4 and 5. 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 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

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

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. Check the applicable box(es) and sign below.

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.)

A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

The following information (Items G1-G6) is provided for community floodplain management purposes.

| | | |
|-------------------|------------------------|---|
| G1. PERMIT NUMBER | G2. DATE PERMIT ISSUED | G3. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED |
|-------------------|------------------------|---|

G4. This permit has been issued for: New Construction Substantial Improvement

G5. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G6. 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