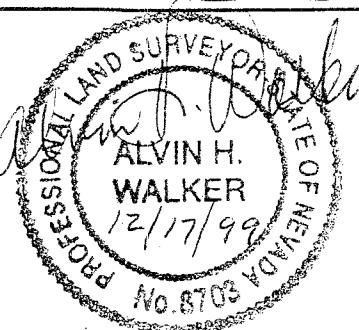


FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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 CARL J. OLSON, OLSON 1994 FAMILY TRUST	Policy Number				
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2992 HALLECK DRIVE	Company NAIC Number				
CITY CARSON CITY	STATE NV	ZIP CODE 89701			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL 12, PARCEL MAP 1393 APN 10-481-10					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section if necessary.) RESIDENTIAL					
LATITUDE/ LONGITUDE (OPTIONAL) (#° - #' - ##.##" or ##.#####°) 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 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) 4682.1
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 checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe: _____)					
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 B (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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure) 4683.8 ft.(m) <input type="checkbox"/> b) Top of next higher floor _____ ft.(m) <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m) <input checked="" type="checkbox"/> d) Attached garage (top of slab) 4682.3 ft.(m) <input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building 4683.8 ft.(m) <input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG) 4682.3 ft.(m) <input checked="" type="checkbox"/> g) Highest adjacent grade (HAG) 4682.2 ft.(m) <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1.0 ft. of LAG _____ sq. in. (sq. cm) <input type="checkbox"/> 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 *✓* 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

ADDRESS P.O. Box 7372

CITY MINDEN

STATE *NV*

ZIP CODE

E 99423

SIGNATURE John D. Gandy 24-1-66

DATE / /

TELEPHONE -

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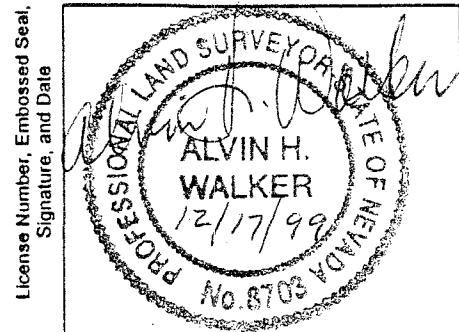
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DATE / /

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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. 2992 HALLECK DRIVE		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 (000)

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 or a *LOMA* or *LOMR-F*, Section C must be completed.

31. 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.)

32. 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.

33. 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

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

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

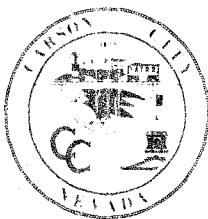
36. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____

UNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS



CARSON CITY, NEVADA

CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

June 3, 1988

RON KITCHEN
P. O. Box E
Carson City, NV 89702

SUBJECT: 2992 HALLECK

Dear Mr. Kitchen:

I have reviewed the above referenced flood engineering study and found said report meets the submittal criteria. I have reviewed the report with the Department of Public Works, Engineering Division.

Based on detailed information contained in your report, I concur with the findings of your report, upon detailed study of the subject area, the proposed structure at 2992 Halleck is affected by the special flood hazard "AH" zone. However, as stated in your report, construction at the indicated elevation of 4683.3 (USGS bases) will comply with city flood plain ordinance requirements. The above statement is of critical importance for the flood safety of the structure.

This letter will serve as approval of your flood engineering study for the Building permit. As a condition of approval, an as build elevation survey is required to be submitted to the Community Development Department for review. The elevation documentation shall be signed and stamped by a registered land surveyor. No Certificate of Occupancy will be issued until this requirement has been fully complied with.

Should you have any questions regarding the above, please contact this office at (702) 887-2180.

Sincerely,

CARSON CITY COMMUNITY DEVELOPMENT DEPARTMENT
Walter A. Sullivan, Director

Eric Jay Toll, Deputy Director

cc: Building Division - Larry Mc Phail, Plans Examiner
Judy Jackson, Building Technician
Public Works Department - Dan O'Brien, Director
FEMA Flood File