

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION			FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Capital Vending Company, Inc., a Nevada corporation			Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4949 Highway 50E			Company NAIC Number:	
City Carson City	State NV		ZIP Code 89701	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN: 008-371-05 A portion of the NW 1/4 of the NW 1/4 of S11, T15N, R20E				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Wireless Communication Facility				
A5. Latitude/Longitude: Lat. 39°11'02.47"N		Long. 119°42'41.91"W	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 5				
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) N/A sq ft		A9. For a building with an attached garage: a) Square footage of attached garage N/A sq ft		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A		
c) Total net area of flood openings in A8.b N/A sq in		c) Total net area of flood openings in A9.b N/A sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

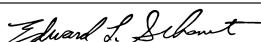
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Carson City - 320001		B2. County Name Independent City		B3. State Nevada	
B4. Map/Panel Number 0320001 0112	B5. Suffix E	B6. FIRM Index Date 01/16/2009	B7. FIRM Panel Effective/Revised Date 01/16/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 4612'
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 checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
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					

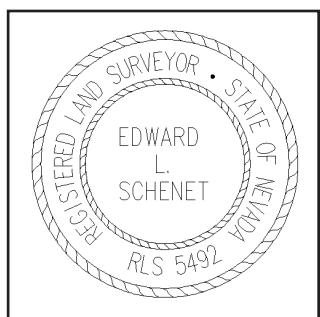
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.					
C2. 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: C.O.R.S. "DOT1" Vertical Datum: NAVD88					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.					
Check the measurement used.					
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 4614 . 80	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters			
b) Top of the next higher floor 4615 . 21	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters			
c) Bottom of the lowest horizontal structural member (V Zones only) N/A . _____	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters			
d) Attached garage (top of slab) N/A . _____	<input checked="" 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) 4615 . 34	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters			
f) Lowest adjacent (finished) grade next to building (LAG) 4611 . 46	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters			
g) Highest adjacent (finished) grade next to building (HAG) 4612 . 17	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters			
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 4610 . 84	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters			

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 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.*

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name Edward L. Schenect		License Number RLS 5492	
Title Land Surveyor		Company Name Calvada Surveying, Inc.	
Address 411 Jenks Circle, Suite 205		City Corona	State CA
Signature 		Date 05/28/15	ZIP Code 92880
		Telephone (951) 280-9960	



ELEVATION CERTIFICATE, page 2

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. 4949 Highway 50E			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 lowest elevation of equipment servicing the building is the bottom of the air conditioning units attached to the north side of the shelter.

Signature 

Date
05/28/15

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

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 N/A . feet meters above or below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is N/A . feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions),

the next higher floor (elevation C2.b in the diagrams) of the building is N/A . feet meters above or below the HAG.

E3. Attached garage (top of slab) is N/A . feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is N/A . feet meters above or 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? 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. 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 Capital Vending Company, Inc., a Nevada Corporation

Address 4949 Highway 50E	City Carson City	State NV	ZIP Code 89701
Signature	Date 05/19/2015	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. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1. 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. 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. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building: <u>N/A</u> . <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		
G9. BFE or (in Zone AO) depth of flooding at the building site: <u>N/A</u> . <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		
G10. Community's design flood elevation: <u>N/A</u> . <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		

Local Official's Name Title

Community Name Telephone

Signature Date

Comments

Check here if attachments.

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. 4949 Highway 50E			Policy Number:
City Carson City	State NV	ZIP Code 89701	Company NAIC 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.

Side view (looking West)



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. 4949 Highway 50E			Policy Number:
City Carson City	State NV	ZIP Code 89701	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.

Side view (looking South)

