

**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.**

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use:
BUILDING OWNER'S NAME <b>MARTIN G. &amp; ORALIA SOSA</b>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>5115 SILVER SAGE DRIVE</b>		Company NAIC Number
CITY <b>CARSON CITY</b>	STATE <b>NV</b>	ZIP CODE <b>89701</b>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>PARCEL A, PARCEL MAP 1717 APN 9-232-02</b>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section if necessary.) <b>RESIDENTIAL</b>		
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 <b>CITY OF CARSON CITY 320001</b>		B2. COUNTY NAME <b>INDEPENDENT CITY</b>		B3. STATE <b>NV</b>	
B4. MAP AND PANEL NUMBER <b>320001-0125</b>	B5. SUFFIX <b>D</b>	B6. FIRM INDEX DATE <b>10/16/96</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>10/16/96</b>	B8. FLOOD ZONE(S) <b>AH</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>4719.2</b>

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)

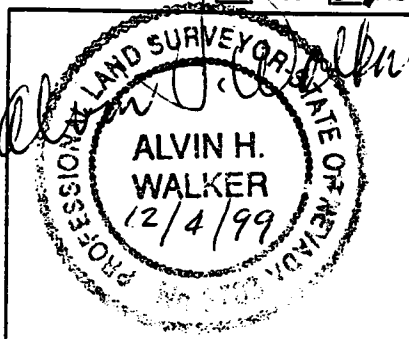
C1. Building elevations are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☒ Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<b>4721</b> <b>3</b> ft. (m)
<input type="checkbox"/> b) Top of next higher floor	<b>4730</b> <b>3</b> ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<b>4720</b> <b>1</b> ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<b>4721</b> <b>8</b> ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<b>4719</b> <b>9</b> ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<b>4720</b> <b>2</b> ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1.0 ft. of LAG	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)	_____



## 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 <b>ALVIN H. WALKER</b>	LICENSE NUMBER <b>PLS 8703</b>
TITLE <b>OWNER</b>	COMPANY NAME <b>AL WALKER, PLS</b>
ADDRESS <b>P.O. BOX 2372</b>	CITY <b>MINDEN</b>
SIGNATURE <i>Alvin H. Walker</i>	STATE <b>NV</b>
	ZIP CODE <b>89423</b>
	TELEPHONE <b>775-267-3858</b>
	DATE <b>12/4/99</b>

**IMPORTANT:** In these spaces, copy the corresponding information from Section A.

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

For Insurance Company Use:

Policy Number

CITY

STATE

ZIP CODE

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

BENCH MARK USED WAS RIM OF MANHOLE FROM  
OAK STREET MULTI-FAMILY COMPLEX, PLAN AND PROFILE,  
PALMER & LAUDER ENGINEERS, INC. SHEET 4 OF 9  
ELEV = 4747.3

☐ 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

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

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS