

## ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

## SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME

MARTIN G. &amp; ORALIA SOSA

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.  
5115 SILVER SAGE 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 A, PARCEL MAP 1717 APN 9-232-02

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 &amp; COMMUNITY NUMBER

CITY OF CARSON CITY 320001 INDEPENDENT CITY

B3. STATE

NV

B4. MAP AND PANEL NUMBER

320001-0125

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)

4719.2

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)

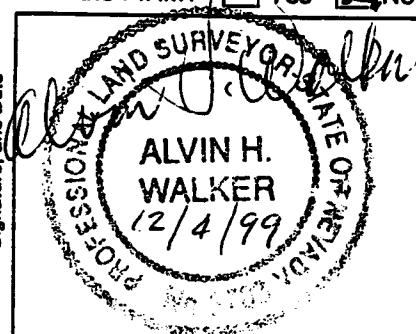
C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.C2. Building Diagram Number 8 (Select the building diagram most similar to the building for 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, ARA, 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)
- b) Top of next higher floor
- c) Bottom of lowest horizontal structural member (V zones only)
- d) Attached garage (top of slab)
- e) Lowest elevation of machinery and/or equipment servicing the building
- f) Lowest adjacent grade (LAG)
- g) Highest adjacent grade (HAG)
- h) No. of permanent openings (flood vents) within 1.0 ft. of LAG \_\_\_\_\_
- i) Total area of all permanent openings (flood vents) in C3h \_\_\_\_\_ sq. in. (sq. cm)

4721 3 ft. (m)  
4730 3 ft. (m)  
4720 1 ft. (m)  
4721 8 ft. (m)  
4719 9 ft. (m)  
4720 2 ft. (m)

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

PLS 8703

TITLE

OWNER

COMPANY NAME

AL WALKER, PLS

ADDRESS

P.O. Box 2372

CITY

MINDEN

STATE

NV

ZIP CODE

89423

SIGNATURE

Alvin H. Walker

DATE

12/4/99

TELEPHONE

775-267-3858

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.

5115 SILVER SAGE DRIVE

CITY

CARSON CITY

STATE

NV

ZIP CODE

89701

For Insurance Company Use:

Policy Number

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 & LAUDEZ ENGINEERS, INC. SHEET 4 OF 9  
ELEV = 4747.3 (Off)

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
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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