

## ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

### SECTION A – PROPERTY INFORMATION

### FOR INSURANCE COMPANY USE

A1. Building Owner's Name

BATES HOMES

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

1369 GROVE ST

Company NAIC Number:

City State ZIP Code  
CARSON CITY Nevada 89701

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

LOT 1-3, LITTLE LANE VILLAGE (004-39-145)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 39.15795 Long. -119.75293 Horizontal Datum:  NAD 1927  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 1B

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) N/A sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A8.b N/A sq in

d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:

a) Square footage of attached garage 459 sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0

c) Total net area of flood openings in A9.b 0 sq in

d) Engineered flood openings?  Yes  No

### SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number

CARSON CITY 320001

B2. County Name

CARSON CITY - INDEPENDENT CITY

B3. State

Nevada

B4. Map/Panel Number

B5. Suffix

B6. FIRM Index Date

B7. FIRM Panel Effective/  
Revised Date

B8. Flood Zone(s)

B9. Base Flood Elevation(s)  
(Zone AO, use Base Flood Depth)

3200010092

G

06-20-2019

12-22-2016

AO

1 FT

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:

FIS Profile  FIRM  Community Determined  Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No

Designation Date: \_\_\_\_\_  CBRS  OPA

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1369 GROVE ST			Policy Number:
City CARSON CITY	State Nevada	ZIP Code 89701	Company NAIC Number

## 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. 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: \_\_\_\_\_ Vertical Datum: \_\_\_\_\_

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

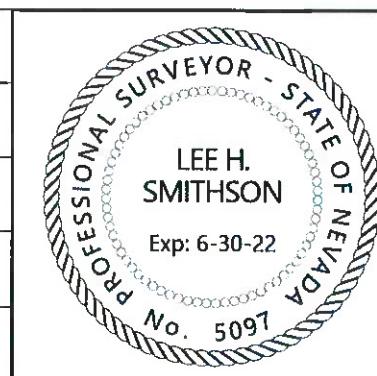
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<input type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<input 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)	<input type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<input type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<input type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<input 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.*

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name LEE H. SMITHSON		License Number PLS5097	
Title SURVEY MANAGER			
Company Name MANHARD CONSULTING LTD			
Address 241 RIDGE ST, SUITE 400			
City RENO	State Nevada	ZIP Code 89501	
Signature 	Date 1.27.2022	Telephone 775-887-5222	Ext. N/A



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

Comments (including type of equipment and location, per C2(e), if applicable)

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1369 GROVE ST			Policy Number:
City CARSON CITY	State Nevada	ZIP Code 89701	Company NAIC Number

## 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 \_\_\_\_\_ 3.0  feet  meters  above or  below the HAG.  
b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ 3.1  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 1–2 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 \_\_\_\_\_ 2.1  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ 2.4  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

MANHARD CONSULTING LTD

Address 241 RIDGE ST, SUITE 400	City RENO	State Nevada	ZIP Code 89501
Signature 	Date 1.27.2022	Telephone 775-887-5222	

Comments

E4 Air conditioning unit

Check here if attachments.

# LEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1369 GROVE ST			Policy Number:
City CARSON CITY	State Nevada	ZIP Code 89701	Company NAIC Number

## 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–G10) is provided for community floodplain management purposes.

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

Local Official's Name	Title
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Community Name	Telephone
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Signature	Date
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Comments (including type of equipment and location, per C2(e), if applicable)
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Check here if attachments.

# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

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Policy Number:

1369 GROVE ST

City

State

ZIP Code

CARSON CITY

Nevada

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.



Photo One

Photo One Caption FRONT VIEW



Photo Two

Photo Two Caption REAR VIEW

# BUILDING PHOTOGRAPHS

Continuation Page

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number:

1369 GROVE ST

City  
CARSON CITY

State  
Nevada

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.



Photo Three

Photo Three Caption SIDE VIEW

[Clear Photo Three](#)



Photo Four

Photo Four Caption SIDE VIEW

[Clear Photo Four](#)