

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: LLOYD KEARNS

BUILDING STREET ADDRESS (including Apt. Use, Suite, and/or P.O. No.) OR P.O. ROUTE AND BOX NO.: 22 SAN MIGUEL WAY

CITY: NOVATO STATE: CA ZIP CODE: 94945

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 1084 SAN MARIN UNIT 9, 13 MAPS 49: A.P.N. 124-102-10

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.): RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (NAD 83 or NAD 1983): _____ SOURCE: GPS (Type: _____) USGS Quad Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

OR FIRM COMMUNITY NAME & COUNTY NUMBER: CITY OF NOVATO COUNTY NAME: MARIN STATE: CALIFORNIA

BA FIRM AND FIRM NUMBER	BE EFFECTIVE DATE	BF FIRM INDEX DATE	BT FIRM EFFECTIVE DATE	BS FLOOD ZONE	BU BASE FLOOD ELEVATION (Gene Aft. use depth of flooding)
<u>00017B MAR C</u>	<u>09/29/1989</u>	<u>09/29/1989</u>	<u>09/29/1989</u>	<u>AE</u>	<u>70.0</u>

Indicate the elevation datum used for the Base Flood Elevation (BFE) data or base flood depth entered in BU:
 FTS Profile FIRM Community Determined Other (Describe: _____)
 B11. Indicate the elevation datum used for the BFE in BU: NGVD 1929 NAVD 1983 Other (Describe: _____)
 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Other 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
 When Elevation Certificate is required when construction of the building is complete.

C2. Building Diagram Number: _____ (Select the building diagram most similar to the building for which the certificate is being completed - see pages 6 and 7. Use diagram numbers appropriate to the zoning, foundation sketch or photograph.)

C3. Elevation - Zones: AE, A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARA, ARNE, ARN1-AR3, ARN1H, ARN1O
 Complete items C3-1) 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: Construction CITY OF NOVATO BENCHMARK
 Elevation reference mark used: 200 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> 1) Top of tallest floor (including mezzanine or enclosure)	<u>71.2 (ft)</u>
<input type="checkbox"/> 2) Top of roof-higher floor	<u>72.2 (ft)</u>
<input type="checkbox"/> 3) Bottom of lowest horizontal structural member (V zones only)	<u>69.2 (ft)</u>
<input type="checkbox"/> 4) Lowest garage top of slab	<u>69.2 (ft)</u>
<input type="checkbox"/> 5) Lowest elevation of machinery and/or equipment within the building. (Does not include a Comments area)	<u>67.6 (ft)</u>
<input checked="" type="checkbox"/> 6) Lowest adjacent finished grade (LAG)	<u>67.0 (ft)</u>
<input type="checkbox"/> 7) Highest adjacent finished grade (HAG)	<u>69.2 (ft)</u>
<input type="checkbox"/> 8) Hic. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>11 10 89</u>
<input type="checkbox"/> 9) Total area of all permanent openings (flood vents) in C3)	<u>(ft²)</u>

License Number: 5970
 Signature: M. Sedgwick

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. Landmark and any false statement may be punishable by fine or imprisonment under 18 U.S.C. Code, Section 1001.

CERTIFIER NAME: MICHAEL SEDGWICK LICENSE NUMBER: C.L.S. 5970

TITLE: OWNER / LAND SURVEYOR COMPANY NAME: NORTH BAY LAND SURVEYORS

ADDRESS: P.O. Box 961 CITY: FORESTVILLE STATE: CA ZIP CODE: 95436

SIGNATURE: Michael Sedgwick DATE: 06/14/2004 TELEPHONE: (707) 887-0504

...copy the corresponding information from Section A.

For Insurance Company Use
 Policy Number
 Company/NAIC Number

28 SAN MIGUEL WAY
 NOVATO CALIFORNIA 94945

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate to (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS: C-3E WASHER AND DRYER AT ELEVATION 69.6

Check here if attachments

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

- For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMRF, Section D must be completed.
- E1. Building Diagram Number: 2 (select the building diagram most similar to the building for which this certificate is being completed—see pages 6 and 7. 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 20 ft (m) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 8-9 with openings (see page 7), the next higher floor or elevated floor (elevation) of the building is 10.5 ft (m) above the highest adjacent grade. Complete items C3j and C4j on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is 4 ft (m) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor finished in accordance with the community's local flood 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, C (items C3b and C4 only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The signatures in Sections A, B, C, and E are covered to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME: MICHAEL SEDGWICK P.L.S.

ADDRESS: P.O. Box 961 CITY: FORESTVILLE CALIF STATE: CA ZIP CODE: 95436

SIGNATURE: Michael Sedgwick DATE: 06/14/2004 TELEPHONE: (707) 887-0504

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 (for E), and G of the Elevation Certificate. Complete the applicable items and sign below.

- G1. The information in Section C was taken from other documentation that had been signed and attested by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Specify the source and date of the elevation data in the Community 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/CONFORMANCE ISSUED
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of finished floor (including basement) of the building is: _____ ft (m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding of the building site is: _____ ft (m) Datum: _____

LOCAL OFFICIAL'S NAME: _____ TITLE: _____

COMMUNITY NAME: _____ TELEPHONE: _____

SIGNATURE: _____ DATE: _____

COMMENTS:

Check here if attachments