

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME: Cal Coast Properties
BUILDING STREET ADDRESS: 101 Nellen Avenue
CITY: Corte Madera STATE: CA ZIP CODE: 94925
PROPERTY DESCRIPTION: A.P.N. 24-042-01

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)

Non-residential

LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: [ ] GPS (Type): [ ] USGS Quad Map [ ] Other:
[ ] NAD 1927 [ ] NAD 1983

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

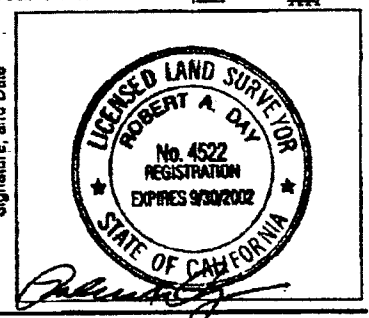
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: Corte Madera
B2. COUNTY NAME: Marin
B3. STATE: CA

Table with 6 columns: B4. MAP AND PANEL NUMBER (065023-0001), B5. SUFFIX (B), B6. FIRM INDEX DATE (12-15-77), B7. FIRM PANEL EFFECTIVE/REVISED DATE (12-15-77), B8. FLOOD ZONE(S) (A1), B9. BASE FLOOD ELEVATION(S) (E1.6)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
[ ] FIS Profile [x] FIRM [ ] Community Determined [ ] Other (Describe):
B11. Indicate the elevation datum used for the BFE in B9: [x] 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 [x] No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [ ] Construction Drawings\* [ ] Building Under Construction\* [x] Finished Construction
C2. Building Diagram Number 1 (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.)
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 County B.M. Does the elevation reference mark used appear on the FIRM? [ ] Yes [x] No
a) Top of bottom floor (including basement or enclosure) 7.06 ft.(m)
b) Top of next higher floor N/A ft.(m)
c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
d) Attached garage (top of slab) N/A ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building N/A ft.(m)
f) Lowest adjacent grade (LAG) 6.5 ft.(m)
g) Highest adjacent grade (HAG) 6.9 ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
i) Total area of all permanent openings (flood vents) in C3h N/A 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: Robert A. Day LICENSE NUMBER: L.S. 4522
TITLE: Land Surveyor COMPANY NAME: I.L. Schwartz Associates, Inc.
ADDRESS: 79 Galli Drive CITY: Novato STATE: CA ZIP CODE: 94949
SIGNATURE: [Signature] DATE: 2-12-01 TELEPHONE: (415) 883-9200

|  |             |                   |                                   |  |
|--|-------------|-------------------|-----------------------------------|--|
| <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.<br>101 Nellen Avenue |             |                   | Policy Number                     |  |
| CITY<br>Corte Madera   | STATE<br>CA | ZIP CODE<br>94925 | 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

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 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 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  ft.(m)  in.(cm)  above or  below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is  ft.(m)  in.(cm) above the highest adjacent grade.
- E4. 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. Complete the applicable item(s) and sign below.

- G1.  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.)
- 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:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_
- G9. 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              |           |

Check here if attachments