

# ELEVATION CERTIFICATE

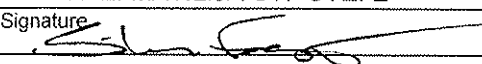
OMB No. 1660-0008  
Expires February 28, 2009

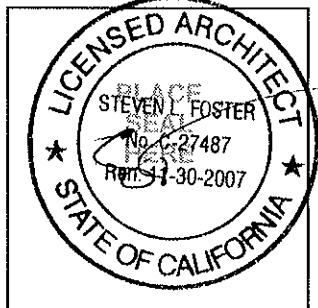
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name <b>CHESTER DEWEY</b>	Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>4685 GRAND AVENUE</b>	Company NAIC Number	
City <b>OJAI</b> State <b>CA.</b> ZIP Code <b>93023</b>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>A.P.N. 029-0-070-140</b>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>DETACHED GARAGE - 2 CAR</b>		
A5. Latitude/Longitude: Lat. <b>119.187 W</b> Long. <b>34.456 N</b> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <b>DETACHED GARAGE</b>		
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an <del>attached</del> <b>DETACHED GARAGE</b> garage, provide:
a) Square footage of crawl space or enclosure(s) _____ sq ft	a) Square footage of <del>attached</del> <b>DETACHED GARAGE</b> garage <b>729</b> sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <b>5</b>	
c) Total net area of flood openings in A8.b _____ sq in	c) Total net area of flood openings in A9.b <b>776</b> sq in	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <b>COUNTY OF VENTURA 060413</b>		B2. County Name <b>VENTURA</b>		B3. State <b>CALIFORNIA</b>	
B4. Map/Panel Number <b>060413 0560</b>	B5. Suffix <b>B</b>	B6. FIRM Index Date <b>OCT. 31, 1985</b>	B7. FIRM Panel Effective/Revised Date <b>08-31-1985 / 09-03-1997</b>	B8. Flood Zone(s) <b>AO</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>1.0 FT.</b>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction <small>*A new Elevation Certificate will be required when construction of the building is complete.</small>	
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-g below according to the building diagram specified in Item A7. Benchmark Utilized <b>USGS QUAD SHEET</b> Vertical Datum <b>NGVD 29, FEET</b> Conversion/Comments _____	
Check the measurement used.	
<input checked="" type="checkbox"/> Top of bottom floor (including basement, crawl space, or enclosure floor) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
<input checked="" type="checkbox"/> Top of the next higher floor _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
<input checked="" type="checkbox"/> Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) <del>Attached</del> <b>DETACHED GARAGE</b> (top of slab) <b>1076.0</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) <b>1080.0</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG) <b>1074.75</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) <b>1076.0</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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.	
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.	
Certifier's Name <b>STEVEN FOSTER, AIA</b>	License Number <b>C-27487</b>
Title <b>ARCHITECT</b>	Company Name <b>CORNERSTONE ARCHITECTS</b>
Address <b>307 E. MATILJA ST. STE. E</b>	City <b>OJAI</b> State <b>CA.</b> ZIP Code <b>93023</b>
Signature 	Date <b>8/30/07</b> Telephone <b>(805) 646-6359</b>



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4685 GRAND AVENUE			Policy Number	
City OJAI	State CA.	ZIP Code 93023	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  
TOP OF SLAB IS 1076.0 ELEV. BOTTOM OF LOWEST ELECTRICAL DEVICE IS 1080.0 ELEV.

COMBINED AREA OF FLOOD VENT OPENINGS IS 776 SQ. IN.

BOTTOM OF VENT OPENINGS ARE NOT HIGHER THAN 1 FT. ABOVE ADJACENT GRADE

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if attachments

**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.

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, crawl space, or enclosure) is \_\_\_\_\_ feet \_\_\_\_\_ meters  above or  below the HAG.  
 b) Top of bottom floor (including basement, crawl space, or enclosure) is \_\_\_\_\_ feet \_\_\_\_\_ meters  above or  below the LAG.

For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_ feet \_\_\_\_\_ meters  above or  below the HAG.

E3. Attached garage (top of slab) is \_\_\_\_\_ .0  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ 4.0  feet  meters  above or  below the HAG.

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's or Owner's Authorized Representative's Name  
SHERYLL SMITH - REPRESENTATIVE

Address: 4685 GRAND AVENUE City: OJAI State: CA ZIP Code: 93023  
 Signature: *Sheryll Smith* Date: 9-4-07 Telephone: (805) 646-5469

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. Check the measurement used in Items G8. and G9.

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.-G9.) is provided for community floodplain management purposes.

G4. Permit Number # 2006-23	G5. Date Permit Issued Sept. 7/07	G6. Date Certificate Of Compliance/Occupancy Issued Sept. 7/07
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: 1076  feet  meters (PR) Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site: 1.0  feet  meters (PR) Datum \_\_\_\_\_

Local Official's Name: Brian Trushinski Title: Floodplain Manager  
 Community Name: County of Ventura Telephone: (805) 477-1967  
 Signature: *[Signature]* Date: 09/07/07

Check here if attachments

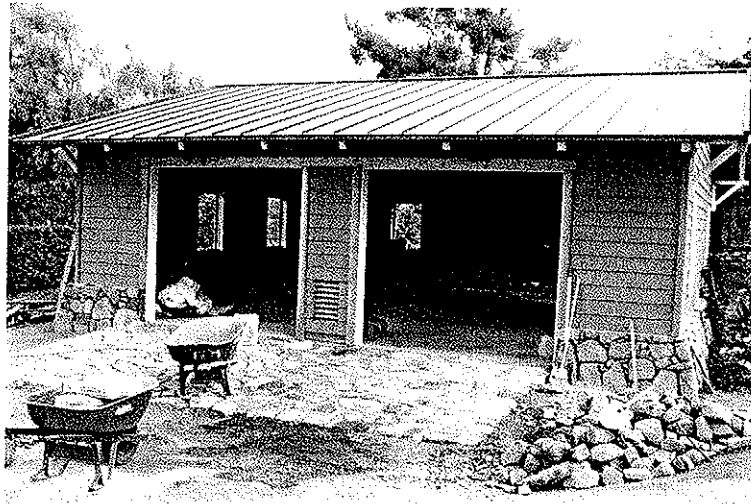
# Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4685 GRAND AVENUE			For Insurance Company Use: Policy Number
City OJAI	State CA.	ZIP Code 93023	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

PHOTOS TAKEN AUGUST 30, 2007



FRONT - SOUTH SIDE OF GARAGE



REAR - NORTH SIDE OF GARAGE

# Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4685 GRAND AVENUE			For Insurance Company Use: Policy Number
City OJAI	State CA.	ZIP Code 93023	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."

PHOTOS TAKEN AUGUST 30, 2007



LEFT - WEST SIDE OF GARAGE



RIGHT - EAST SIDE OF GARAGE

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

**FLOODPROOFING CERTIFICATE**  
FOR NON-RESIDENTIAL STRUCTURES

The floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation; however, a floodproofing design certification is required. This form is to be used for that certification. Floodproofing of a residential building does not alter a community's floodplain management elevation requirements or affect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements. The permitting of a floodproofed residential basement requires a separate certification specifying that the design complies with the local floodplain management ordinance.

BUILDING OWNER'S NAME <b>CHESTER DEWEY</b> STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER <b>4685 GRAND AVENUE</b> OTHER DESCRIPTION (Lot and Block Numbers, etc.) <b>A.P.N. 029-0-070-140</b> CITY <b>OJAI</b>	FOR INSURANCE COMPANY USE POLICY NUMBER  COMPANY NAIC NUMBER
STATE <b>CA.</b>	ZIP CODE <b>93023</b>

SECTION I FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM:

COMMUNITY NUMBER	PANEL NUMBER	SUFFIX	DATE OF FIRM INDEX	FIRM ZONE	BASE FLOOD ELEVATION (In AO Zones, Use Depth)
060413	0560	B	OCT. 31, 1985	AO	1.0 FT.

SECTION II FLOODPROOFING INFORMATION (By a Registered Professional Engineer or Architect)

**Floodproofing Design Elevation Information:**

Building is floodproofed to an elevation of .....**1078.0**..... feet NGVD. (Elevation datum used must be the same as that on the FIRM.)

Height of floodproofing on the building above the lowest adjacent grade is .....**3**..... feet.

(NOTE: for insurance rating purposes, the building's floodproofed design elevation must be at least one foot above the Base Flood Elevation to receive rating credit. If the building is floodproofed only to the Base Flood Elevation, then the building's insurance rating will result in a higher premium.)

SECTION III CERTIFICATION (By Registered Professional Engineer or Architect)


**Non-Residential Floodproofed Construction Certification:**

I certify that, based upon development and/or review of structural design, specifications, and plans for construction, the design and methods of construction are in accordance with accepted standards of practice for meeting the following provisions:

The structure, together with attendant utilities and sanitary facilities, is watertight to the floodproofed design elevation indicated above, with walls that are substantially impermeable to the passage of water.

All structural components are capable of resisting hydrostatic and hydrodynamic flood forces, including the effects of buoyancy, and anticipated debris impact forces.

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.

CERTIFIER'S NAME <b>STEVEN FOSTER, AIA</b>	LICENSE NUMBER (or Affix Seal) <b>C-27487</b>
TITLE <b>ARCHITECT</b>	COMPANY NAME <b>CORNERSTONE ARCHITECTS</b>
ADDRESS <b>307 E. MATILJA ST. STE. E</b>	CITY <b>OJAI</b>
	STATE <b>CA.</b>
	ZIP CODE <b>93023</b>
SIGNATURE 	PHONE <b>(805) 646-6359</b>
	DATE <b>8/30/07</b>

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

