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**MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION**

In accordance with this community's participation in the National Flood Insurance Program's Community Rating System, all FEMA Elevation Certificates must be correct and complete. The attached Certificate has some incorrect items which are noted here.

SECTION A – PROPERTY INFORMATION			For Insurance Company Use:	
A1. Building Owner's Name			Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.o. Route and Box No. 1700 - 1702 S Highland Ave			Company NAIC Number	
City	State	Zip Code		
Los Angeles	CA	90019		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____				
A5. Latitude/Longitude: Lat. _____ Long. _____ 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 _____				
A8. For a building with a crawl space or enclosures(s), provide			A9. For a building with an attached garage, provide:	
a)	Square footage of crawl space or enclosure(s) _____ sq ft		a)	Square footage of attached garage _____ sq ft
b)	No. of permanent flood openings in the crawl space or enclosures(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 _____
c)	Total net area of flood openings in A8.b _____ sq in		c)	Total net area of flood openings in A9.b _____ sq in

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

B1. NFIP Community Name & Community Number <b>City of Los Angeles 060137</b>		B2. County Name		B3. State	
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)

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 (Describe) \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item 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 \_\_\_\_\_     CBRS     OPA



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**SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

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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-g below according to the building diagram specified in Item A7.

Benchmark Utilized \_\_\_\_\_ Vertical Datum \_\_\_\_\_

Conversion/Comments \_\_\_\_\_

**COMMENTS:**

**Incorrect community number. Community number changed to “060137”. Section D certification date missing.**

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Date of Review: 08/14/20    Community Official: 

*All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.*

# 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 <u>Baksh Construction</u>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>1700 - 1702 S. Highland Avenue</u>				Company NAIC Number:	
City <u>Los Angeles</u>	State <u>CA</u>	ZIP Code <u>90019</u>			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 1, Blk 3, Tract No. 5870, APN: 5067-011-029</u>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>17° 44' 45"</u> Long. <u>72° 15' 50"</u> 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 <u>8</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>2,499</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>9</u>					
c) Total net area of flood openings in A8.b <u>2,499</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>NA</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>LA CITY 06037</u>			B2. County Name <u>LA County</u>		B3. State <u>CA</u>
B4. Map/Panel Number <u>06037C1615</u>	B5. Suffix <u>F</u>	B6. FIRM Index Date <u>9-26-2008</u>	B7. FIRM Panel Effective/ Revised Date <u>9-26-2008</u>	B8. Flood Zone(s) <u>A0</u>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <u>2.00'</u>
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/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
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					

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<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. <u>1700 - 1702 S. Highland Avenue</u>			Policy Number:
City <u>Los Angeles</u>	State <u>CA</u>	ZIP Code <u>90019</u>	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: BM # 13-03040      Vertical Datum: 124.470'

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.


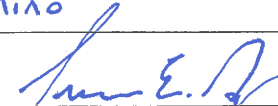
Check the measurement used.

- |   |                |  |                                 |
|---|----------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | <u>124.51'</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u>127.92'</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | <u>NA</u>      | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | <u>N/A</u>     | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | <u>127.92'</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>123.87'</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>124.63'</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | <u>123.99'</u> | <input checked="" 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 <u>J.E. GUZMAN</u>	License Number <u>NCE 27906</u>	
Title <u>PRESIDENT</u>		
Company Name <u>J.E. GUZMAN ENGINEERING</u>		
Address <u>12941 Rhodes Place</u>		
City <u>Chino</u>	State <u>CA</u>	
Signature 	Date	Telephone <u>(626) 260-5666</u>

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)

From section C2e: Water Heater and A.C. unit are located in 1st floor

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<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. <u>1700-1702 S Highland Avenue</u>			Policy Number:	
City <u>Los Angeles</u>	State <u>CA</u>	ZIP Code <u>90019</u>	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 0.12'  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is 0.64'  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 3.29'  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is NA  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is 3.29'  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

Ryan Baxsh

Address <u>904 Silver Spur RD #454</u>	City <u>Rolling Hills</u>	State <u>CA</u>	ZIP Code <u>90274</u>
Signature 	Date <u>8/15/17</u>	Telephone <u>310 765 0727</u>	

Comments

**Bureau of Engineering  
Stormwater Group  
Elevation Certificate Review**

Permit No. 16010-10000-04190

Approved By: Furkeli

Date: 8/16/17

Check here if attachments.