

**BOARD OF PUBLIC WORKS
MEMBERS**

GREG GOOD
PRESIDENT

AURA GARCIA
VICE PRESIDENT

DR. MICHAEL R. DAVIS
PRESIDENT PRO TEMPORE

JESSICA M. CALOZA
COMMISSIONER

M. TERESA VILLEGAS
COMMISSIONER

DR. FERNANDO CAMPOS
EXECUTIVE OFFICER

CITY OF LOS ANGELES

CALIFORNIA



ERIC GARCETTI
MAYOR

**DEPARTMENT OF
PUBLIC WORKS**

**BUREAU OF
ENGINEERING**

GARY LEE MOORE, PE, ENV SP
CITY ENGINEER

1149 S. BROADWAY, SUITE 700
LOS ANGELES, CA 90015-2213

<http://eng.lacity.org>

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. 4980 Romaine Ave Bldg 4			Company NAIC Number
City	State	Zip Code	
Los Angeles	CA	90029	
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
- a) Square footage of crawl space or enclosure(s) _____ sq ft
 - b) No. of permanent flood openings in the crawl space or enclosures(s) walls within 1.0 foot above adjacent grade _____
 - c) Total net area of flood openings in A8.b _____ sq in
- A9. For a building with an attached garage, provide:
- a) Square footage of attached garage _____ sq ft
 - 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 A9.b _____ sq in

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number City of Los Angeles 060137		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



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

Benchmark Utilized _____ Vertical Datum _____

Conversion/Comments _____

COMMENTS:

No Corrections.

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 North Normandy Solutions, LLC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4980 Romaine Avenue - Building 4				Company NAIC Number:	
City Los Angeles		State California		ZIP Code 90029	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 114 of Tract No. 597, MB 15, Page 96					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>-118.30</u> Long. <u>34.08</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>7</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>87</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>2</u>					
c) Total net area of flood openings in A8.b <u>178,25</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>n/a</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 City of Los Angeles 060137			B2. County Name Los Angeles		B3. State California
B4. Map/Panel Number 06037C1610	B5. Suffix F	B6. FIRM Index Date 09-26-2008	B7. FIRM Panel Effective/ Revised Date 09-26-2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) Depth 1'
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 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: <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4980 Romaine Avenue			Policy Number:
City Los Angeles	State California	ZIP Code 90029	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: LA City BM#12-09691 Vertical Datum: 323.03

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.

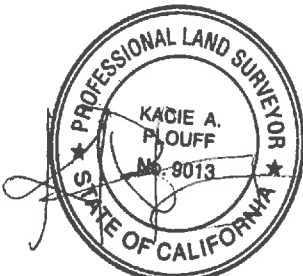
Check the measurement used.

- | | | | |
|---|---------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>322.33</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>333.57</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</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
(Describe type of equipment and location in Comments) | <u>327.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>321.93</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>322.82</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>323.14</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 Kacie Plouff	License Number 9013	
Title Land Surveyor		
Company Name Christensen & Plouff Land Surveying		
Address 25570 Rye Canyon Rd, Suite A		
City Valencia	State California	

Signature 	Date 12/28/19	Telephone 661-645-9320	Ext.
--	------------------	---------------------------	------

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)
 Equipment serving the building is tankless water heaters. The units are wall mounted and elevated from the ground. Elevation in C2e is the bottom of the unit. See photo on sheet 6.

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4980 Romaine Avenue			Policy Number:	
City Los Angeles	State California	ZIP Code 90029	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 _____ **0.49** feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ **0.4** 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 _____ **10.75** feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ **N/A** feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ **4.98** 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
North Normandie Solutions, LP

Address **1940 North Tustin Stret, Suite 105, Orange, Ca 92865** City State ZIP Code

Signature  Date **01/23/2020** Telephone **310-913-8150**

Comments

Check here if attachments.

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4980 Romaine Avenue			Policy Number:
City Los Angeles	State California	ZIP Code 90029	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.

G4. Permit Number 17010-70000-01838	G5. Date Permit Issued 02/08/2018	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: _____ 322.3 _____ feet meters Datum NAVD 1988
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ 1 _____ feet meters Datum NAVD 1988
- G10. Community's design flood elevation: _____ 324.79 _____ feet meters Datum NAVD 1988

Local Official's Name <i>Bryan Gathuka</i>	Title <i>Civil Engineering Associate I</i>
Community Name <i>City of Los Angeles</i>	Telephone <i>213-847-2149</i>
Signature <i>Bryan Gathuka</i>	Date <i>01/27/2020</i>

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

Bureau of Engineering Stormwater Group Elevation Certificate Review	
Permit No.	<u>17010-70000-01838</u>
<input checked="" type="checkbox"/> Approved By:	<u><i>Bryan Gathuka</i></u>
Date:	<u>1/27/2020</u>

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
4980 Romaine Avenue

Policy Number:

City
Los Angeles

State
California

ZIP Code
90029

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

Clear Photo One



Photo Two

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4980 Romaine Avenue			Policy Number:
City Los Angeles	State California	ZIP Code 90029	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

Clear Photo Three

Flood Vents



Photo Four

Photo Four Caption

Clear Photo Four