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**BUREAU OF
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CITY ENGINEER

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LOS ANGELES, CA 90015-2213

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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. 5449-5451 Geer Avenue			Company NAIC Number
City	State	Zip Code	
Los Angeles	CA	90016	
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 **8** _____
- A8. For a building with a crawl space or enclosure(s), provide
- a) Square footage of crawl space or enclosure(s) _____ sq ft
 - b) No. of permanent flood openings in the crawl space or enclosure(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) 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 06037		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:

Incorrect diagram number. Diagram number changed to “8”.

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 NEW HORIZON LLC					Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5449-5451 GEER AVENUE					Company NAIC Number:
City LOS ANGELES		State California		ZIP Code 90016	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TRACT- DU RAY PLACE, LOT 28 , APN # 5043-011-018					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					RESIDENTIAL DUPLEX
A5. Latitude/Longitude: Lat. 34.0317 Long. -118.36279					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>9</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>1536.00</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>4</u>					
c) Total net area of flood openings in A8.b <u>1800.00</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 NFIP # 060137			B2. County Name LOS ANGELES		B3. State California
B4. Map/Panel Number 06037c1615	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) FLOOD DEPTH = 1FT
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: _____ <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. 5449-5451 GEER AVENUE			Policy Number:
City LOS ANGELES	State California	ZIP Code 90016	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: # 13-01750 Vertical Datum: 1988

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) | 101.57 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | 104.90 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | N/A | <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) | 105.40 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 101.42 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 102.69 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | 101.42 | <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 JOHN O. HAMILTON	License Number C 53284		
Title CIVIL ENGINEER			
Company Name ECONSTRUCT1V			
Address PO BOX 866			
City HAWTHORNE	State California		ZIP Code 90251
Signature 	Date 08-11-2017	Telephone (310) 871-2562	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)
2- A/C CONDENSER UNITS IN REAR YARD

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. 5449-5451 GEER AVENUE			Policy Number:
City LOS ANGELES	State California	ZIP Code 90016	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 _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ 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 _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ 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
NEW HORIZON LLC


Address 4337 MARINA CITY DRIVE	City MARINA DEL REY	State California	ZIP Code 90292
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Signature 	Date 08-11-2017	Telephone (310) 567-7756
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Comments

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

Permit No. 16010-10000-05591

Approved By: 

Date: 8/17/17

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. 5449-5451 GEER AVENUE			Policy Number:
City LOS ANGELES	State California	ZIP Code 90016	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 16010-10000-05591	G5. Date Permit Issued 02-23-2017	G6. Date Certificate of Compliance/Occupancy Issued
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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:	101.57	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	Datum NAVD 1988
G9. BFE or (in Zone AO) depth of flooding at the building site:	103.90	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	Datum NAVD 1988
G10. Community's design flood elevation:	104.90	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	Datum NAVD 1988

Local Official's Name ROMANO GALASSI	Title CEA iii
Community Name LOS ANGELES	Telephone (213) 847-0405
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)
2- A/C CONDENSER UNITS ELEV 105.40

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. 5449-5451 GEER AVENUE			Policy Number:
City LOS ANGELES	State California	ZIP Code 90016	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 FRONT SOUTH ELEVATION

Clear Photo One



Photo Two

Photo Two Caption REAR 18X24 VENT- 2 NO IN REAR

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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. 5449-5451 GEER AVENUE			Policy Number:
City LOS ANGELES	State California	ZIP Code 90016	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 TYPICAL 14X6 VENT AT 12FT OC ALL AROUND

Clear Photo Three



Photo Four

Photo Four Caption SIDE ELEVATION TYP

Clear Photo Four