

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3087-1077
Expires December 31, 2005

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Quality Housing Concepts, LLC		For Insurance Company/Line Policy Number
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 161 Rue De La Blanc		Company NAME Number
CITY Sparks (Lockwood Area)	STATE NV	ZIP CODE 89134

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 181, Rainbow Bend Subdivision

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

LATITUDE/LONGITUDE (OPTIONAL)
(##-##-##.## or ##.###)

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

SOURCE: GPS (Type): USGS Quad Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER Storey County 30033		B2. COUNTY NAME Storey County		B3. STATE NV	
B4. MAP AND PANEL NUMBER 32030065	B5. SUFFIX C	B6. FIRM INDEX DATE 7-19-83	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-19-83	B8. FLOOD ZONE(S) AO	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 1

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in 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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

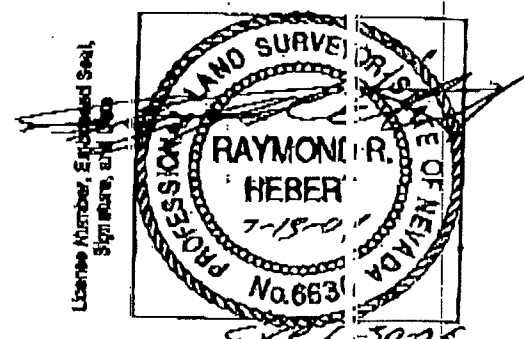
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction*
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 9 (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 C3-a-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 "See Comments: Conversion/Comments"

Elevation reference mark used? Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 4353.2 ft (m)
- b) Top of next higher floor 4355.8 ft (m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A ft (m)
- d) Attached garage (top of slab) 4353.8 ft (m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 4355.8 ft (m)
- f) Lowest adjacent (finished) grade (LAG) 4363.5 ft (m)
- g) Highest adjacent (finished) grade (HAG) 4354.1 ft (m)
- h) No. of permanent openings (flood vents) within 1 ft above adjacent grade 18
- i) Total area of all permanent openings (flood vents) in C3.h 1728 sq. ft. (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 Raymond R. Hebert, P.L.S. LICENSE NUMBER Nevada Certificate No. 6631

TITLE Project Manager COMPANY NAME Tri State Surveying, Ltd.

ADDRESS 1825 E. Prater Way CITY Sparks STATE NV ZIP CODE 89434

SIGNATURE DATE 5/27/04 TELEPHONE 775-318-8461

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

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO
161 Rue De La Blanc

CITY
Sparks (Lockwood Area)

STATE
NV

ZIP CODE
89434

For Insurance Company Use:
Policy Number:
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

BENCHMARK: The benchmark used for this project are the elevations shown on the Rainbow Bend Mobile Home Park plans prepared by SummR Engineering dated December 1985. A benchmark is not listed on the plans therefore the datum is not known.

The equipment servicing the building is the water heater

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) Check here if attachments

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, 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. (Use natural grade, if available).

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. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

SECTION G - COMMUNITY INFORMATION (OPTIONAL) Check here if attachments

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section 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 sea-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