

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3087-0077 Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

Form section A containing fields for Building Owner's Name (ANGELO TOGLIATTI), Building Street Address (192 AVENUE de EMERALD), City (SPARKS), State (NEVADA), ZIP CODE (89434), Property Description (Lot 192 Rainbow Bend Subdivision, Storey County, NV), Building Use (Residential), and Horizontal Datum (NAD 1987).

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Form section B containing fields for NFIP Community Name & Community Number (STOREY COUNTY), County Name (STOREY), State (NV), Map and Panel Number (320033 0030G), Firm Index Date (06/06/01), Firm Panel Effective/Revised Date (09/30/94), Flood Zone (AO), and Base Flood Elevation (ONE FOOT).

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. [] FIS Profile [X] FIRM [] Community Determined [] Other (Describe):
B11. Indicate the elevation datum used for the BFE in B9: [] NGVD 1929 [X] NAVD 1988 [] Other (Describe):
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [] Yes [X] No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Form section C containing questions C1 through C9 regarding building elevations, diagrams, datum conversions, and elevation reference marks. Includes a table for elevation reference marks and a surveyor seal for Dale D. Klum.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Certification text: '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.' Includes fields for Certifier's Name, License Number, Title, Company Name, Address, City, State, ZIP Code, Signature, Date, and Telephone.

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. <u>192 AVENUE DE EMERALD</u>			Policy Number
CITY <u>SPARKS</u>	STATE <u>NEVADA</u>	ZIP CODE <u>89434</u>	Issuance/Change 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

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, 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. () in. () 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.j 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.j 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 <u>DALE D. KULM P.E.</u>		<u>NEVADA</u>	<u>89431</u>
ADDRESS <u>140 SELLS STREET</u>		CITY <u>SPARKS</u>	STATE <u>NEVADA</u>
SIGNATURE <u>Dale D Kulm</u>		DATE <u>July 1, 2004</u>	TELEPHONE <u>(775) 359-5150</u>
COMMENTS			

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.

- 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
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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 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