

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME EL SONORA - JASMINE		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1321 CRYSTAL CT.		Company NAIC Number
CITY PALM SPRINGS	STATE CA.	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 8 - TR. 26333		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")		
HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		
SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER PALM SPRINGS 060257		B2. COUNTY NAME RIVERSIDE		B3. STATE CA.	
B4. MAP AND PANEL NUMBER 0602570008	B5. SUFFIX C	B6. FIRM INDEX DATE 7-7-99	B7. FIRM PANEL EFFECTIVE/REVISED DATE 6-18-96	B8. FLOOD ZONE(S) A3	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 373

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 _____ (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 **NGVD-29** Conversion/Comments **CPS-19-16**

Elevation reference mark used **CPS-19-16** Does the elevation reference mark used appear on the FIRM? Yes No

o a) Top of bottom floor (including basement or enclosure) **372.9** ft.(m)

o b) Top of next higher floor _____ ft.(m)

o c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

o d) Attached garage (top of slab) _____ ft.(m)

o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)

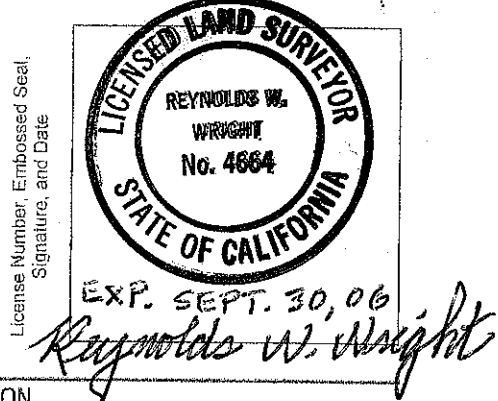
o f) Lowest adjacent (finished) grade (LAG) **372.4** ft.(m)

o g) Highest adjacent (finished) grade (HAG) **377.4** ft.(m)

o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

o i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

WED. NOV. 10, 04



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 **REYNOLDS W. WRIGHT** LICENSE NUMBER **LS. 4664**

TITLE **SURVEYOR** COMPANY NAME **REYNOLDS W. WRIGHT SURVEYING**

ADDRESS **12215 COLUMBIA AVE.** CITY **YUCAIPA** STATE **CA.** ZIP CODE **92399**

SIGNATURE _____ DATE _____ TELEPHONE **1-909-790-1793**

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.			Policy Number	
CITY	STATE	ZIP CODE	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

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 E4. 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.(m) ____ in.(cm) above or below (check one) the highest adjacent grade.
- 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.
- E4. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

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



CITY OF PALM SPRINGS

Building Division
760/323-8242
Fax: 760/322-8360

ELEVATION AND LOCATION CERTIFICATION

SITE ADDRESS 1321 CRYSTAL CT., PALM SPRINGS, CA.

GRADING PERMIT #: _____ BUILDING PERMIT #: C9710

PARCEL #: _____ LOT #: 8

TRACT NAME OR NUMBER: 26333

SURVEYOR
CIVIL ENGINEER: REYNOLDS W. WRIGHT REC# LS# 4664

ADDRESS: 12215 COLUMBIA AVE YUCAIPA, CA. 92399

TELEPHONE: 909 790 1793

NOTE: All Certifications shall be done with forms in place. All certifications shall be approved prior to ground plumbing inspection.

PAD ELEVATION: 377.0 FRONT SETBACK: 27.20'

TOP OF FORMS ELEVATION: 377.92 RIGHT SIDE SETBACK: 21.62'

LEFT SIDE SETBACK: 5.00'

REAR SETBACK: 20.20'

I hereby certify by my stamp and signature that the as-built dimensions and elevations as listed above were determined by me, or under my direct supervision, and are true and correct.

EXP. SEPT. 30, 06 Reynolds W. Wright TO. NOV. 2, 04



Post Office Box 2743, Palm Springs, CA 92263

