

B 38539

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 5.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME Octavio & Candace Fernandez	BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1435 Sonora Court		Policy Number
CITY Palm Springs	STATE CA	ZIP CODE 92264	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2, Tract No. 24677			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section 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 California	
B4. MAP AND PANEL NUMBER 060257 0008	B5. SUFFIX C	B6. FIRM INDEX DATE June 18, 1996	B7. FIRM PANEL EFFECTIVE/REVISED DATE June 18, 1996	B8. FLOOD ZONE(S) A - 3	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.

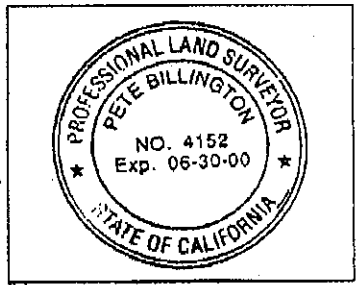
C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. If no diagram accurately represents the building, provide a sketch or photograph.)

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 C3a-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 _____ Conversion/Comments _____

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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>374.48</u> ft. (ft)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u> ft. (ft)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft. (ft)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>Incomplete</u> ft. (ft)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>N/A</u> ft. (ft)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>373.9</u> ft. (ft)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>373.9</u> ft. (ft)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1.0 ft. of LAG	<u>N/A</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>N/A</u> sq. in. (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 Pete Billington	LICENSE NUMBER P.L.S. NO. 4152
TITLE	COMPANY NAME Pete Billington & Associates
ADDRESS 966 Vella Road	CITY Palm Springs
	STATE Ca.
SIGNATURE <i>Pete Billington</i>	DATE 3-1-00
	TELEPHONE (760) 323-4673
	ZIP CODE 92264



3/2/00 Fema cert to Marna/Tim
for review

City of Palm Springs

D.K.
3-8-00RK

Building Division
619-323-8242
Fax: 619-323-3314

ELEVATION AND LOCATION CERTIFICATION

SITE ADDRESS: 1435 SONORA COURT

GRADING PERMIT #: _____ BUILDING PERMIT #: 38539

PARCEL #: 680-580-002 LOT #: 2

TRACT NAME OR NUMBER: TRACT NO. 24677

CIVIL ENGINEER: _____ RCE #: _____

ADDRESS: _____

TELEPHONE: _____

SURVEYOR: PETE BILLINGTON RLS #: 4152

ADDRESS: 966 VELLA ROAD, PALM SPRINGS, CA. 92264

TELEPHONE: (760) 323-4573

PAD ELEVATION: 373.9 ✓

FRONT SETBACK: 29.9' ✓

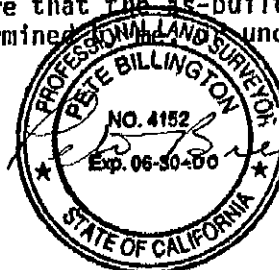
TOP OF FORMS ELEVATION: 374.48 ✓

RIGHT SIDE SETBACK: 10.2' ✓

LEFT SIDE SETBACK: 10.1' ✓

REAR SETBACK: 42.7' ✓

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



[Signature]
3-1-00