

City of Palm Springs

Department of Public Works and Engineering

3200 E. Tahquitz Canyon Way • Palm Springs, California 92262 Tel: (760) 323-8253 • Fax: (760) 322-8360 • Web: www.palmspringsca.gov

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 CRV MONTE SERENO, LP	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1061 BELLA VISTA	Company NAIC Number
City State ZIP Code PALM SPRINGS CA 92262	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 67, MONTE SERENO, TRACT NO. 30046, MB 387\13-19	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Latitude/Longitude: Lat Long Horizontal Datum: A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number	☐ NAD 1927 ☐ NAD 1983
A8. For a building with a crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s) 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 A9. For a building with an attact and square footage of attact an	ched garage sq ft openings in the attached garage ove adjacent grade openings in A9.b sq in
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1, NFIP Community Name & Community Number CITY OF PALM SPRINGS:060257 B2. County Name	B3. State
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood C Date Effective/Revised Date 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)? ☐ CBRS ☐ OPA) ∐Yes
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIR	ED)
C1. Building elevations are based on: Construction Drawings* Building Under 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/AF below according to the building diagram specified in Item A7. Benchmark Utilized Vertical Datum Conversion/Comments	☐ Finished Construction
SECTION D: Statement by PLS refers to the impending LOMR at time of construction. However, the COMMENTS: SECTION E4 & E5: NO - the top of the bottom floor elevation is NOT in accordance with Floodplain Ordinance 1550, Sec. 9317.18.3 Elevation and Floodproofing - a.(1) in an AO Zone, elevated above to a height exceeding the depth number specified in feet on the FIRM by at least one foot. AO Zone Depth (1 foot) = 2 foot min. above HAG	22, 2007. See Section E4 & E5. Mgmt. Ordinance.
Date of Review: 4/27/2010 Community Official:	Munual.

U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Federal Emergency Management Agency

National Flood Insurance Program

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION	For Insurance Company Use:
A1. Building Owner's Name CRV MONTE SERENO, LP	Policy Number
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1061 BELLA VISTA	Company NAIC Number
City PALM SPRINGS State CA ZIP Code 92262	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 67, MONTE SERENO, TRACT NO. 30046 MB 387\13-19	
enclosure(s) walls within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name	hed garage, provide: hed garage <u>883</u> sq ft openings in the attached garage ove adjacent grade <u>1</u> openings in A9.b <u>32</u> sq in
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)? Designation Date OPA	□Yes ⊠No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRE	ED)
 C1. Building elevations are based on:	☐ Finished Construction , AR/AO. Complete Items C2.a-g
Check the measurem	ent used.
Top of bottom floor (including basement, crawl space, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) g) Highest adjacent (finished) grade (HAG) 531.2 feet meters (Puerto meters (Pue	o Rico only)
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	J
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevatio 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. Check here if comments are provided on back of form. Certifier's Name RUSSELL J MULLINS License Number PLS 3712	PLACE RUSSELL SENDLINS
e SURVEY MANAGER Company Name STANTEC CONSULTING, INC	二 No. 步程 中
Address 73-733 FRED WARING DR City PALM DESERT State CA ZIP Code 92260	Exp. 630 00 &
Date 03.29.07 Telephone 760.346.9844	TO THE PARTY OF TH
<i>l</i>	OF CALIFORN

IMPORTANT: In these spaces	cany the corresponding:	nformation from Scatter A	live	
MPORTANT: In these spaces, Building Street Address (including Ap				For Insurance Company Use: Policy Number
1061 BELLA VISTA	., orac, outo, and/or blug. No.,	y or a .o. Notice and box 140.		UIDS NUTTION
City PALM SPRINGS State CA ZIF	Code 92262		Ē(Company NAIC Number
SECTION	N D - SURVEYOR, ENGINE	ER, OR ARCHITECT CERTIFI	CATION (CONTI	NUED)
opy both sides of this Elevation Cert	tificate for (1) community officia	I, (2) insurance agent/company, and	I (3) building owner	- WANTED - W
Comments THE CONSTRUCTION OF ONCE THE CONSTRUCTION ON THE ZONE.	OF THE SUBJECT LOT HAS B	EEN COMPLETED, ALTHOUGH C	ONSTRUCTION O	F THE TRACT IN ON-GOING.
Signature RJ MULLINS, PLS 3 12		Date 03.29.07		
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NOT REQUIRED) FOR	2 ZONE AO ANI	Check here if attachments
For Zones AO and A (without BFE), cand C. For Items E1-E4, use natural E1. Provide elevation information fo grade (HAG) and the lowest adja) Top of bottom floor (including b) Top of bottom floor (including b) Top of bottom floor (including E2. For Building Diagrams 6-8 with (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery an E5. Zone AO only: If no flood depth	complete Items E1-E5. If the Congrade, if available. Check the property of the following and check the appacent grade (LAG). It basement, crawl space, or encomparement, crawl space, or encomparement flood openings prover of the building is O.7 feet meters of door equipment servicing the building is number is available, is the top	ertificate is intended to support a LO measurement used. In Puerto Rico ppropriate boxes to show whether the closure) is 0.8	MA or LOMR-F reconly, enter meters. The elevation is above or ☐ Es ☒ above or ☐ Esee page 8 of Instriction ☐ below the HA ☐ above or ☐ below the the conditional in	quest, complete Sections A, B, we or below the highest adjacent below the HAG. below the LAG. uctions), the next higher floor G. w the HAG.
SECTION	F - PROPERTY OWNER	(OR OWNER'S REPRESENTA	TIVE) CERTIFIC	ATION
The property owner or owner's authori or Zone AO must sign here. The state operty Owner's or Owner's Authorize NE TWEDT\ASHBROOK COMMUNADIANAS, St.	ements in Sections A, B, and E ed Representative's Name NITIES			issued or community-issued BFE) ZIP Code 92211
Signature		Date .c/.	Tolonbono	760.200.9290
lave live	dt	Water 4/2/07	retephone	ext. 224
Comments		,		
				C Charlebone & -4tt
	SECTION G - COM	MUNITY INFORMATION (OPTIC	ONAL)	Check here if attachments
is authorized by law to certify 62. A community official completed	w or ordinance to administer the plete the applicable item(s) and vas taken from other document elevation information. (Indicated Section E for a building located se	e community's floodplain manageme	ent ordinance can ent used in Items (led by a licensed si n data in the Comr ed or community-iss	68. and G9. urveyor, engineer, or architect who nents area below.)
G4. Permit Number	G5. Date Permit Issued	G6. Date Cert	ificate Of Complian	ce/Occupancy Issued
67. This permit has been issued for: 68. Elevation of as-built lowest floor (inc 69. BFE or (in Zone AO) depth of floodin	luding basement) of the buildin		s (PR) Datum s (PR) Datum	
Local Official's Name MARCUS FULL	ER	Title ASSISTANT C	ITY ENGINEER	1-2-2
Community Name PALM SPRINGS	· · · · · · · · · · · · · · · · · · ·	Telephone 760.323	.8253	
Signature		Date		
mments				
				Chook have if -4
				Check here if attachments

Building Photographs See Instructions for Item A6.

	For Insurance Company Use:
uilding Street Address (including Apt., Unit, Suite, and	for Bidg. No.) or P.O. Route and Box No.
City State ZIP Code	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

Building Photographs Continuation Page

			For Insurance Company Use:
Quilding 8	Street Addres	ss (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
City	State	ZIP Code	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."