## U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

## **ELEVATION CERTIFICATE**

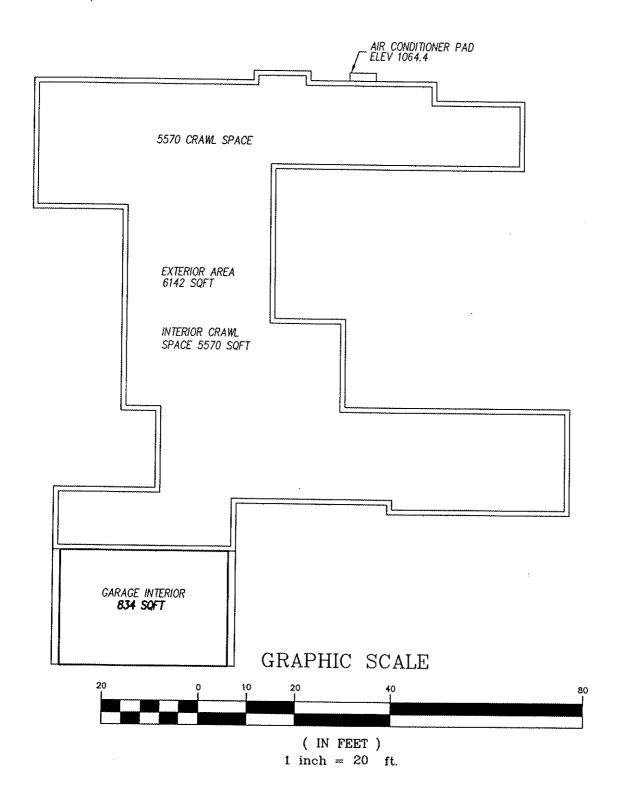
Important: Read the instructions on pages 1-8.

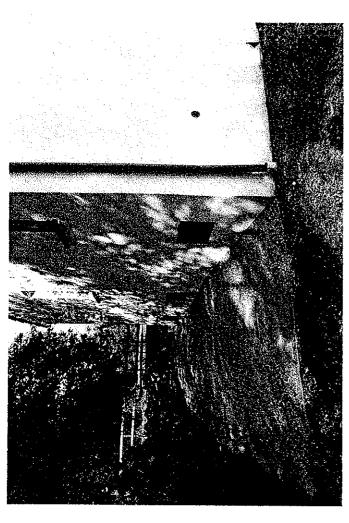
OMB No. 1660-0008 Expires February 28, 2009

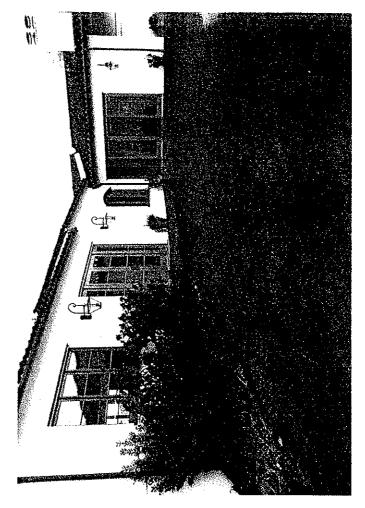
A1. Building Owner's Name MULLIAND SECTION A - PROPERTY INFORMATION	For Incurence Occurrence
The building owner's Name WILLIAM R. MOSES	For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.  1737 MC NELL RD	Company NAIC Number
City OJAI State CA ZIP Code 93023	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	
A7. Building Diagram Number 6  A8. For a building with a crawl space or enclosure(s) provide	☑ NAD 1927 □ NAÐ 1983
d) Square tootage of crawl space or enclosure(s)	d darees on .
enclosure(s) walls within 1.0 foot above adjacent goods. 25***	enings in the attached garage
c) Total net area of flood openings in A8.b 8343*** sq in walls within 1.0 foot above	adjacent grade 2
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	rnings in A9.b 1916 sq in
B1. NFIP Community Name & Community Number R2. County Name	State
R4 Man/Pagel Number   Page   CA	
0604130555 B 10-31-85 OCT 31 1985	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.	3
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  SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
UI. Building elevations are based on:	
"A new Elevation Certificate will be required when construction of the building is complete.  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, AF below according to the building diagram specified in Item A7.  Benchmark Utilized BM 83-22 Vertical Datum 1929  Conversion/Comments	I Finished Construction R/AO. Complete Items C2.a-g
Check the measurement	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) d) 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)  Top of bottom floor (including basement, crawl space, or enclosure floor)  NA.	co only) co only) co only) co only) co only)
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
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 GREG C. WARDLE  License Number PLS 4464  Title PRESIDENT  Company Name COAST & VALLEY LAND SURVEYING INC  ess 7048 LA FONDA  City VENTURA  State CA ZIP Code 93003	PLACE OF CALIFORNIA
Date 11-21-07 Telephone 805-642-6246	

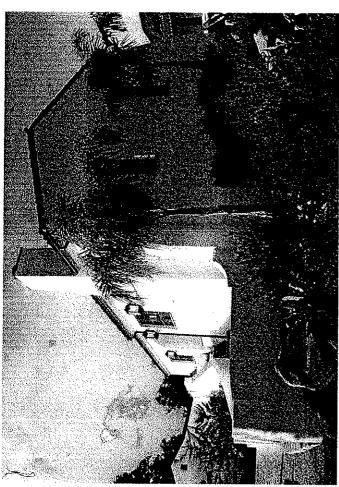
ISANO DE ANTE A COLOR DE COLOR				
IMPORTANT: In these spaces, copy the corresponding information from	Section A.	For Insurance Company Use:		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and 1737 MC NELL ROAD	Box No.	Policy Number		
City OJAI State CA ZIP Code 93023		Company NAIC Number		
SECTION D - SURVEYOR, ENGINEER, OR ARCHIT	ECT CERTIFICATION (CON	TINUED)		
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance age				
Comments ITEM A8a THE TOTAL OUTSIDE AREA OF THE HOUSE IS 6142 SQFT. INTERIOR CRAWL SPACE IS 5570 SQFT. IT APPEARS THE ENTIRE SITE IS ON A A8b THERE ARE A TOTAL OF 38 VENTS OR OPEN ACCESS PANNELS. ONE IS C TOTAL OF 9138 SQIN.	CONSIDERING THE WALL THE	CKNESS OF 1.0 FOOT, THE		
AIR CONDITIONER PAD EL 1064.4. Signature	44.04.07			
Je Nachte Date	11-21-07	□ Check here if attachments		
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT RE	QUIRED) FOR ZONE AO AI	ND ZONE A (WITHOUT BEE)		
For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended and C. For Items E1-E4, use natural grade, if available. Check the measurement used E1. Provide elevation information for the following and check the appropriate boxes to grade (HAG) and the lowest adjacent grade (LAG).  a) Top of bottom floor (including basement, crawl space, or enclosure) is 0.2 ⋈ b) Top of bottom floor (including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor (including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor (including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor (including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor (including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl space, or enclosure) is 10.0 ⋈ b) Top of bottom floor including basement, crawl spa	In Puerto Rico only, enter meter show whether the elevation is ab feet ☐ meters ☒ above or ☐ above or ☐ ems 8 and/or 9 (see page 8 of Ins ☐ above or ☐ below the HAG low the HAG.  et ☐ meters ☐ above or ☒ be elevated in accordance with the content of the page 1.	rs.  pove or below the highest adjacent below the HAG. below the LAG. structions), the next higher floor below the HAG.		
SECTION F - PROPERTY OWNER (OR OWNER'S F	PERESENTATIVE CERTIC	CATION		
The property owner or owner's authorized representative who completes Sections A, B,				
or zone AO must sign here. The statements in Sections A, B, and E are correct to the b	est of my knowledge.	4-issued of confinding-issued BFE)		
Property Owner's or Owner's Authorized Representative's Name				
DAST & VALLEY LAND SURVEYING INC Address 7045 LA FONDA CT City O IA				
Address 7045 LA CONDA CT City OJAI	State CA	ZIP Code 93003		
Signature / Mad Walle Date 11-2	26-07 Telephon	e 805-642-6246		
Comments SEE ØBOVE				
		☐ Check here if attachments		
SECTION G - COMMUNITY INFORM	IATION (OPTIONAL)	23 STOCK NOTE & ALLOCATION		
he local official who is authorized by law or ordinance to administer the community's floo nd G of this Elevation Certificate. Complete the applicable item(s) and sign below. Chec	dolain management ordinance ca	n complete Sections A, B, C (or E),		
11. The information in Section C was taken from other documentation that has been	signed and sealed by a licensed	Surveyor engineer or probitoet who		
is authorized by law to certify elevation information. (indicate the source and date of the elevation data in the Comments area below.)				
A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.  The following information (Items G4G9.) is provided for community floodplain management purposes.				
G4. Permit Number G5. Date Permit Issued  1/07/06	G6. Date Certificate Of Compli	ance/Occupancy Issued		
	rovement [feet ☐ meters (PR) Datum / [feet ☐ meters (PR) Datum /			
Local Official's Name Brian J. Tryshinski Title	Elado de	1/6		
Community Name	phone 1917	- / Enjinear fr		
Signature Date	7/1-1/0//			
mments	106001 11000	9 as see Browle & seed		
top of finished flot = 1064 and achil deviting is 1060 ft NGVI) 1929 as per frequent civil top of finished flot = 1064 and achil deviting is 1066. 5 ft NGVI) 1929. Flood yest,				
requirements exceed minimum NFIP standard. I	-owest machiney/a	Jupment elevation		

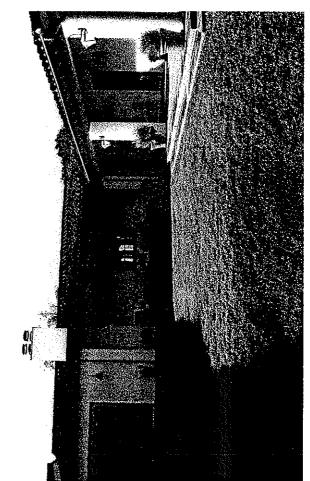
WILLIAM R. MOSES 1737 MC NELL RD. OJAI, CA 93023

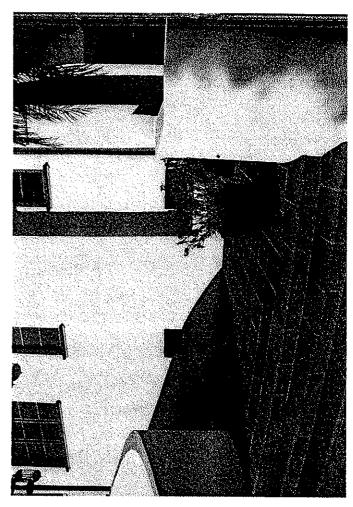


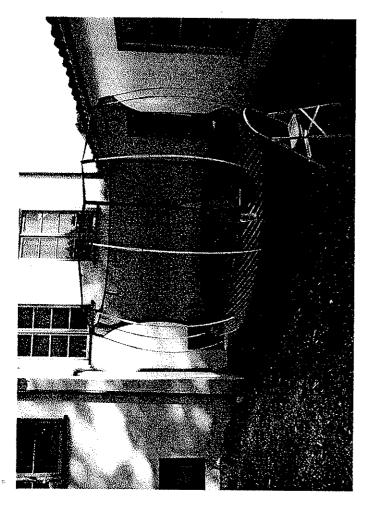


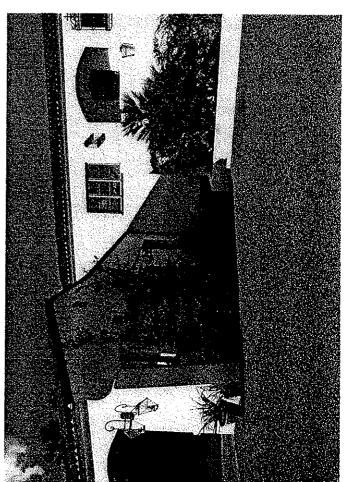


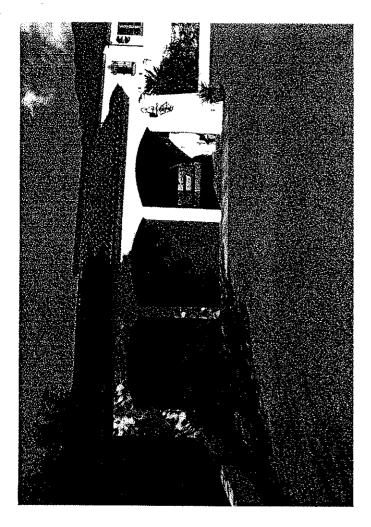




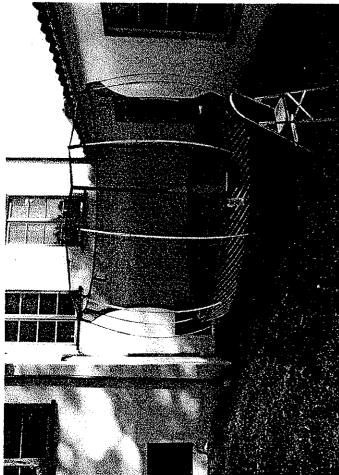


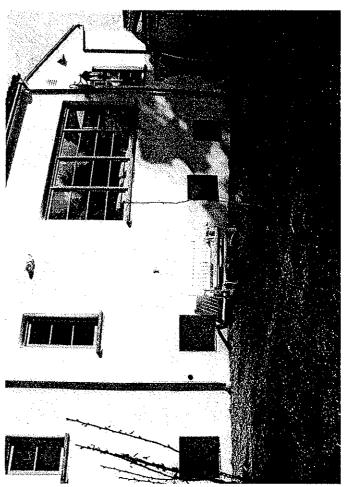












F-056 (8/99)

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## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## FLOODPROOFING CERTIFICATE

FOR NON-RESIDENTIAL STRUCTURES

The floodproofing of non-residential buildings may be permitted as an alternative to elevating to or above the Base Flood Elevation; however, a floodproofing design certification is required. This form is to be used for that certification. Floodproofing of a residential building does not after a community's floodplain management elevation requirements or affect the insurance rating unless the community has been issued an exception by FEMA to allow floodproofed residential basements. The permitting of a floodproofed residential basement requires a separate certification specifying that the design complies with the local floodplain management ordinance.

FEMA to allow floodproofed that the design complies with	residential basements the local floodplain m	. The permitting anagement ordi	of a floodproofed resident	ial basement require	s a separate certification specifying	
Bill & Sara	Moscs			FOR	FOR INSURANCE COMPANY USE	
BUILDING OWNER'S NAME (131 MW NCIL DU			POL	POLICY NUMBER		
STREET ADDRESS (Including Apt.,	Unit, Suite, and/or Bidg. Nu	mber) OR P.O. ROU	TE AND BOX NUMBER	CON	MPANY NAIC NUMBER	
OTHER DESCRIPTION (Lot and Bio	ock Numbers, etc.)				WE FIRST TO NO HOMBERS	
0)a1, Ca.				<u>L</u>		
сіту				STATE	E ZIP CODE 93023	
	SECTION I	FLOOD INSUR	RANCE RATE MAP (FIR	M) INFORMATION	•	
Provide the following from the	e proper FIRM:					
COMMUNITY NUMBER	PANEL NUMBER	SUFFIX	DATE OF FIRM INDEX	FIRM ZONE	BASE FLOOD ELEVATION (In AO Zones, Use Depth)	
SECT	ION II FLOODPROC	OFING INFORM	ATION (By a Registered I	Professional Engine	er or Architect)	
Floodproofing Design Ele						
Building is floodproof	ed to an elevation of .	1065.	*		be the same as that on the FIRM.)	
Height of floodproofin	ng on the building abov	e the lowest adja	acent grade is	<b>6</b> feet.		
(NOTE: for insurance receive rating credit. premium.)	e rating purposes, the l If the building is flood;	building's floodpr proofed only to th	oofed design elevation mu e Base Flood Elevation, ti	ist be at least one foo hen the building's ins	ot above the Base Flood Elevation to surance rating will result in a higher	
	SECTION III CE	RTIFICATION (	By Registered Profession	al Engineer or Archi	itect)	
Non-Residential Floodpro	ofed Construction (	Certification:				
l certify that, based u construction are in ac	pon development and ccordance with accept	or review of stru ed standards of	ctural design, specification practice for meeting the fo	ns, and plans for cons following provisions:	struction, the design and methods of	
The structure, to walls that are so	ogether with attendant ubstantially impermeal	utilities and sani ble to the passag	itary facilities, is watertight ge of water.	to the floodproofed of	design elevation indicated above, with	
All structural col anticipated deb	mponents are capable ris impact forces.	of resisting hyd	rostatic and hydrodynamic	flood forces, includi	ing the effects of buoyancy, and	
l certify that the informay be punishable b	nation on this certifical y fine or imprisonment	te represents my under 18 U.S. C	best efforts to interpret the Code, Section 1001.	e data available. I un	nderstand that any false statement	
CERTIFIER'S NAME  DW MEA	nen		LICENSE NUMBER (C			
TITLE			. COMPANY NAME		9.	
ADDRESS 4 Sta	te 1st		5. Barbara	STATE	ZIP CODE 93101	
SIGNATURE			3/5/08	PHONE 166.	7668	
Copies should	d be made of this Cert	ificate for: 1) con	nmunity official, 2) Insuran	ice agent/company,	and 3) building owner.	

Replaces all previous editions

FEMA Form 81-65, AUG 99