

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

<b>SECTION A - PROPERTY OWNER INFORMATION</b>		For Insurance Company Use:	
BUILDING OWNER'S NAME		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3675 Torito Circle		Company NAIC Number	
CITY Palm Springs	STATE CA	ZIP CODE 92264	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 26, Tract No. 24325			
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) 372

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)

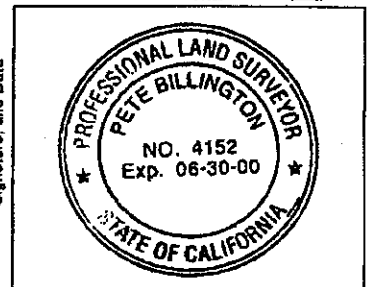
C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

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>379.90</u> ft. (ft.)	License Number, Embossed Seal, Signature, and Date
<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>379.4</u> ft. (ft.)	
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>379.4</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 2-5-00
	TELEPHONE (760) 323-4573
	ZIP CODE 92264

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>For Insurance Company Use:</b>	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3675 Torito Circle			Policy Number	
CITY Palm Springs	STATE CA.	ZIP CODE 92264	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

City of Palm Springs Bench Mark No. 19-16 was used and is on NGVD '29 Datum.

Building Forms are elevated in accordance with the approved Grading Plan for

Tract No. 24325. Finished Floor elevation per said Grading Plan is to be 379.90.

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONES AO and A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1 through E3. 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 4 and 5. 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 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. Check the applicable box(es) and sign below.

- 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.)
- 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 G1-G6) is provided for community floodplain management purposes.

G1. PERMIT NUMBER	G2. DATE PERMIT ISSUED	G3. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G4. This permit has been issued for:  New Construction  Substantial Improvement

G5. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

G6. 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

1690

OK  
RCE 3-14-00



# City of Palm Springs

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

## ELEVATION AND LOCATION CERTIFICATION

SITE ADDRESS: 3675 Torito Circle

GRADING PERMIT #: N/A BUILDING PERMIT #: 38434

PARCEL #: \_\_\_\_\_ LOT #: 26

TRACT NAME OR NUMBER: Tract No. 24325

CIVIL ENGINEER: \_\_\_\_\_ RCE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SURVEYOR: PETE BILLINGTON RLS #: 4152

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

TELEPHONE: (760) 323-4573

PAD ELEVATION: 379.4 ✓

FRONT SETBACK: 25.0' ✓

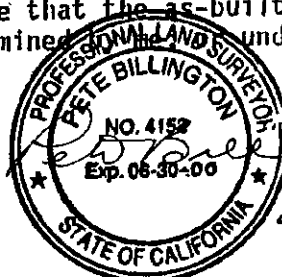
TOP OF FORMS ELEVATION: 379.90 ✓

RIGHT SIDE SETBACK: 20.0' ✓

LEFT SIDE SETBACK: 10.0' ✓

REAR SETBACK: 17.0' ✓

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



*Pete Billington*  
2-5-00