

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0315980

Insp Area: 4

Thos Bros: 277 J4

Site Address: 812 UNION ST SAC

Parcel No: 251-0281-004

Del Paso Heights Design Review

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

ALEKSANDR KOVALEV CONSTRUCTION
11433 SE IDYLLWILD CT
CLACKAMOAS OR 97015

OWNER

4015 DION CT
SACRAMENTO CA 95821

ARCHITECT

BODNAR ROMAN

Nature of Work: NSFR 1288 sqft, w/ 286 sqft garage & 35 sqft porch

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number 815512 Date _____ Contractor Signature _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7031.5, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date 12/12/03 Owner Signature [Signature]

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 12/12/03 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy Number _____ Exp Date _____

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 12/12/03 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

PAID
CITY OF SACRAMENTO
DEC 12 2003
NORTH PERMIT CENTER

ABC INSULATION & SUPPLY CO.
11386 AMALGAM WAY
RANCHO CORDOVA, CA 95670
Phone (916) 635-7171
Fax (916) 635-7717
State License No. 369263

07/14/2004 15:21 9166357171

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

LOT# _____ TRACT _____
STREET 812 UNION STREET CITY SACRAMENTO

EXTERIOR WALLS:

Manufacturer CERTAINTED Thickness 3 1/2" R Value 13

CEILINGS:

Batts Manufacturer CERTAINTED Thickness 10" R Value 30

Blown In Manufacturer GREENFIBER Thickness 10.3" R Value 38

Square footage covered 750

Garage ceiling - living space above Manufacturer CERTAINTED Thickness 6 1/4" R Value 19

FLOORS:

Manufacturer N/A Thickness _____ R Value _____

POLYSEAL/CAULK PER TITLE 24: YES

GENERAL CONTRACTOR _____

CALIFORNIA CONTRACTORS LICENSE# _____ DATE _____

SIGNATURE _____ TITLE _____

INSULATION CONTRACTOR ABC INSULATION & SUPPLY CO. DATE 4/2/04

 SIGNATURE _____ OFFICE MANAGER _____
TITLE _____

PAGE 04

Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address Roman Bednar 3353 Birchwood Rd #131
 Project Address 812 Union St.
 Parcel Number 251-0281-04 Lot No. _____
 Subdivision Name 11/3/03 Number of Units _____
 Applicant's Signature & Title [Signature]
 Date 11/3/03 Phone No. 916 743-2574

NOTICE TO APPLICANT: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

PART 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 03 15980 Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Square Feet of Chargeable Building Area 1289 sq'
 Signature [Signature] Date 10-29-03
 Title P.E. III

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District
 District Certification No. 04-778
 EXEMPT _____
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
1289 Sq. Ft. x \$ 2.14 = \$ 2758.46
 COMMERCIAL / INDUSTRIAL
 _____ Sq. Ft. x \$ _____ = \$ _____
 OTHER FEE: TYPE _____
 _____ Sq. Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ 2758.46

Robla Elementary School District
 District Certification No. _____
 EXEMPT _____
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
 _____ Sq. Ft. x \$ _____ = \$ _____
 COMMERCIAL / INDUSTRIAL
 _____ Sq. Ft. x \$ _____ = \$ _____
 OTHER FEE: TYPE _____
 _____ Sq. Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ _____

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.
 As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

GRANT	ROBLA
Authorized School District Official	
Signature <u>[Signature]</u> Title <u>Secretary</u> Date <u>11-3-03</u>	Signature _____ Title _____ Date _____

Original: Grant Joint Union High School District/
 Robla Elementary School District
 1st Copy: Building Department
 2nd Copy: Applicant



CITY OF SACRAMENTO
PERMIT ASSISTANCE

OCT 14 2003

RECEIVED

CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT

1231 I STREET, ROOM 200
SACRAMENTO, CA 95814-2998

PHONE 916-808-5381

FAX 916-808-5543

STAFF LEVEL PROJECT REVIEW

DR Number:	DR03-243	Applicant/Owner:	Zaur Atnilov
Address:	812 Union St.	Date Filed:	Sept. 2, 2003
Description:	New Single Family Residence	Date Approved:	Sept. 29, 2003
Staff Contact:	Kelly Lankford, 808-8289	APN:	251-0281-004

STAFF ACTION AND CONDITIONS OF APPROVAL:

Staff has reviewed the proposed project, and approves it with the following conditions of approval:

1. All windows visible from the street shall be gridded, single-hung vinyl windows, with decorative trim and sills.
2. All windows at the side and rear elevations (not visible from the street) shall have decorative trim.
3. Provide decorative shutters as indicated on approved drawings.
4. Front entry door and garage door shall have a raised panel design.
5. Front entry door shall be painted a contrasting accent color.
6. Provide horizontal 8" lap siding with smooth finish at all four sides of house per approved drawings.
7. Provide shingle siding where indicated on approved drawings.
8. Provide minimum 6" x 6" wood columns with built out decorative top and base as indicated on approved drawings.
9. Provide 6' high wood fence at sides and rear.
10. All woodwork shall be smooth finish. No rough sawn.
11. Front yard landscaping (including lawn, shrubs, and a minimum of one tree) and automatic irrigation shall be provided.
12. Provide a bay window element as indicated on the approved plans.
13. Roofing shall be a minimum 30-year laminated dimensional composition shingle. Roof pitch shall be 6/12.
14. Ogee gutters and downspouts shall be provided.
15. Provide decorative light fixtures as indicated on drawings.
16. No roof-mounted mechanical equipment is allowed.
17. Provide decorative gable vents as indicated on approved drawings.
18. Color scheme shall differ from 800, 804, and 808 Union Street houses.
19. All other notes and drawings on the final plans as submitted by the applicant are deemed conditions of approval. Any changes to the final set of plans stamped by Design Review staff shall be subject to review and approval prior to any changes.
20. No building permit shall be issued until the expiration of the 10 day appeal period. If an appeal is filed, no permit shall be issued until final approval is received.
21. The applicant and the owners of all properties adjoining the subject property have the right to appeal this decision to the Design Review and Preservation Board. Appeals must be filed within 10 days of the staff action.



Kelly Lankford
Design Review Planner

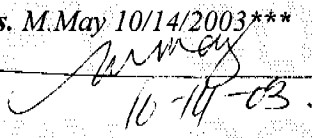
City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 812 UNION ST	APN: 251-0281-004
DRPB AREA / PUD / SPD: DEL PASO HEIGHTS	ZONING: R-1
EXISTING LAND USE: VACANT	
PROPOSED USE: NEW SFR	

PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:

<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB
	Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: DR03-243 REC'D 9/2/2003
	Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: ***DR03-242 approved 9/29/03***
	Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.

COMMENTS: Lot = 4,800 sq ft Proposed new SFR w/attached garage & porch (1st fl) = 830 sq ft
 Overall = 1,572 sq ft Lot coverage = 17% The proposed height is 25'-6"

See conditions of approval for DR03-243, attached to plans. M.May 10/14/2003


DATE: 09/02/2003	BY: Darryl W.
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CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT
PLANNING DIVISION

1231 I STREET, ROOM 200
SACRAMENTO, CA
95814-2998

WATER DEVELOPMENT FEE WAIVER

Applicant: ROMAN BODNAR Phone: 916-743-2576

Property Address: 812 UNION ST

APN: 251-0281-004 Zoning: R-1 No. of Units: 1

This project qualifies for the fee waiver because it is in a:

REDEVELOPMENT AREA; or

DESIGNATED INFILL AREA; or

QUALIFIED INFILL AREA, meeting all of the following requirements:

1. The site is located in a neighborhood where the median year of housing construction is 1965 or earlier as shown on the Neighborhood Statistics Boundary Map, or the applicant has proof to the satisfaction of the Planning Director that the median age of housing within 500 feet of the site was developed prior to 1965; and
2. The lot is surrounded on three sides by existing or approved development; and
3. The project is consistent with the General Plan or more specific plan designation; and
4. The site is no more than 5 acres in size for single family development, or 2 acres in size for multiple family development; and
5. The site has City sewer, water, and drainage services, or is within proposed or existing assessment district for these services; and the services provided are capable of serving the proposed development to the satisfaction of the Public Works Director.

Fee Waiver Denied by: _____ Date: _____

Fee Waiver Approved by: [Signature] [Signature] Date: 1/18/03

WD No: _____

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME BUTHKEN SIRIPONG, SIRISUB G		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 812 Union Street		Company NAIC Number
CITY Sacramento	STATE CA	ZIP CODE 95828
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 251-0281-004		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or #######")		
HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other		
<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

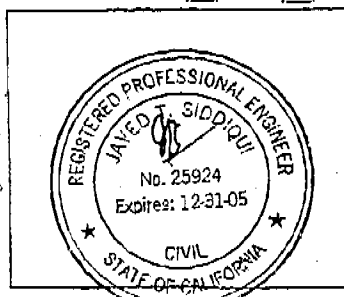
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Sacramento		B2. COUNTY NAME Sacramento	B3. STATE CA
B4. MAP AND PANEL NUMBER 060266-005	B5. SUFFIX F	B6. FIRM INDEX DATE 7-6-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-6-98
B8. FLOOD ZONE(S) AH		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 32'	

- 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 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 City Sac Conversion/Comments City BM#277-J5A Elevation 30.354
- Elevation reference mark used: _____ Does the elevation reference mark used appear on the FIRM? Yes No
- a) Top of bottom floor (including basement or enclosure) _____ ft. (m)
 - b) Top of next higher floor _____ ft. (m)
 - c) Bottom of lowest horizontal structural member (V zones only) _____ ft. (m)
 - d) Attached garage (top of slab) _____ ft. (m)
 - e) Lowest elevation of machinery and/or equipment (TOP RUBBER BASE) servicing the building (Describe in a Comments area.) 32.91 ft. (m)
 - f) Lowest adjacent (finished) grade (LAG) Per contractor 32.4 ft. (m)
 - g) Highest adjacent (finished) grade (HAG) slab on grade 32.8 ft. (m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
 - i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Emboss or Seal, Signature, and Date



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 Javed T. Siddiqui, P.E.	LICENSE NUMBER RCE-25924
TITLE Engineer	COMPANY NAME JTS Engineering Consultants, Inc.
ADDRESS 1808 J Street	CITY Sacramento
SIGNATURE <i>Javed Siddiqui</i>	STATE CA
DATE 9/27/04	ZIP CODE 95814-3010
	TELEPHONE (916) 441-6708

251-0281-004

RECEIVED

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

0002 0 1 000

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME Evelyn Frazier AO		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 812 Union Street		Company NAIC Number
CITY Sacramento	STATE California	FIPS CODE 95838
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 251-0281-004		
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 CITY OF SACRAMENTO 060 266		B2. COUNTY NAME SACRAMENTO	B3. STATE CALIF
B4. MAP AND PANEL NUMBER 060266-0005	B5. SUFFIX F	B6. FIRM INDEX DATE 7-6-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 7-6-98
		B8. FLOOD ZONE(S) AH	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 32'

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)

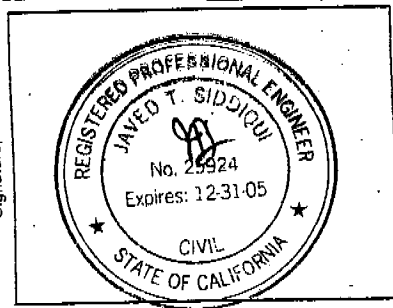
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 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, ARIA, AR/AE, ARIA1-A30, ARIA/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 City Sac Conversion/Comments City BM#277-J5A Elevation 30.354

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____	33.00 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	N/A	_____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	33.00 ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	_____	_____ ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) <u>Per Contractor</u>	_____	31.0 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) <u>house's slab on grade</u>	_____	31.9 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	_____	_____ 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: Javed T. Siddiqui, P.E. LICENSE NUMBER: RCE 25924

TITLE: Engineer COMPANY NAME: JTS Engineering Consultants, Inc.

ADDRESS: 1808 J Street Sacramento, CA STATE: CA FIPS CODE: 95838

SIGNATURE: Javed T. Siddiqui DATE: 8/30/03 TELEPHONE: 916-441-6708

OFFICE COPY
Part 1 -> civil const. drawings

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. 812 Union Street		Policy Number	
CITY Sacramento	STATE CA	ZIP CODE 95838	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 Ran a level loop from City Bench Mrk #277-J5A - Elev 30.354. BM is Hilti Nail on headwall behind sidewalk, 13 feet + West of CR at NW corner of Rio Linda Blvd. and Acacia Ave. Set a spike paint near fence post along south property line showing required fill to the finish floor elevation. Contractor shall hire engineer to verify that construction is above minimum finish floor requirement.

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 E5. 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. (Use natural grade, if available.)
- 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. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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.

elev. of 33'

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

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