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

OMB No. 1660-0008 Expiration Date: November 30, 2018

# **ELEVATION CERTIFICATE**Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A – PROPERTY INFORMATION                                                                                                                |                                                                                                           |                          |          |                                       | FOR INSUR            | RANCE COMPANY USE |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------|----------|---------------------------------------|----------------------|-------------------|-------------------------------------------------------|
| A1. Building Owner's Name  Woodside Association Inc.  Policy Number:                                                                            |                                                                                                           |                          |          |                                       |                      | ber:              |                                                       |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  2208 Woodside Lane  Company NAIC Number: |                                                                                                           |                          |          |                                       |                      | AIC Number:       |                                                       |
| City<br>Sacramento                                                                                                                              |                                                                                                           |                          |          |                                       |                      |                   |                                                       |
| A3. Property Description Lot 1, Book 138 Maps,                                                                                                  | •                                                                                                         |                          |          | Number, Legal De                      | scription, etc.)     |                   |                                                       |
| A4. Building Use (e.g.,                                                                                                                         | A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential              |                          |          |                                       |                      |                   |                                                       |
| A5. Latitude/Longitude                                                                                                                          | A5. Latitude/Longitude: Lat. 38 - 34' 47.76" Long121 - 24' 50.09" Horizontal Datum:   NAD 1927   NAD 1983 |                          |          |                                       |                      |                   | 927 × NAD 1983                                        |
| A6. Attach at least 2 p                                                                                                                         | hotographs                                                                                                | s of the building if the | Certific | ate is being used to                  | obtain flood insur   | ance.             |                                                       |
| A7. Building Diagram N                                                                                                                          | Number _                                                                                                  | 1B                       |          |                                       |                      |                   |                                                       |
| A8. For a building with                                                                                                                         | a crawlspa                                                                                                | ace or enclosure(s):     |          |                                       |                      |                   |                                                       |
| a) Square footage                                                                                                                               | e of crawlsp                                                                                              | pace or enclosure(s)     |          | sq ft                                 |                      |                   |                                                       |
| b) Number of perr                                                                                                                               | manent floo                                                                                               | od openings in the cra   | wlspac   | e or enclosure(s) w                   | ithin 1.0 foot above | adjacent gra      | ade                                                   |
| c) Total net area of                                                                                                                            | of flood ope                                                                                              | enings in A8.b           | s        | q in                                  |                      |                   |                                                       |
| d) Engineered floo                                                                                                                              | od opening                                                                                                | s?                       | 0        |                                       |                      |                   |                                                       |
| A9. For a building with                                                                                                                         | an attache                                                                                                | ed garage:               |          |                                       |                      |                   |                                                       |
| a) Square footage                                                                                                                               | e of attache                                                                                              | ed garage                |          | sq ft                                 |                      |                   |                                                       |
| b) Number of perr                                                                                                                               | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade         |                          |          |                                       |                      |                   |                                                       |
| c) Total net area of flood openings in A9.b sq in                                                                                               |                                                                                                           |                          |          |                                       |                      |                   |                                                       |
| d) Engineered flood openings?   Yes   No                                                                                                        |                                                                                                           |                          |          |                                       |                      |                   |                                                       |
|                                                                                                                                                 | SEC                                                                                                       | TION B – FLOOD IN        | NSURA    | NCE RATE MAP                          | (FIRM) INFORMA       | TION              |                                                       |
| B1. NFIP Community Name & Community Number Sacramento County 060262  B2. County Name Sacramento California                                      |                                                                                                           |                          |          |                                       |                      |                   |                                                       |
| B4. Map/Panel B5<br>Number                                                                                                                      | 5. Suffix                                                                                                 | B6. FIRM Index<br>Date   | E1       | IRM Panel<br>ffective/<br>evised Date | B8. Flood Zone(s     | (Zoi              | se Flood Elevation(s)<br>ne AO, use Base<br>od Depth) |
| 06067C0183 H                                                                                                                                    |                                                                                                           | 08/16/2012               |          | /2012                                 | X (Shaded)           | 36.0              | о Бериі)                                              |
| 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/Source:                                                                                     |                                                                                                           |                          |          |                                       |                      |                   |                                                       |
| B11. Indicate elevation datum used for BFE in Item B9:   NGVD 1929   NAVD 1988   Other/Source:                                                  |                                                                                                           |                          |          |                                       |                      |                   |                                                       |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No                    |                                                                                                           |                          |          |                                       |                      |                   |                                                       |
| Designation Date: CBRS OPA                                                                                                                      |                                                                                                           |                          |          |                                       |                      |                   |                                                       |
|                                                                                                                                                 |                                                                                                           |                          |          |                                       |                      |                   |                                                       |

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corresponding in                                                                                                                                                                                                | FOR INSURANCE COMPANY USE                                        |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or B 2208 Woodside Lane                                                                                                                                                                    | Policy Number:                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| City State Sacramento Califo                                                                                                                                                                                                                         | ZIP 0<br>rnia 9582                                               |                                | Company NAIC Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| SECTION C – BUILDING ELEV                                                                                                                                                                                                                            | VATION INFORMAT                                                  | ION (SURVEY RI                 | EQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| C1. Building elevations are based on:                                                                                                                                                                                                                |                                                                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <ul> <li>h) Lowest adjacent grade at lowest elevation of deck<br/>structural support</li> </ul>                                                                                                                                                      | or stairs, including                                             | <u>35</u> . <u>8</u>           | X feet  meters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| SECTION D – SURVEYOR, E                                                                                                                                                                                                                              | NGINEER, OR ARC                                                  | HITECT CERTIF                  | ICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| This certification is to be signed and sealed by a land surve I certify that the information on this Certificate represents in statement may be punishable by fine or imprisonment under Were latitude and longitude in Section A provided by a lice | ny best efforts to interper 18 U.S. Code, Sections and surveyor? | oret the data availation 1001. | / law to certify elevation information.  able. I understand that any false  Check here if attachments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| Sherrie Zimmerman                                                                                                                                                                                                                                    | License Number<br>PLS 8964                                       |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                      | State<br>California                                              | ZIP Code<br>95835              | No. LS 8964  *  **PE OF CALIFORNIE OR THE OF CALIFORNIE OR |  |  |
| 3                                                                                                                                                                                                                                                    | Date<br>10/05/2016                                               | Telephone<br>(707) 592-0465    | _ <b>-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.                                                                                                    |                                                                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Comments (including type of equipment and location, per CC2(e) - Transformer on concrete pad near building.                                                                                                                                          | C2(e), if applicable)                                            |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |

# **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corresponding information from Section A.                                                                                                                                                                                             |                                               |                                                     |                                                 | NCE COMPANY USE                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|-------------------------------------------------|-----------------------------------|--|
| Building Street Address (including Apt., Unit, Su<br>2208 Woodside Lane                                                                                                                                                                                                    | ite, and/or Bldg. No.) o                      | r P.O. Route and Box N                              | o. Policy Number                                | er:                               |  |
| City<br>Sacramento                                                                                                                                                                                                                                                         | State<br>California                           | ZIP Code<br>95825                                   | Company NA                                      | IC Number                         |  |
| SECTION E – BUILDI<br>FOF                                                                                                                                                                                                                                                  |                                               | ORMATION (SURVEY<br>NE A (WITHOUT BFE)              |                                                 |                                   |  |
| For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. |                                               |                                                     |                                                 |                                   |  |
| E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).                                                                  |                                               |                                                     |                                                 |                                   |  |
| <ul><li>a) Top of bottom floor (including basement crawlspace, or enclosure) is</li><li>b) Top of bottom floor (including basement</li></ul>                                                                                                                               |                                               |                                                     | meters  above o                                 | or                                |  |
| crawlspace, or enclosure) is                                                                                                                                                                                                                                               |                                               |                                                     | _                                               | or below the LAG.                 |  |
| E2. For Building Diagrams 6–9 with permanent the next higher floor (elevation C2.b in the diagrams) of the building is                                                                                                                                                     | flood openings provide                        |                                                     |                                                 | r ☐ below the HAG.                |  |
| E3. Attached garage (top of slab) is                                                                                                                                                                                                                                       | · -                                           | feet _                                              | meters above                                    | orbelow the HAG.                  |  |
| E4. Top of platform of machinery and/or equipm servicing the building is                                                                                                                                                                                                   | nent                                          |                                                     | meters above                                    | or below the HAG.                 |  |
| E5. Zone AO only: If no flood depth number is a floodplain management ordinance?                                                                                                                                                                                           |                                               | he bottom floor elevated own. The local official    |                                                 |                                   |  |
| SECTION F - PROPERT                                                                                                                                                                                                                                                        | Y OWNER (OR OWN                               | ER'S REPRESENTATIV                                  | /E) CERTIFICATION                               |                                   |  |
| The property owner or owner's authorized repre community-issued BFE) or Zone AO must sign l                                                                                                                                                                                | sentative who completenere. The statements in | es Sections A, B, and E<br>n Sections A, B, and E a | for Zone A (without a<br>re correct to the best | a FEMA-issued or of my knowledge. |  |
| Property Owner or Owner's Authorized Represe Woodside Association Inc.                                                                                                                                                                                                     | ntative's Name                                |                                                     |                                                 |                                   |  |
| Address                                                                                                                                                                                                                                                                    |                                               | City                                                | State                                           | ZIP Code                          |  |
| 2262 Woodside Lane Signature                                                                                                                                                                                                                                               |                                               | Sacramento Date                                     | California<br>Telephone                         | 95825                             |  |
| Signature                                                                                                                                                                                                                                                                  |                                               | Date                                                | Тетернопе                                       |                                   |  |
| Comments                                                                                                                                                                                                                                                                   |                                               |                                                     |                                                 |                                   |  |
|                                                                                                                                                                                                                                                                            |                                               |                                                     |                                                 |                                   |  |
|                                                                                                                                                                                                                                                                            |                                               |                                                     |                                                 |                                   |  |
|                                                                                                                                                                                                                                                                            |                                               |                                                     |                                                 |                                   |  |
|                                                                                                                                                                                                                                                                            |                                               |                                                     |                                                 |                                   |  |
|                                                                                                                                                                                                                                                                            |                                               |                                                     |                                                 |                                   |  |
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|                                                                                                                                                                                                                                                                            |                                               |                                                     |                                                 |                                   |  |
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|                                                                                                                                                                                                                                                                            |                                               |                                                     |                                                 |                                   |  |
|                                                                                                                                                                                                                                                                            |                                               |                                                     |                                                 |                                   |  |
|                                                                                                                                                                                                                                                                            |                                               |                                                     |                                                 |                                   |  |
|                                                                                                                                                                                                                                                                            |                                               |                                                     |                                                 |                                   |  |
|                                                                                                                                                                                                                                                                            |                                               |                                                     | ☐ Check                                         | there if attachments.             |  |

# **ELEVATION CERTIFICATE**

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| IMPORTANT: In these spaces, copy the corre                                                                                                                                                                                                                                                                                       | FOR INSURANCE COMPANY USE                                                                                                        |                          |                                                    |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------|--|--|--|
| Building Street Address (including Apt., Unit, St<br>2208 Woodside Lane                                                                                                                                                                                                                                                          | Policy Number:                                                                                                                   |                          |                                                    |  |  |  |
| City<br>Sacramento                                                                                                                                                                                                                                                                                                               | State<br>California                                                                                                              | ZIP Code<br>95825        | Company NAIC Number                                |  |  |  |
| SECTIO                                                                                                                                                                                                                                                                                                                           | N G - COMMUNITY INFO                                                                                                             | RMATION (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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters. |                                                                                                                                  |                          |                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                  | engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation |                          |                                                    |  |  |  |
| G2. A community official completed Section or Zone AO.                                                                                                                                                                                                                                                                           | on E for a building located                                                                                                      | in Zone A (without a FEN | 1A-issued or community-issued BFE)                 |  |  |  |
| G3. The following information (Items G4–                                                                                                                                                                                                                                                                                         | G10) is provided for comm                                                                                                        | unity floodplain managen | nent purposes.                                     |  |  |  |
| G4. Permit Number                                                                                                                                                                                                                                                                                                                | G5. Date Permit Issued                                                                                                           |                          | Date Certificate of<br>Compliance/Occupancy Issued |  |  |  |
| G7. This permit has been issued for:                                                                                                                                                                                                                                                                                             | New Construction  Su                                                                                                             | bstantial Improvement    |                                                    |  |  |  |
| G8. Elevation of as-built lowest floor (including of the building:                                                                                                                                                                                                                                                               | g basement)                                                                                                                      | fee                      | t  meters Datum                                    |  |  |  |
| G9. BFE or (in Zone AO) depth of flooding at t                                                                                                                                                                                                                                                                                   | he building site:                                                                                                                | fee                      | t  meters Datum                                    |  |  |  |
| G10. Community's design flood elevation:                                                                                                                                                                                                                                                                                         |                                                                                                                                  | fee                      | t  meters Datum                                    |  |  |  |
| Local Official's Name                                                                                                                                                                                                                                                                                                            | Ti                                                                                                                               | tle                      |                                                    |  |  |  |
| Community Name                                                                                                                                                                                                                                                                                                                   | Te                                                                                                                               | elephone                 |                                                    |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                        | Da                                                                                                                               | ate                      |                                                    |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)                                                                                                                                                                                                                                                    |                                                                                                                                  |                          |                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                          |                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                          |                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                          |                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                          |                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                          |                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                          |                                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                          | Check here if attachments.                         |  |  |  |

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, co                                                                                       | FOR INSURANCE COMPANY USE |                   |                     |
|----------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2208 Woodside Lane |                           |                   | Policy Number:      |
| City<br>Sacramento                                                                                                   | State<br>California       | ZIP Code<br>95825 | Company NAIC Number |
| Sacramento                                                                                                           | California                | 95825             |                     |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Side View



Photo Two

Photo Two Caption Alt. Side view

#### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

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|----------------------------------------------------------------------------------------------------------------------|---------------------------|----------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2208 Woodside Lane |                           |          | Policy Number:      |
| City                                                                                                                 | State                     | ZIP Code | Company NAIC Number |
| Sacramento                                                                                                           | California                | 95825    |                     |

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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption Alt. Side Building view



Photo Two

Photo Two Caption Alt. Building Side view with transformer near the building