

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important! Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Kaufman & Broad South Bay, Inc.		For Insurance Company Use:	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 35181 Mount Whitney Terrace		Policy Number	
CITY Fremont	STATE California	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 12, Tract 7042		ZIP CODE 94536	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section 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 Fremont/1065028 0010C		B2. COUNTY NAME Alameda		B3. STATE California	
B4. MAP AND PANEL NUMBER 10 of 50	B5. SUFFIX	B6. FIRM INDEX DATE Feb. 9, 2000	B7. FIRM PANEL EFFECTIVE/REVISED DATE Feb. 9, 2000	B8. FLOOD ZONE(S) C, AH, B	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 45
10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date:					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

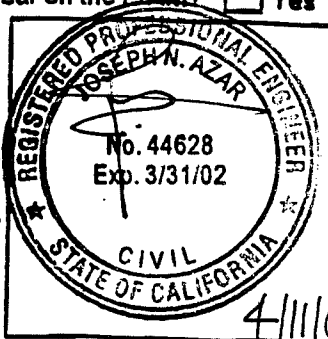
1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

2. 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.)

3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete items C3a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum _____ Conversion/Comments _____

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

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____	47.64 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____	_____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	_____ ft.(m)
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	_____	49.99 ft.(m)
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____	_____ ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	_____	49.4 ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____	_____ 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 C3h	_____	_____ 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: Joseph N. Azar
LICENSE NUMBER: 44628

TITLE: Principal
COMPANY NAME: Ruggeri-Jensen-Azar & Associates
ADDRESS: 6601 Pleasanton, CA
DATE: 4/11/00
TELEPHONE: (925) 227-9100
ZIP CODE: 94588

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. 35181 Mount Whitney Terrace			Policy Number
CITY Fremont	STATE Ca	ZIP CODE 94536	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

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

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.)

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.

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.

For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

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

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

The following information (Items 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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This permit has been issued for: New Construction Substantial Improvement

Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

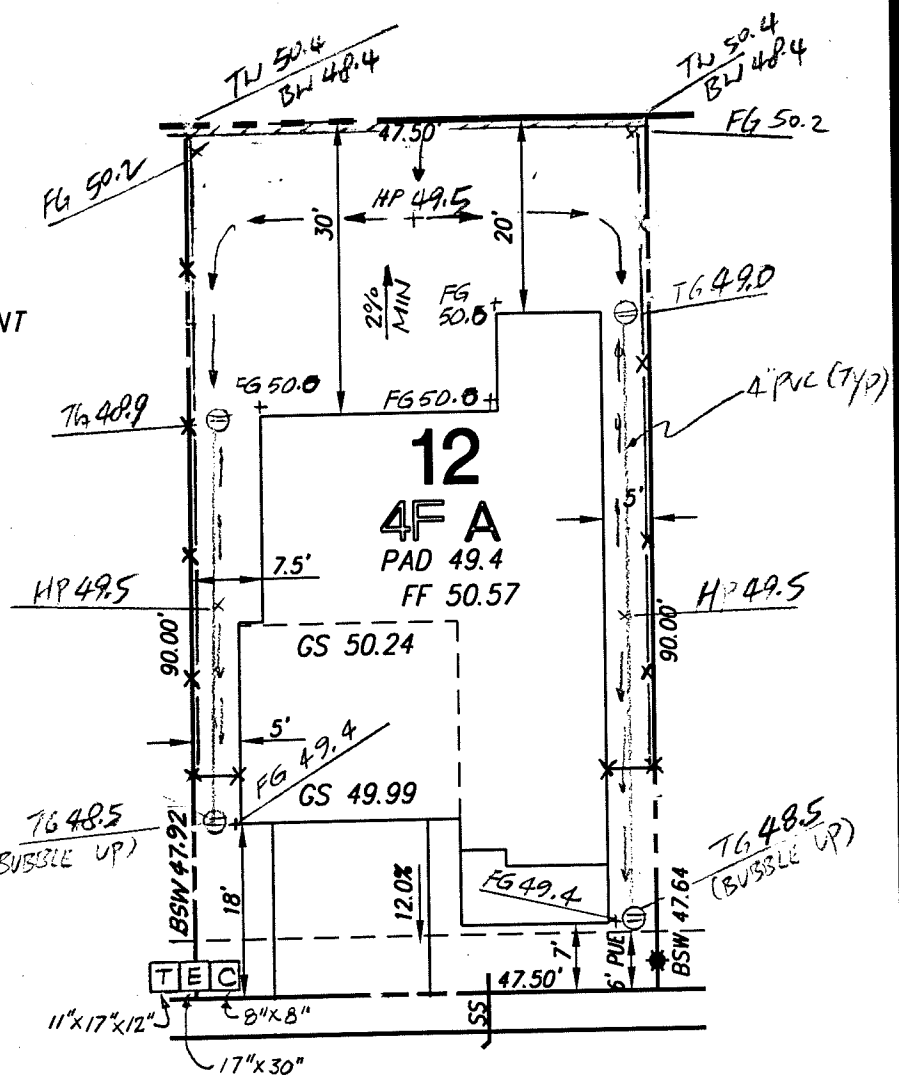
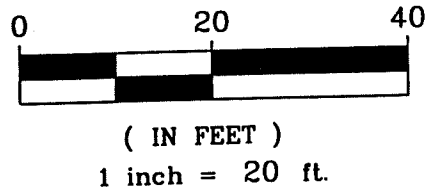
COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

PAD	PAD ELEVATION
FF	FINISHED FLOOR ELEVATION
HP	HIGH POINT
45.5 FG	FINISHED GRADE ELEVATION
GS	GARAGE SLAB ELEVATION
TC	TOP OF CURB
FC	FACE OF CURB
PUE	PUBLIC UTILITY EASEMENT
SS	SANITARY SEWER LATERAL
PSDE	PRIVATE STORM DRAIN EASEMENT
	CATCH BASIN
	PRIVATE ELECTROLIER
	FIRE HYDRANT
	WATER METER
	SWALE (1.5% MIN)
	RETAINING WALL
	SLOPE
	HANDICAP RAMP
	ELECTRICAL BOX
	TELEPHONE BOX
	CABLE TV BOX
	SUBSURFACE TRANSFORMER
	FENCE



MOUNT WHITNEY TERRACE

NOTE:
SEE IRRIGATION PLANS FOR
LOCATION OF IRRIGATION
SLEEVES BEFORE POURING
DRIVEWAY SLAB.

REVISED 4/5/99, 7/28/99, 10/1/99, 12/14/99 P-98-7
2/4/00

TRACT 7042- NILES STATION
LOT 12
35181 MOUNT WHITNEY
TERRACE

FREMONT, ALAMEDA COUNTY, CALIFORNIA

**Ruggeri -
Jensen -
Jazar & Associates**
ENGINEERS • PLANNERS • SURVEYORS
6601 OWENS DRIVE, SUITE 155 • PLEASANTON, CA 94588
PHONE: (925) 227-9100 • FAX: (925) 227-9300

SCALE: 1" = 20'	DATE: 2-24-99	JOB NO.: 971062
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