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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 of

	SECTION A - PF	ROPERTY INFO	RMATION		FOR INSU	RANCE COMPANY U
A1. Building Owne					Policy Nun	nber:
- E	VAN JONKER		V	A Paris Asia		
Box No.	Address (including Apt.,			Route and	Company I	NAIC Number:
City	1855 QUIGLEY	CANK				
N	EWHALL		State CA			321
	ription (Lot and Block Num 1/2, N1/2, LOT					L.A. COUNTY, C
	e.g., Residential, Non-Re					
	tude: Lat. 34,387		A A A A A A A A A A A A A A A A A A A			1927 FZ NAD 1923
						10E1 17 1000
	2 photographs of the bui	iding if the Certifi	cate is being used to	obtain 11000	insurance.	
A7. Building Diagra						
	with a crawlspace or encl					
a) Square foo	tage of crawlspace or end	closure(s)	2,951	sq ft		
	permanent flood openings			thin 1.0 foot	above adjacent gra	ide Z8
	ea of flood openings in A8					
	flood openings?					
d) Engineered	mood openings:	es I'A NO				
A9. For a building v	vith an attached garage:					
a) Square foot	age of attached garage _	515	sq ft			
	ermanent flood openings	in the attached	narage within 1.0 foo	t ahove adia	cont grade	7
	permanent flood openings			t above adja	cent grade	2
c) Total net are	ea of flood openings in A9),b180		t above adja	cent grade2	2
c) Total net are),b180		t above adja	cent grade	2
c) Total net are	ea of flood openings in A9	9.b 180 9s XNo	sq in			2
c) Total net are d) Engineered	ea of flood openings in A9	D.b 180	sq in			
c) Total net are d) Engineered B1. NFIP Communi	sa of flood openings in A9 flood openings? Ye SECTION B - I ty Name & Community No	es No FLOOD INSURA	sq in ANCE RATE MAP (B2. County Name	FIRM) INFO	PRMATION	B3. State
c) Total net are d) Engineered B1. NFIP Communi	SECTION B – Ity Name & Community No.	PLOOD INSURA JUMBER	ANCE RATE MAP (B2. County Name LOS ANG	FIRM) INFO	PRMATION	B3. State CA
c) Total net are d) Engineered B1. NFIP Communi	sa of flood openings in A9 flood openings? Ye SECTION B - I ty Name & Community No	PLOOD INSURA LA NO FLOOD INSURA FLOOD INS	B2. County Name LOS ANGERM Panel B8. Fective/ RM Panel B8. Fective/ RM Panel B8. Fective/	FIRM) INFO	PRMATION UNTY B9. Base Flood E	B3. State CA [evation(s)]
c) Total net are d) Engineered B1. NFIP Communi SANTA C 4. Map/Panel Number	SECTION B – I ty Name & Community No LARITA OGO B5. Suffix B6. FIRM In Date	FLOOD INSURA umber 729 ndex B7. FII	B2. County Name LOS ANGE RM Panel ective/	FIRM) INFO	PRMATION UNTY B9. Base Flood E (Zone AO, use	B3. State CA levation(s) Base Flood Depth)
c) Total net are d) Engineered 31. NFIP Communi SANTA C 4. Map/Panel Number	SECTION B – Ity Name & Community No. LARITA OGO B5. Suffix B6. FIRM In	FLOOD INSURA umber 729 ndex B7. FII	B2. County Name LOS ANGE RM Panel ective/	FIRM) INFO	PRMATION UNTY B9. Base Flood E (Zone AO, use	B3. State CA [evation(s)]
c) Total net are d) Engineered B1. NFIP Communi SANTA C 4. Map/Panel Number 6037C0820F	SECTION B – I ty Name & Community No LARITA OGO B5. Suffix B6. FIRM In Date F 9/26/	FLOOD INSURA umber 729 ndex B7. FII Eff Re	B2. County Name LOS ANGE RM Panel ective/ vised Date sq in B8. F Zone	FIRM) INFO	PRMATION UNTY B9. Base Flood E (Zone AO, use	B3. State CA levation(s) Base Flood Depth)
c) Total net are d) Engineered 31. NFIP Communi SANTA C 4. Map/Panel Number 6037C0820F	SECTION B - F ty Name & Community No. LARITA 060 B5. Suffix B6. FIRM In Date F 9/26/ Durce of the Base Flood E	PLOOD INSURA TLOOD INSURA TOP INSURA TO	sq in ANCE RATE MAP (B2. County Name LOS ANG RM Panel ective/ vised Date B8. F Zone O	FIRM) INFO	B9. Base Flood E (Zone AO, use	B3. State CA levation(s) Base Flood Depth) 85.6 FT
c) Total net are d) Engineered 31. NFIP Communi SANTA C 4. Map/Panel Number 6037C0820F	SECTION B – I ty Name & Community No LARITA OGO B5. Suffix B6. FIRM In Date F 9/26/	PLOOD INSURA TLOOD INSURA TOP INSURA TO	sq in ANCE RATE MAP (B2. County Name LOS ANG RM Panel ective/ vised Date B8. F Zone O	FIRM) INFO	B9. Base Flood E (Zone AO, use	B3. State CA levation(s) Base Flood Depth) 85.6 FT
c) Total net are d) Engineered 31. NFIP Communi SANTA C 4. Map/Panel Number 6037C0820F B10. Indicate the se	SECTION B - F ty Name & Community No. LARITA 060 B5. Suffix B6. FIRM In Date F 9/26/ Durce of the Base Flood E	FLOOD INSURA pumber 729 Index B7. FII Eff Re Elevation (BFE) de ity Determined	Sq in ANCE RATE MAP (B2. County Name LOS ANG RM Panel ective/ vised Date D ata or base flood de C Other/Source:	FIRM) INFO	DRAULIC CAL	B3. State CA levation(s) Base Flood Depth) 85.6 FT
c) Total net are d) Engineered B1. NFIP Communi SANTA C 4. Map/Panel Number 6037C 0820F B10. Indicate the se	SECTION B – I Ty Name & Community No. LARITA OGO B5. Suffix B6. FIRM In Date F 9/26/ Durce of the Base Flood E FIRM Community No. Comm	PLOOD INSURATION IN THE INTERIOR I	B2. County Name LOS ANG RM Panel ective/ vised Date Other/Source: GVD 1929 NA	FIRM) INFO	DRMATION UNTY B9. Base Flood E (Zone AO, use 1 Z In Item B9: DRAULIC CAL Other/Source:	B3. State CA levation(s) Base Flood Depth) B5.6 FT CS ATTACHED
c) Total net are d) Engineered 31. NFIP Communi SANTA C 4. Map/Panel Number 4.037C 0820F 310. Indicate the se	SECTION B - I Ty Name & Community No. LARITA OGO B5. Suffix B6. FIRM In Date F 9/26/ Durce of the Base Flood E FIRM Community In	PLOOD INSURATION IN THE INTERIOR I	B2. County Name LOS ANG RM Panel ective/ vised Date Other/Source: GVD 1929 NA	FIRM) INFO	DRMATION UNTY B9. Base Flood E (Zone AO, use 1 Z In Item B9: DRAULIC CAL Other/Source:	B3. State CA levation(s) Base Flood Depth) B5.6 FT CS ATTACHED

ELÈVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

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	Policy Number:	
24855 QUIGLEY CYN RD		
NEWHALL CA	ZIP Code	Company NAIC Number
NEWHALL CA	91321	
SECTION C – BUILDING ELEVATION INF	FORMATION (SURVEY R	EQUIRED)
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of t	the building is complete.	4
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V Complete Items C2.a–h below according to the building diagram s Benchmark Utilized: VL 1716 NEWHALLQUAD Vertical	specified in Item A7. In Puerl	/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.
Indicate elevation datum used for the elevations in items a) through		
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Source:	irii) below.	
Datum used for building elevations must be the same as that used	for the BFE.	
		Check the measurement used.
 a) Top of bottom floor (including basement, crawlspace, or enclos 		District a little and the little and
b) Top of the next higher floor	1289.	18 🛛 feet 🗌 meters
c) Bottom of the lowest horizontal structural member (V Zones onl	N/A	feet meters
d) Attached garage (top of slab)	1288.8	2 Ø feet meters
e) Lowest elevation of machinery or equipment servicing the build (Describe type of equipment and location in Comments)	1201,5	Д
f) Lowest adjacent (finished) grade next to building (LAG)	1287.04	4 S feet meters
g) Highest adjacent (finished) grade next to building (HAG)	1287,55	5
b) Lowest adjacent grade at lowest elevation of deck or stairs, incl structural support	The second second second	feet meters
SECTION D - SURVEYOR, ENGINEER,	OR ARCHITECT CERTIFI	CATION
This certification is to be signed and sealed by a land surveyor, enginee I certify that the information on this Certificate represents my best efforts statement may be punishable by fine or imprisonment under 18 U.S. Co	er, or architect authorized by s to interpret the data availa- ode, Section 1001.	law to cortify alcuation information
Certifier's Name License Num	her	OFESSION
EDWARD L. BOLDEN, JR RCE	10533	AD L BOLDE
Title		Place H
PRESIDENT		I Place
Company Name		139000
ANDEL ENGINEERING COMPANY		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
P.O. Box 220428		Here
City State	ZIP Code	OF CALFORN
NEWHALL CA	The second secon	3
Control Contro	91322	Fa
Signature Philade 2/1/2021	Telephone 661-259-1920	Ext.
Copy all pages of this Elevation Certificate and all attachments for (1) comm		
		agonicompany, and (5) building owner.
AC UNIT ON SOUTH SIDE OF HOU		PHOTOS 1 & 2.
SECOND A/C UNIT ON NORTH SIDE		

ELÈVATION CERTIFICATE OMB No. 1660-0008 Expiration Date: November 30, 2022 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. Policy Number: 24855 QUIGLEY CYN RD City ZIP Code State Company NAIC Number NEWHALL CA 91321 SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE 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, 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). a) Top of bottom floor (including basement, N/A ___ feet __ meters __ above or __ below the HAG. crawlspace, or enclosure) is b) Top of bottom floor (including basement, N/A ____ feet __ meters __ above or __ below the LAG. crawlspace, or enclosure) is E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1-2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is ____ feet __ meters __ above or __ below the HAG. _____ feet __ meters __ above or __ below the HAG. E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment N/A _____ feet __ meters __ above or __ below the HAG. servicing the building is E5. 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. The statements in Sections A, B, and E are correct to the best of my knowledge. Property Owner or Owner's Authorized Representative's Name Address City State ZIP Code Signature Date Telephone Comments

Check here if attachments.

ELÈVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corr	responding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, S		No. Policy Number:
City Z4855 QUIGLEY	CYN RD	
NEWHALL	State ZIP Code CA 9 32	Company NAIC Number
SECTI	ON G - COMMUNITY INFORMATION (OPTIC	DNAL)
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, et	1 Certificate Complete the applicable item(s)	lain management ordinance can complete and sign below. Check the measurement
G1. The information in Section C was tal engineer, or architect who is authoridata in the Comments area below.)	ken from other documentation that has been s zed by law to certify elevation information. (Ind	gned and sealed by a licensed surveyor, icate the source and date of the elevation
G2. A community official completed Sector Zone AO.	tion E for a building located in Zone A (without	a FEMA-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for community floodplain ma	nagement purposes.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Substantial Improvem	ent
G8. Elevation of as-built lowest floor (includin of the building:	g basement)	feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site: [feet meters Datum
G10. Community's design flood elevation:		feet meters Datum
Local Official's Name	Title	
Community Name	Telephone	
Signature	Date	
Comments (including type of equipment and loc	cation, 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, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including 24855 QUIGLEY CYN RD	g Apt., Unit, Suite, and/or Bldg. No.) o	or P.O. Route and Box No.	Policy Number:
City NEWHALL	State California	ZIP Code 91321	Company NAIC Number

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.

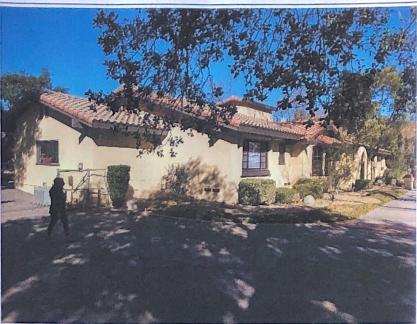


Photo One

Photo One Caption East and South Sides Existing House

Clear Photo One



Photo Two

Photo Two Caption West and South Sides Existing House

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

MPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including 24855 QUIGLEY CYN RD	ng Apt., Unit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
NEWHALL	California	91321	

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 Three

Photo Three Caption North Side Existing House

Clear Photo Three



Photo Four

