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 own								
		·· · · · · · / · / · ·	4 \ ''	1 11 1 1 6 /4				\sim
	surance adent/company and (3) huilding owner	ITV OTTICIOL (7)	I) communit	1 attachmente for (1	I artificate and all	E HOVATION	all hades of this	('nn)
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			· · /				
					RANCE COMPANY USE		
A1. Building Owner's Name Policy Number: International Church of the Foursquare Gospel						ber:	
A2. Building Street Address (i Box No.	ncluding Apt., Unit, Suit	e, and/o	r Bldg. No.) o	r P.O. Route and	Company N	IAIC Number:	
24912 Quigley Canyon Road							
City Santa Clarita			State Californi	а	ZIP Code 91321		
A3. Property Description (Lot APN 2834-024-081	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 2834-024-081						
A4. Building Use (e.g., Reside	ential, Non-Residential,	Addition	, Accessory,	etc.) Non-Res	dential (Church)		
A5. Latitude/Longitude: Lat.	34.388644 N	Long. 1	18.51538 W	Horizonta	al Datum: 🗌 NAD 1	1927 🛛 NAD 1983	
A6. Attach at least 2 photogra	phs of the building if the	e Certific	ate is being ι	used to obtain floo	od insurance.		
A7. Building Diagram Number	1B						
A8. For a building with a craw	lspace or enclosure(s):						
a) Square footage of crav	vlspace or enclosure(s)		3	3120.00 sq ft			
b) Number of permanent	flood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent gra	ade <u>0</u>	
c) Total net area of flood	openings in A8.b		N/A sq ir	ı			
d) Engineered flood open	ings? 🗌 Yes 🖂 N	١o					
A9. For a building with an attac	ched garage:						
a) Square footage of attac	ched garage		N/A sq ft	t			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A							
c) Total net area of flood	openings in A9.b		N/A sq	in			
d) Engineered flood openings? \Box Yes $\boxed{\times}$ No							
	ECTION B – FLOOD	INSURA	i		ORMATION	i	
B1. NFIP Community Name & City of Santa Clarita, 060729	Community Number		B2. County			B3. State California	
			Los Angeles	s County		California	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) e Base Flood Depth)	
06037C0820 F	09-26-2008	09-26-2		A	1292.5		
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					

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the correspon	nding information fro	m Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, a 24912 Quigley Canyon Road	nd/or Bldg. No.) or P.C	D. Route and Box No.	Policy Number:
City Santa Clarita	State California	ZIP Code 91321	Company NAIC Number
SECTION C - BUILDING	G ELEVATION INFO	RMATION (SURVEY R	REQUIRED)
 C1. Building elevations are based on; ☐ Const *A new Elevation Certificate will be required wf C2. Elevations – Zones A1–A30, AE, AH, A (with E Complete Items C2.a–h below according to the Benchmark Utilized: Newhall Quad, L1716 Indicate elevation datum used for the elevation ☐ NGVD 1929 X NAVD 1988 ☐ O Datum used for building elevations must be the a) Top of bottom floor (including basement, crab) b) Top of the next higher floor c) Bottom of the lowest horizontal structural m 	ruction Drawings* [nen construction of the BFE), VE, V1–V30, V (v building diagram spec Vertical D s in items a) through h ther/Source: same as that used for awlspace, or enclosure	Building Under Constr building is complete. with BFE), AR, AR/A, AF cified in Item A7. In Puer atum: NAVD 88) below.	Check the measurement used. 1292.5 X feet
 d) Attached garage (top of slab) e) Lowest elevation of machinery or equipmen (Describe type of equipment and location in f) Lowest adjacent (finished) grade next to bu g) Highest adjacent (finished) grade next to bu h) Lowest adjacent grade at lowest elevation of structural support 	Comments) ilding (LAG) ilding (HAG)	1	N/A ☐ feet ☐ meters 1298.6 X feet ☐ meters 1292.3 X feet ☐ meters 1292.6 X feet ☐ meters N/A ☐ feet ☐ meters
SECTION D - SURVEY	OR ENGINEER OF		
This certification is to be signed and sealed by a lan I certify that the information on this Certificate repre- statement may be punishable by fine or imprisonme Were latitude and longitude in Section A provided b	id surveyor, engineer, sents my best efforts to ent under 18 U.S. Code	or architect authorized b o interpret the data avail a, Section 1001.	v law to certify elevation information
Certifier's Name A. YAKOB Title CIVIL ENGINEER Company Name JT ENGINEERING	License Numbe 53791	؛۲ 	State PROFESSIONAL CHE
Address 33336 Agua Dulce Canyon Road City Agua Dulce	State California	ZIP Code 91390	+ Exp. 06-21 +
	Date	Telephone	Ext.
Dite: 2021.05.06 15:34:40-07/00	00 00 2021	(661) 268-8899	
Copy all pages of this Elevation Certificate and all atta Comments (including type of equipment and location Water Heater in closet, set 5 feet above finish floor,	n, per C2(e), if applicat	ple)	agent/company, and (3) building owner.

OMB No.	1660-0	0008		
Expiration	Date:	November	30,	2022

ELEVATION CERTIFICATE			Expiration Date: November 30, 2022			
IMPORTANT: In these spaces, copy the corresp	onding informatio	n from Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, 24912 Quigley Canyon Road	and/or Bldg. No.) c	r P.O. Route and Box No.	Policy Number:			
City Santa Clarita	State California	ZIP Code 91321	Company NAIC Number			
		ORMATION (SURVEY NO NE A (WITHOUT BFE)	T REQUIRED)			
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 the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement,			er the elevation is above or below			
crawlspace, or enclosure) is		feet 🗌 met	ers 🗌 above or 🗌 below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet met	ers 🗌 above or 🗌 below the LAG.			
E2. For Building Diagrams 6–9 with permanent flo	od openings provide	ed in Section A Items 8 and/o	or 9 (see pages 1–2 of Instructions),			
the next higher floor (elevation C2.b in the diagrams) of the building is		feet met	ers above or below the HAG.			
E3. Attached garage (top of slab) is		feet met	ers 🗌 above or 🗌 below the HAG.			
E4. Top of platform of machinery and/or equipmer servicing the building is	nt	feet 🗌 met	ers 🗌 above or 🗌 below the HAG.			
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance?			accordance with the community's t certify this information in Section G.			
SECTION F – PROPERTY	OWNER (OR OWN	ER'S REPRESENTATIVE)	CERTIFICATION			
The property owner or owner's authorized represer community-issued BFE) or Zone AO must sign her	ntative who complet e. The statements i	es Sections A, B, and E for Z n Sections A, B, and E are co	Zone A (without a FEMA-issued or prrect to the best of my knowledge.			
Property Owner or Owner's Authorized Representa	tive's Name					
Address		City	State ZIP Code			
Signature		Date 1	elephone			
Comments						
			Check here if attachments.			

ELEVATION CERTIFICATE				OMB No. 1660-0008 Expiration Date: November 30, 2022			
IMPORTANT: In these spaces, copy the corre	esponding informati	ion 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: 24912 Quigley Canyon Road Policy Number:							
City Santa Clarita	State California	ZIP Code 91321		Company NAIC Number			
SECTIO	N G - COMMUNITY	INFORMATION (OPTI	ONAL)				
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete	r the community's floodp e the applicable item(s)	plain mar and sign	nagement ordinance can complete below. Check the measurement			
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)							
G2. A community official completed Section or Zone AO.	on E for a building loc	cated in Zone A (without	t a FEMA	A-issued or community-issued BFE)			
G3. X The following information (Items G4-	G10) is provided for c	community floodplain ma	anageme	ent purposes.			
G4. Permit Number	G5. Date Permit Iss	sued		Pate Certificate of ompliance/Occupancy Issued			
BLD19-02347	07-14-2020		02-26-	. , ,			
G7. This permit has been issued for:	G7. This permit has been issued for:						
G8. Elevation of as-built lowest floor (including of the building;	ı basement)	1293.6	🗙 feet	meters Datum NAV12 1993			
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	MA	eet	meters Datum			
G10. Community's design flood elevation:	_\	292.5	feet	meters Datum NAVD 1935			
Local Official's Name Amalia Marreh		Title Senior Engineer					
Community Name		Telephone					
City of Santa Clarita		(661) 255-4363					
Signature Alton		Date 05/06	5/2	52			
Comments (including type of equipment and loc	ation, per C2(e), if ap						
				Check here if attachments.			

Building Street Address (including Apt., 24912 Quigley Canyon Road	Policy Number:			
City Santa Clarita	State California	ZIP Code 91321	Company NAIC Number	r
If using the Elevation Certificate to instructions for Item A6. Identify all ph "Left Side View." When applicable, p vents, as indicated in Section A8. If su	otographs with date taken; "Fror photographs must show the fou	nt View" and "Rear View"; an Indation with representative	d, if required, "Right Side examples of the flood or	View" and
	Photo	One		
	11000	one		
	Photo O	ne		
Photo One Caption			Cle	ar Photo One
	Photo	Two		
Photo Two Caption	Photo Tv	NO	Cle	ar Photo Two
<u> </u>				

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

OMB No. 1660-0008

Expiration Date: November 30, 2022

FOR INSURANCE COMPANY USE

ELEVATION CERTIFICATE

Building Street Address (including Apt., Un 24912 Quigley Canyon Road	it, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Santa Clarita	California	91321	
If submitting more photographs than will with: date taken; "Front View" and "Re photographs must show the foundation wi	ear View"; and, if required	d, "Right Side View" and "L of the flood openings or vents	eft Side View." When applicable,
	Photo Th	тее	
Photo Three Caption	1100 11		Clear Photo Three
	Photo	Four	
	Photo F	our	
Photo Four Caption			Clear Photo Four

BUILDING PHOTOGRAPHS

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

ELEVATION CERTIFICATE

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

FOR INSURANCE COMPANY USE