

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			For Insurance Company Use:
BUILDING OWNER'S NAME <b>RICHARD HOLLON</b>			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 15198 HARBOR LANE			Company NAIC Number
CITY <b>CLEARLAKE</b>	STATE <b>CA</b>	ZIP CODE <b>95422</b>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A.P.N.# 040-431-03			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <b>RESIDENTIAL</b>			
LATITUDE/LONGITUDE (OPTIONAL) ( #° - #' - ##.##' or ##.#####')	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 060714		B2. COUNTY NAME LAKE	B3. STATE CA		
B4. MAP AND PANEL NUMBER 0005	B5. SUFFIX C	B6. FIRM INDEX DATE 08/03/92	B7. FIRM PANEL EFFECTIVE/REVISED DATE 08/03/92	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 1331

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

FIS Profile     FIRM     Community Determined     Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929     NAVD 1988     Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?     Yes     No    Designation Date \_\_\_\_\_

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*     Building Under Construction\*     Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number \_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD1929 Conversion/Comments ALL ELEVATIONS BELOW ARE NGVD. BENCHMARK USED WAS LAKE LEVEL RUMSEY GAUGE 0.00=1318.26 NGVD.

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

- a) Top of bottom floor (including basement or enclosure)    1331. 9 ft.(m)
- b) Top of next higher floor    \_\_\_\_\_ ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only)    \_\_\_\_\_ ft.(m)
- d) Attached garage (top of slab)    \_\_\_\_\_ ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)    \_\_\_\_\_ ft.(m)
- f) Lowest adjacent (finished) grade (LAG)    \_\_\_\_\_ ft.(m)
- g) Highest adjacent (finished) grade (HAG)    \_\_\_\_\_ ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade    \_\_\_\_\_
- i) Total area of all permanent openings (flood vents) in C3.h    \_\_\_\_\_ sq. in. (sq. cm)

License Number, Embossed Seal,  
Signature, and Date



**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME ROBERT L. BODIFORD

LICENSE NUMBER LS 4058

TITLE/LAND SURVEYOR	COMPANY NAME BODIFORD LAND SURVEYS		
ADDRESS P.O. BOX 3710	CITY CLEARLAKE	STATE CA	ZIP CODE 95422
SIGNATURE <i>Robert L. Bodiford</i>	DATE 08/21/02	TELEPHONE (707) 994-4094	

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 15198 HARBOR LANE			Policy Number
CITY CLEARLAKE	STATE CA	ZIP CODE 95422	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

C3A) TOP OF 1/2" BOLT "PAINTED YELLOW", ON SOUTHWEST CORNER OF "I" BEAM AT SUB-FLOOR.

Check here if attachments

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

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

E1. Building Diagram Number \_\_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_\_\_ ft.(m) \_\_\_\_\_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_\_ ft.(m) \_\_\_\_\_ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

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

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

Check here if attachments

#### SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED	
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments



CRMLS



CRMLS





CRMLS

# FloodRisk Standard

Provided Location	15198 HARBOR LN, CLEARLAKE, CA 95422		
Standardized Location	15198 HARBOR LN, CLEARLAKE, CA 95422-8156		
Latitude, Longitude	38.930773, -122.628382	Parcel ID	04043103
FIPS / MSA / Tract	06033 / 17340 / 8.01	Community No.	060714
Community Name	CLEARLAKE, CITY OF		
County Name	LAKE		



Flood Zone	Zone AE	Next Nearest Zone (Dist.)	X500 (586 ft)
BFE	1331 Feet NGVD29 (13312.81 ft NAVD88)	USGS Ground Elev	1325 ft NAVD88
FEMA Map	06033C0692D, 09/30/2005	Previous Map	NOT AVAILABLE
NFIP Status	PARTICIPATING	NFIP Program	REGULAR
LOMR or LOMR	NO	CBRS / OPA	NO
Claims* \$ / #	\$778,933 / 102	NFIP PIF*	189
Flood Source	301 ft	Salt Water	>6 miles
			Fresh Water
			118 ft

\*Aggregated by NFIP community.



FIRE INSURANCE EXCHANGE  
PO Box 2057 Kalispell MT 59903 USA

FIRE INSURANCE EXCHANGE  
<https://www.farmers.com/>  
(888) 391-2810  
NAIC# : 21660

**PROPERTY ADDRESS #:** 15198 HARBOR LN, Clearlake, CA, 95422  
**POLICY #:** FLD1660018369  
**NFIP POLICY #:** 1660018369  
**POLICY TERM:** 03-24-2024 (12:01 AM) - 03-24-2025 (12:01 AM)  
**POLICY ISSUED BY:** FIRE INSURANCE EXCHANGE  
**PAYOR:** STEVEN C BLUMBERG

**POLICY FORM:** Dwelling Policy  
**POLICY DECLARATIONS TYPE:** New Policy Declarations  
**RATE CATEGORY :** RatingEngine

## INSURED NAME &amp; MAILING ADDRESS

STEVEN C BLUMBERG  
3229 PECAN COURT,  
Medford, OR, 97504

## AGENT CONTACT INFORMATION

Timothy O'Rourke  
Timothy O'Rourke  
PO BOX 1967, Middletown, CA, 95461  
Phone : 7079873400

## FLOOD INSURANCE POLICY DECLARATIONS

This Declarations Page is part of your policy. THIS IS NOT A BILL.

### Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	\$ 1,162
Building	\$ 250,000	\$ 5,000	Total Annual Payment
Contents	\$ 0	\$ 0	Includes Premium, Discounts, Fees, and Surcharges

Coverage limitations may apply. See your Policy Form for details.

### Property Information

Primary Residence	NO
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	0
Method Used to Determine FFH	EC
Property Description	Elevated without enclosure on piers, posts & piles, 1 Floors , Frame
Date of Construction	01-01-2001
Prior NFIP Claims	0 Claim(s)

Your property's NFIP flood claims history can affect your premium.

### Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 719
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 14
Community Rating System Discount:	\$ 0
<b>Full-Risk Premium:</b>	\$ 733
<b>Discounted Premium:</b>	\$ 733
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 132
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 47
<b>Total Premium</b>	<b>\$ 1,162</b>

### ADDITIONAL INTERESTS

First Mortgagee  
GUILD MORTGAGE,  
PO Box 202028,  
Florence, Florence County, SC, 29502  
Loan # : 5232006215

If there have been any mortgagee changes, please make sure your profile reflects the changes.  
For questions about your flood insurance rating, contact your agent or insurance company.

To learn more about your flood risk, please visit FloodSmart.gov

Date Mailed: 03-07-2024





# STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057 Kalispell MT 59903 USA

FIRE INSURANCE

EXCHANGE

<https://www.farmers.com/>

(888) 391-2810

Date 02-23-2024	Application Number FLD1660018369	Effective Date 03-24-2024	Expiration Date 03-24-2025	Waiting Period Standard - 30 Day Wait
Insured Name(s) STEVEN C BLUMBERG	Mailing Address & Phone 3229 PECAN COURT,Medford,OR,97504	Property Address 15198 HARBOR LN, 95422, Clearlake, , CA	Agency Name, Address & Phone PO BOX 1967,Middletown,CA,95461	Email:torourke@farmersagent.com Phone Number:7079873400 Agent Name:Timothy O'Rourke
Home Phone: Work Phone: Cell Phone:(541)621-0831 Email:firemansteveb@yahoo.com	Property Address Type:Location			

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

1st Mortgagee

GUILD MORTGAGE

PO Box 2028,

Florence, Florence County , SC, 29502

Phone Number:

Fax Number:

Loan Number:5232006215

Required under

Mandatory

Purchase:

## Current Community Information

Community Name:

Community Number:060714

Map Panel:0005

Map Panel Suffix:c

Current Flood Zone:AE

Current Base Flood Elevation(BFE):1331

FIRM Date:08-03-1992

Program:FLOODREGULAR

Program Status:

County:

Current Map Date:08-03-1992

Rating Map Date:

## Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:08-03-1992

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:01-01-2001

Building Substantially Improved:NO

Post-FIRM Construction:YES

Substantial Improvement Date:

Building is on list of Historic Buildings:

## Prior Policy Information

Is this a new purchase (within the last year)?:NO

Prior Owner Policy Number:

Prior Owner Company Name:

Did the applicant have a prior NFIP policy for  
the building that lapsed?:

Was the policy receiving a PRE-FIRM or  
Newly Mapped discount?:

Mapped discount when it lapsed?:

Did the Policy lapse for a valid reason?:

## Occupancy Information

Occupancy Type:Single Family

Building Description:

Is this the Applicant's Primary

Residence: NO

Is the insured a small business with  
less than 100 employees?: NO

Is the insured a nonprofit entity?:NO

Date:

APC PRV 07 21





# STANDARD FLOOD INSURANCE QUOTE

PO Box 2057 Kalispell MT 59903 USA

FIRE INSURANCE

EXCHANGE

<https://www.farmers.com/>

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
02-23-2024	FLD1660018369	03-24-2024	03-24-2025	Standard - 30 Day Wait

## Building Information

Building Located In CBRS/OPA: NO

CBRS/OPA Designation Date:

If the building is in the buffer zone, did USFWS issue an official determination

showing the building outside the system unit or OPA?:

Is the building use consistent with the

protected area purpose?:

Prior NFIP Claims:

Building Severe Repetitive Loss (SRL)

Property:

Property on NFIP SRL list, Document(s)

provided indicating non-SRL:

Coverage Req'd for Disaster Assistance:

Building Located Over Water: Partially over Water

Building in Course of Construction: NO

Building Construction Type: Frame

Construction Type Description:

Estimated Building Replacement Cost: 400000

Replacement Cost Value Returned by FEMA: 321871

Total sq. footage of building: 1220

Total # of floors in building: 1

Total # of units in building: 1

What floor is the unit located on?:

Number of Detached Structures: 0

Building Located on Federal Land:

Is the policy force-placed by the lender?:

## Foundation Information

Foundation: Elevated without enclosure on piers, posts & piles

Enclosure/Crawlspace Size:

Number of Elevators:

Mobilehome/Travel Trailer Information

On Permanent Foundation:

Anchored By:

Serial Number:

## Venting Information (excluding V-Zones)

Enclosure/Crawlspace Has Valid Flood Openings:

Number of Openings:

Area of Permanent Openings (Sq. In.):

Has Engineered Openings:

## Building Machinery, Equipment and Appliances

Does the building contain appliances?:

Are all appliances elevated above the first floor?:

Does the building contain machinery and equipment servicing the building?:

Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: NO

## Elevation Certificate Information

Elevation Certificate Section Used: C

Elevation Certificate Date: 08-21-2002

Diagram Number: 5

Top of Bottom Floor: 1331

Top of Next Higher Floor:

Lowest Adjacent Grade (LAG):

Floodproofing Certificate:

Flood Proofing Elevation:

Lowest (Rating) Floor Elevation:

Elevation Certificate First Flood Height: 1331

FEMA First Floor Height: 1331

First Floor Height Method Used: EC

## Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	5,000.00	Building Premium: \$ 719.00	
Content	0.00	0.00	Content Premium: \$ 0.00	
			Increased Cost of Compliance (ICC) Premium: \$ 14.00	
			Mitigation Discount: \$ 0.00	
			Community Rating System Reduction: \$ 0.00	
			Full Risk Premium: \$ 733.00	
			Annual Increase Cap Discount: \$ 0.00	
			Pre-Firm Discount: \$ 0.00	
			Discounted Premium: \$ 733.00	
			Reserve Fund Assessment: \$ 132.00	
			HFIAA Surcharge: \$ 250.00	
			Federal Policy Fee: \$ 47.00	
			Probation Surcharge: \$ 0.00	
			<b>Total Quoted Premium</b>	<b>\$ 1,162.00</b>

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



# FLD1660018369 / STEVEN C BLUMBERG

15198 HARBOR LN, Clearlake, Lake County, CA, 95422 -  
8156  
3229 PECAN COURT, Medford, Jackson County, OR, 97504

Quote Source: AGENT

firemansteveb@yahoo.com  
(541)621-0831

Renew indicator : BATCH RENEWAL

Agent Tasks : Needs Photos

Term Start Date :	03/24/2024	Term End Date :	03/24/2025	Transaction Type :	New Busi Business
Transaction Eff. Dt. : Last Updated By :	03/24/2024 MARCUS DUNCAN	Waiting Period: Applicant Date :	Standard - 30 Day Wait 02/23/2024	last Updated Date :	03-07-20
Claims	0	Loss Run		Risk Rating	2.0
Total Premium Change :	\$1,162.00	Bill To :	POLHOLDER	Serv Rep :	
Total Premium :	\$1,162.00			U/writer :	
				Product Name :	Flood Prc

Coverage

Property Info

Additional info

Billing

Account View	Receivable View	Invoicing	Subledger		Unposted
Policy Transaction					
ACCOUNTING DT.	TRANS TYPE	TRANS REF	CHECK NO	CERTIFIED DATE	DEBIT
02/27/2024	PAYMENT	<b>F2166000014312</b>		02/27/2024	\$0.00
03/07/2024	INVOICE	<b>INV00802706</b>			\$1,162.00
					\$0.00
					02,
					03,

Forms

Tickets

Commission

Log Documents Agent Customer  
Portal Portal

Term Selection: (1194128)

03-24-2024/03-24-2025

Transaction Selection: (1623002)

NEWBUSINESS - ISSUED

Last transaction

New Business by MARCUS DUNCAN

Transaction date: 03-07-2024  
Transaction Eff. Dt. 2024-03-24

#### Note

(03-11-2024) Spoke with the agents wants to double check the premium , eoc

#### Agency Info

08808-48063-000 Timothy O'Rourke  
Timothy O'Rourke  
PO BOX 1967

03-07-2024 9:17:44 AM	Aprvd NB effective 3/24/24, 30 day wait from Application Submission date of 2/23/24. Premium received within 9 days of Application Submission date of 2/23/24. Removed EC from policy as no FC EC or current dated photos received. Not Primary Residence.	MARCUS DUNCAN	<input type="checkbox"/>
03-07-2024 9:15:03 AM	The EC should not have been approved, as it is based on Under Construction elevations and not Finished Construction. Since no Finished Construction EC received, we will have to remove the EC rating.	MARCUS DUNCAN	<input type="checkbox"/>
03-01-2024 8:58:05 PM	Photos are taken within 1 year. Insured does not have an elevation certificate after the build of the home. This was the only one provided to him. This is a vacation/seasonal residence, so if updated photos are required, please explain what angles of the home you need and how many,		