

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

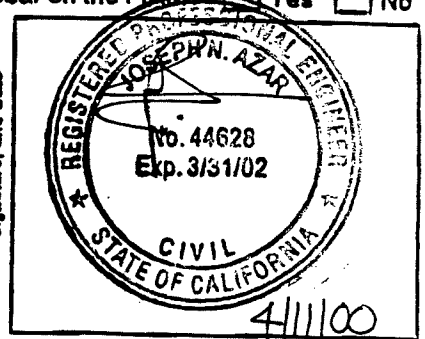
BUILDING OWNER'S NAME: Kaufman & Broad South Bay, Inc.
 BUILDING STREET ADDRESS (including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 136 Black Mountain Circle
 CITY: Fremont STATE: California ZIP CODE: 94536
 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Lot 10, Tract 7042
 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): Residential
 LATITUDE/LONGITUDE (OPTIONAL) (#° - ##' - ###.###" or ##.####"): _____ HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 NAD 1927 NAD 1983 USGS Quad Map Other: _____

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.
 FIS Profile FIRM Community Determined Other (Describe): _____
 11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____
 12. 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)

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
 a) Top of bottom floor (including basement or enclosure) _____ 47.52 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) _____ 50.39 ft.(m)
 e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)
 f) Lowest adjacent grade (LAG) _____ 49.8 ft.(m)
 g) Highest adjacent 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 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: Ruggieri-Jensen-Azar & Associates
 ADDRESS: 6601 CITY: Pleasanton STATE: CA ZIP CODE: 94588
 SIGNATURE: [Signature] DATE: 4/11/00 TELEPHONE: (925) 227-9100

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. 156 Black Mountain Circle			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.

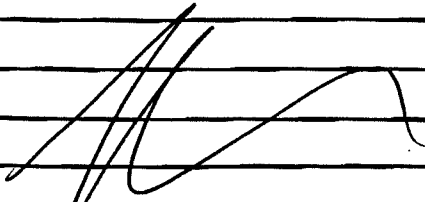
For Zone AO only. If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

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.

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 _____

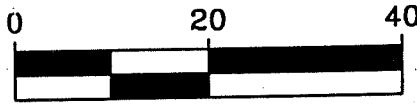
SIGNATURE _____ DATE _____

COMMENTS _____

Check here if attachments

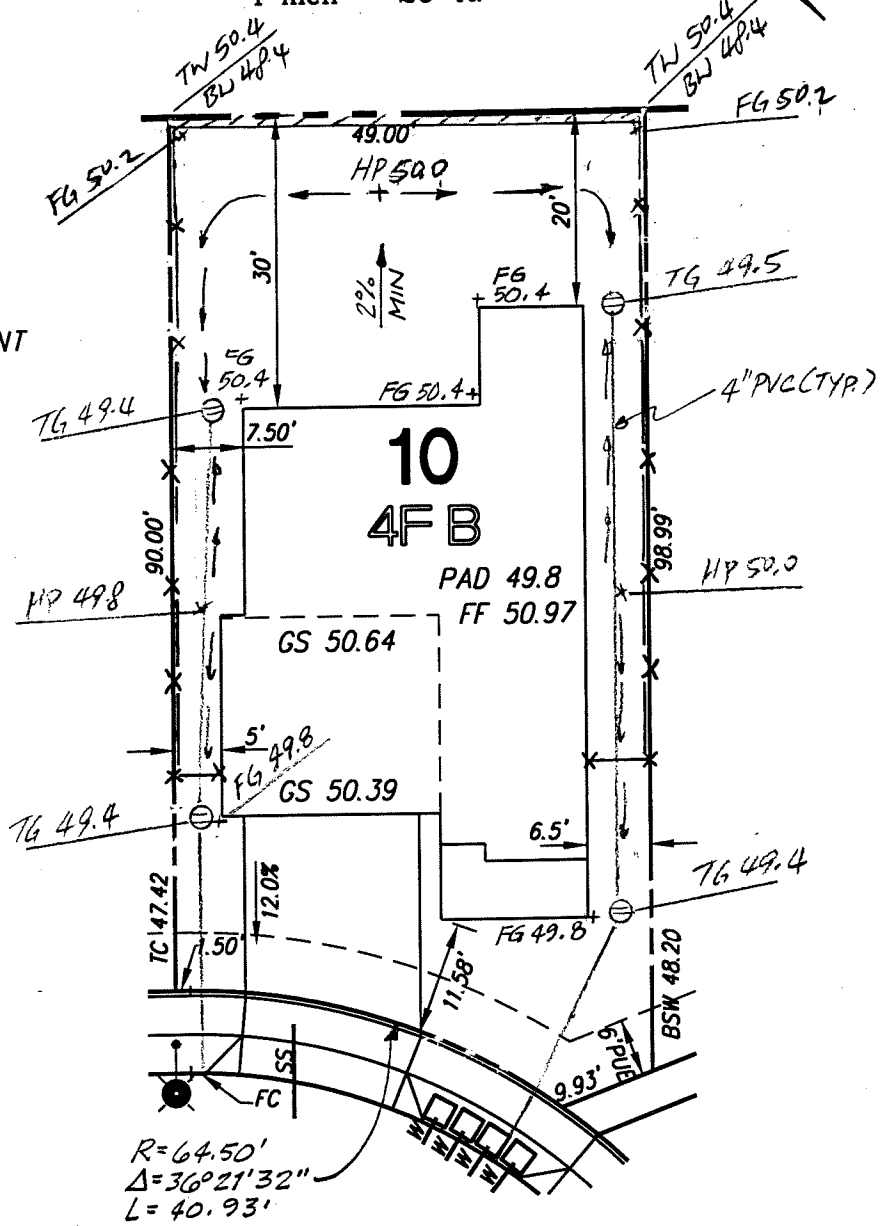
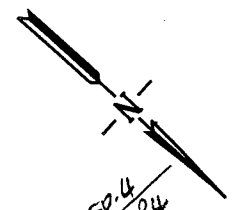
LEGEND

- 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
- ⊗ ELECTROLIER
- ⊙ FIRE HYDRANT
- W □ WATER METER
- ←→ SWALE (1.5% MIN)
- ▬▬▬ RETAINING WALL
- ▬▬▬ SLOPE
- ▬▬▬ HANDICAP RAMP
- E ELECTRICAL BOX
- T TELEPHONE BOX
- C CABLE TV BOX
- ▲ SUBSURFACE TRANSFORMER
- x-x- FENCE



(IN FEET)

1 inch = 20 ft.



BLACK MOUNTAIN CIRCLE

NOTE:

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

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

12/14/99, 2/4/00

**TRACT 7042- NILES STATION
LOT 10**

136 BLACK MOUNTAIN CIRCLE

FREMONT, ALAMEDA COUNTY, CALIFORNIA



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