Planning \$	Drain: \$21,714.00	.DG PERMIT NO.	
TCP\$ 320,043.00	School Impact \$	FILE # SPR-2005-084	
· · ·	n review, multi-family deve	CLEARANCE lopment, non-residential development) hity Development Department	
	THIS SECTION TO BE		
BUILDING ADDRESS 24 Road	SF-1/2 ROAD LE48 MAYK	et TAX SCHEDULE NO. 2945-043-00-168	
SUBDIVISION		SQ. FT. OF EXISTING BLDG(S)	
FILING BLK	LOT	SQ. FT. OF PROPOSED BLDG(S)/ADDITONS 53, 350 SF	
OWNER <u>C/C</u> JEFF UNGERE ADDRESS <u>3501 SW FAIRI</u> CITY/STATE/ZIP <u>TOPEKA</u>	LAWN RD STE 200	MULTI-FAMILY: NO. OF DWELLING UNITS: BEFOREAFTER CONSTRUCTION NO. OF BLDGS ON PARCEL: BEFOREAFTER CONSTRUCTION	
APPLICANT ASCENT COMME	RCIAL Deveropment	USE OF ALL EXISTING BLDG(S)	
ADDRESS 15 JACKSON	STREET, UNIT B	DESCRIPTION OF WORK & INTENDED USE: BASIC CONSTRUCT	
	10 82 90206	OF A COMMERCIAL SITE, COMMERCIAL STREET WITH	
CITY/STATE/ZIP DENUER,			
TELEPHONE 303 - 389	- 9500	A 53.350 SF MOVIE THEATER COMPLEX	
TELEPHONE <u>303 38</u> ເ Submittal requirements are	- 9೮೮೮ outlined in the SSID (Submitt	·	
TELEPHONE $303 - 389$ Submittal requirements are ZONE $- /$ SETBACKS: FRONT: $15'$	- ფლი outlined in the SSID (Submitt HIS SECTION TO BE COMPLETED BY CO from Property Line (PL) or V, whichever is greater	<u>A 53,350 SF MOVIE THEATER COMPLEX</u> al Standards for Improvements and Development) document. MMUNITY DEVELOPMENT DEPARTMENT STAFF	
TELEPHONE $3c_3 - 3g_2$ Submittal requirements are ZONE	- 9200 • outlined in the SSID (Submitted in the S	<u>A 53 350 SF MOVIE THEATER LEMPLEX</u> Tal Standards for Improvements and Development) document. MMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES X. NO PARKING REQUIREMENT: <u>PER Sife plan</u> SPECIAL CONDITIONS:	
TELEPHONE <u>303 - 386</u> Submittal requirements are Submittal requirements are T ZONE <u>C - 1</u> SETBACKS: FRONT: <u>15'</u> SETBACKS: FRONT: <u>15'</u> MAX. FRONT: <u>15'</u> MAX. HEIGHT <u>56'</u> MAX. COVERAGE OF LOT BY ST Modifications to this Planning Clear authorized by this application can issued by the Building Department guaranteed prior to issuance of a issuance of a Certificate of Occupation The replacement of any vegetation Development Code.	arance must be approved, in writi not be occupied until a final insp not be occupied until a final i	<u>A 53 350 SF MOVIE THEATER LEMPLEX</u> TAI Standards for Improvements and Development) document. MMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES <u>No</u> PARKING REQUIREMENT: <u>PER SIFE</u> SPECIAL CONDITIONS: 	
TELEPHONE $3c3 - 3c2$ Submittal requirements are Submittal requirements are T ZONE	Geo	<u>A 53 350 SF MOVIE THEATER LEMPLEX</u> Tal Standards for Improvements and Development) document. MMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES X NO PARKING REQUIREMENT: <u>PER SIFE Plan</u>	
TELEPHONE $3c3 - 3c2$ Submittal requirements are Submittal requirements are T ZONE	Geo	A 53 350 SF MOVIE THEATER LEMPLEX TAI Standards for Improvements and Development) document. MMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT: Per Site plan SPECIAL CONDITIONS: SPECIAL CONDITIONS: Ing, by the Community Development Department Director. The structure performance of Occupancy has been ing Code). Required improvements in the public right-of-way must be required site improvements must be completed or guaranteed prior to by this permit shall be maintained in an acceptable and healthy condition, an unhealthy condition is required by the Grand Junction Zoning and d stamped by City Engineering prior to issuing the Planning Clearance. rmation is correct; I agree to comply with any and all codes, ordinances,	
TELEPHONE 303 - 389 Submittal requirements are Submittal requirements are T ZONE	Geogrammeter of the second secon	A 53 350 SF MOVIE THEATER LEMPLEX al Standards for Improvements and Development) document. MMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES X NO PARKING REQUIREMENT: Per Site plan SPECIAL CONDITIONS: SPECIAL CONDITIONS: Ing, by the Community Development Department Director. The structure pection has been completed and a Certificate of Occupancy has been ing Code). Required improvements in the public right-of-way must be required site improvements must be completed or guaranteed prior to by this permit shall be maintained in an acceptable and healthy condition, an unhealthy condition is required by the Grand Junction Zoning and d stamped by City Engineering prior to issuing the Planning Clearance. rmation is correct; I agree to comply with any and all codes, ordinances, stand that failure to comply shall result in legal action, which may include Date Fig. J& JODS	

SPR-2005-084

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Lot 1 shall be 649 Market Street, Lot 2 shall be 648 Market Street.

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

ELEVATION CERTIFICATE

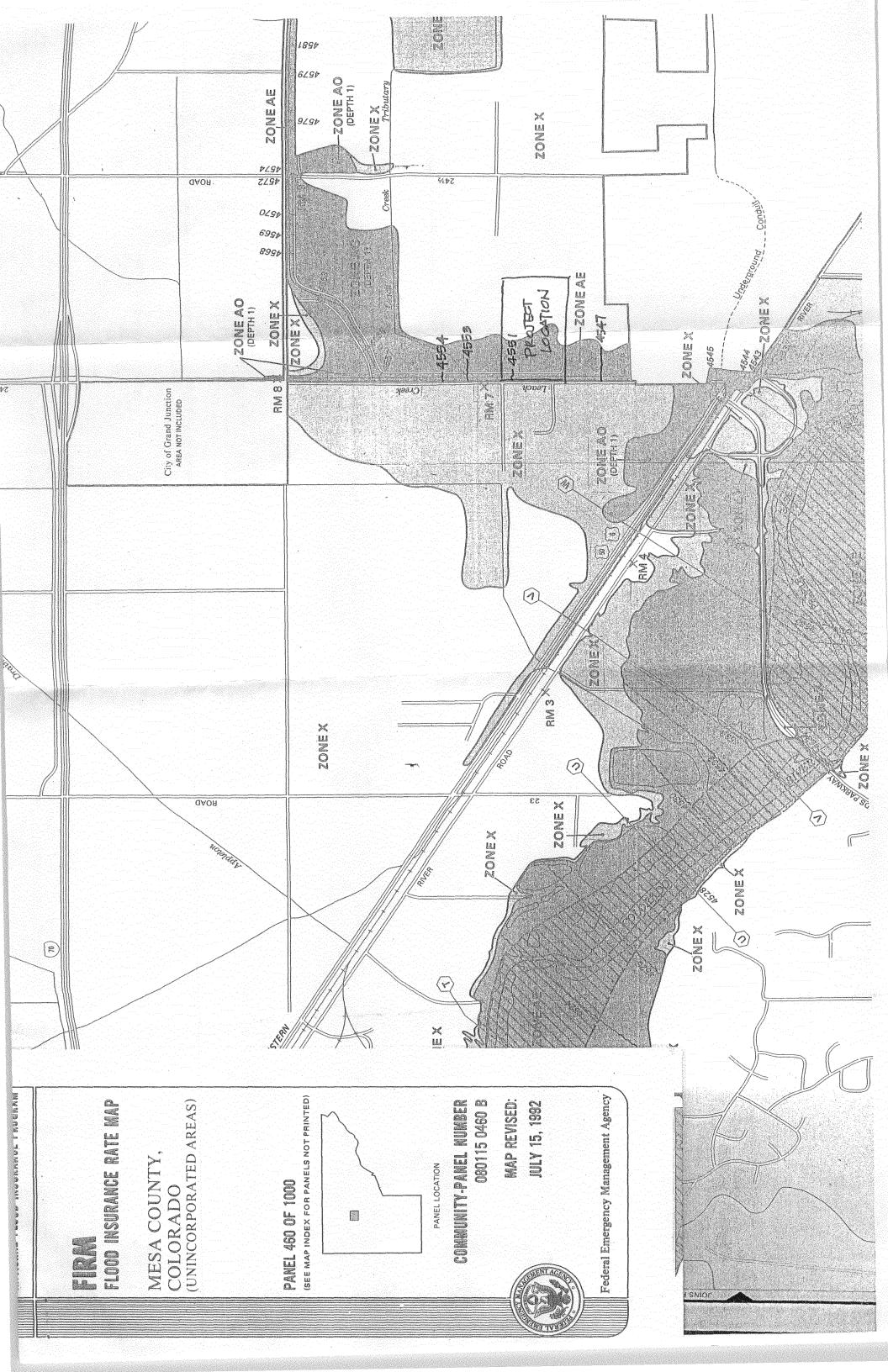
Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION	For Insurance Company Use:
BUILDING OWNER'S NAME ASCENT COMMERCIAL DEVELOPMENT	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 24 Joan 4 F-1/2 Road	Company NAIC Number
CITY STATE	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	81203
<u>2945 - 043 - 00 - 181</u> BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)	
COMMENCIAL USE (MOVIE THEATER)	
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ##' - ## ####" or ##.#####") Image: Market Amage: M	
$39^{\circ} \le 54'' N'$, $109^{\circ} 36' 17'' W$	Other
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
	33. STATE
MESA COUNTY, COLORADO OBOIIS 046013 MESA	<u> </u>
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD NUMBER DATE EFFECTIVE/REVISED DATE ZONE(S) 460/1000 - 030115 0460 B July 15, 1992 July 3, 1978 AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	+331
FIS Profile X FIRM Community Determined Other (Describe):	
B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 NAVD 1988 _ Other (De	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area Designation Date:	a (OPA)? / Yes X No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRE	ED)
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 c	artificate is being completed - see
pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	erimicate is being completed - see
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 use	
the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measur	
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to Datum <u>NAVD 1988</u> Conversion/Comments <u>3・2 PT HGH5R</u> THAN 1929 DATUM	document the datum conversion. BFE = 4554, Z.NAVbg
Elevation reference mark used <u>NE Profectry CorNel</u> Does the elevation reference mark used appear	
□ a) Top of bottom floor (including basement or enclosure) $\frac{4559}{\text{ft}}$. $\frac{50}{\text{ft}}$ ft.(m) $\frac{1}{39}$	A DOIR GHE D
□ b) Top of next higher floor	
c) Bottom of lowest horizontal structural member (V zones only) ft.(m)	
□ d) Attached garage (top of slab)	24953 5: 24953
으 e) Lowest elevation of machinery and/or equipment 또 C. 23 servicing the building (Describe in a Comments area.) ft.(m) 흔별 (8
□ f) Lowest adjacent (finished) grade (LAG)	
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 9	STONAL LAND S
	Charles and Charles
□ i) Total area of all permanent openings (flood vents) in C3.h sq. in. (sq. cm)	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	N
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to co	
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Sect	
CERTIFIER'S NAME	16 7/2053
TITLE I AND SHELLOR COMPANY NAME LICH DECK	LS 27155
ADDRESS DECL & 3/1 PL CONCITY I STATE	ZIP CODE COLECO
SIGNATURE CHILDRAN CHILDRAN CARANDICT CO	D1503
FEMA Form 81-31, January 2003 See reverse side for continuation.	Replaces all previous editions

BULDING STREET ADDRESS (Including Act, Und. Suba, angor Pilos, No.) OR P.O. ROUTE AND BOX NO. Policy Number 241 Kohd I, F.//z Control IIII (Sect) Statte 2/P CODE Company NAIC Number COMMENTS SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Control IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	IMPORTANT: In these spaces, copy the corresponding information	ation from Sec	ction A.	I	For Insurance Company Use:
CTY STATE ZIP CODE Company NAIC Number CADALS Junk Top SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Copy both aides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. I Check here if altachth COMMENTS	BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.	.) OR P.O. ROU			Policy Number
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Cary both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. COMMENTS SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO ADD ZONE A (WITHOUT BFE) SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO ADD ZONE A (WITHOUT BFE) SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO ADD ZONE A (WITHOUT BFE) To an Addition of a summa the completed distribution for a LOMA or LOME+F, Section C must be completed. Is a distribution of a subtom for on founding basement or enclosure) of the building in (m) in (cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available). Section (F) (m) (m) (m) above on highest adjacent grade. (Use natural grade, if available). Section (F) (m) (m) (m) (m) (m) (m) (m) (m) (m) (m	CITY STATE				Company NAIC Number
COMMENTS L Check here if attachm SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) or Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting fromation for a LOMA or LOMR-F, Section C must be completed. 1. Building Diagram R-Withour (Select the building diagram most similar to the building for which this certificate is being completed is see pages 6 and 7. If no diagram accurately represents the building to relevated floor (elevation b) of the building is	C /NHOS				(INUED)
COMMENTS L Check here if attachm SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) or Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting fromation for a LOMA or LOMR-F, Section C must be completed. 1. Building Diagram R-Withour (Select the building diagram most similar to the building for which this certificate is being completed is see pages 6 and 7. If no diagram accurately represents the building to relevated floor (elevation b) of the building is					
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or Zone AO and Zone A (without BFE), complete ltems E1, through E5. If the Elevation Certificate is intended for use as supporting formation for a LOMA or LOMR-F, Section C must be completed. 1. Building Diagram Number					Check here if attachmen
Iformation for a LOMA or LOMR-F. Section C must be completed. 1. Building Diagram Number. [Select the building dargarm most similar to the building for which this certificate is being completed. 2. The top of the bottom floor (including basement or enclosure) of the building is [SECTION E - BUILDING ELEVATION INFORMATION (SURVE	Y NOT REQU	IRED) FOR ZON	IE AO AN	ID ZONE A (WITHOUT BFE)
PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME AUSTIM CITY STATE ZIP CODE 336 Main At State CITY State ZIP CODE SIGNATURE DATE G6.005 TELEPHONE (97c) 241-75'40 COMMENTS Non E SECTION G - COMMUNITY INFORMATION (OPTIONAL) (97c) 241-75'40 The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete can complete the applicable titem(s) and sign below. (1) 1. Locat the Section C was taken from other documentation that has been signed and embossed by a licensed surveyer, 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.) (2) (1) A community official completed Section E for a bui	 and the property owner or owner's authorized representative who completed in the property owner or owner's authorized representative who completed without a FEMA-issued or community-issued BFE) or Zone AO mus 	ost similar to the ding, provide a the building is vailable.) nigher floor or e Complete Items the building is vailable.) op of the botton nown. The loc WNER'S REPF letes Sections	e building for wh sketch or photog [ft. (m) [elevated floor (ele s C3.h and C3.i [ft. (m) [n floor elevated i cal official must c RESENTATIVE) A, B, C (Items C	ich this ce graph.) in. (c evation b) on front of in. (c n accorda ertify this CERTIFIC 3.h and C	ertificate is being completed cm) [] above or [] below of the building is f form. cm) [] above or [] below ance with the community's information in Section G. CATION 3.i only), and E for Zone A
AdsTin CIUIL GROUP, JNC. ADDRESS STATE ZIP CODE 33. Main A: State CITY SIGNATURE DATE Code EISOL SIGNATURE DATE Code EISOL COMMENTS DATE Code EISOL COMMENTS None Lincheck here if attachm SECTION G - COMMUNITY INFORMATION (OPTIONAL) TelePHONE (97c) 241-7540 Comments SECTION G - COMMUNITY INFORMATION (OPTIONAL) TelePHONE (97c) 241-7540 Comments SECTION G - COMMUNITY INFORMATION (OPTIONAL) TelePHONE (97c) 241-7540 Section G - COMMUNITY INFORMATION (OPTIONAL) TelePHONE (97c) 241-7540 Comments Section G - COMMUNITY INFORMATION (OPTIONAL) TelePHONE (97c) 241-7540 Intermition in section Condition comments and addition of community floodplain management ordinance can complete sections A, B, C (or E), and G of this Elevation Certificate. Completed the applicable item(s) and sign below. <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
336 MANY 54 CHAVE 74 3 CANNE 7000 CO E 150 1. DATE 66.05 TELEPHONE (97c) 242-7540 SIGNATURE MAKE COMMENTS DATE 66.05 TELEPHONE (97c) 242-7540 COMMENTS MAKE L Check here if attachm 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 actions A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. 1.	AUSTIN CIVIL GROUP, INC.			•	
SIGNATURE DATE 6.6.05 TELEPHONE (97c) 242-7540 COMMENTS	ADDRESS 331 MAIN AL SHIP 703				
	SIGNATURE	DATE			NE
I Check here if attachm SECTION G - COMMUNITY INFORMATION (OPTIONAL) Be local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete actions A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. I. [_] The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyar, 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.) 2. [_] A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. 3. [_] The following information (Items G4-G9) is provided for community floodplain management purposes. 44. PERMIT NUMBER 55. DATE PERMIT ISSUED 65. DATE PERMIT ISSUED 75. Construction 65. DATE PERMIT ISSUED 75. Construction 65. DATE PERMIT ISSUED 75. Construction 75. Constence 75. Construction 75. Construction 75. Construction 75. Co	COMMENTS	6.6	03	····	
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 actions A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. 1. _ 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.) 2. _ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. 3. _ The following information (Items G4-G9) is provided for community floodplain management purposes. 24. PERMIT NUMBER G5. DATE PERMIT ISSUED G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 3. Elevation of as-built lowest floor (including basement) of the building is: ft. (m) Datum: 4. BEFE or (in Zone AO) depth of flooding at the building site is: Time E TELEPHONE 5. BFE or (in Zone AO) depth of flooding at the building site is: Time E TELEPHONE 970 - 256 - 403 4 COMMUNITY NAME TELEPHONE 970 - 256 - 403 4 DATE	NUNE				
Ne local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete actions A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. 1					Check here if attachments
actions A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. 1			· · · · · · · · · · · · · · · · · · ·		
SPR-2005-084 ISSUED 7. This permit has been issued for: IN New Construction Substantial Improvement 3. Elevation of as-built lowest floor (including basement) of the building is: ft. (m) Datum: 9. BFE or (in Zone AO) depth of flooding at the building site is: ft. (m) Datum: PLCK DOTOTOCIS OCAL OFFICIAL'S NAME TITLE COMMUNETY NAME TITLE COMMUNETY NAME TELEPHONE GIGNATURE DATE	 ections A, B, C (or E), and G of this Elevation Certificate. Complete 1. 1. The information in Section C was taken from other documenta engineer, or architect who is authorized by state or local law televation data in the Comments area below.) 2. _ A community official completed Section E for a building locate Zone AO. 	the applicable ation that has b to certify eleva ed in Zone A (w	item(s) and sign been signed and tion information. vithout a FEMA-is	below. embosse (Indicate ssued or o	d by a licensed surveyor, the source and date of the community-issued BFE) or
7. This permit has been issued for: Image: The Construction Image: The Con	G4. PERMIT NUMBER G5. DATE PERMIT ISSUED			ATE OF C	OMPLIANCE/OCCUPANCY
OCAL GEFICIAL'S NAME COMMUNITY NAME COMMUNIT	7. This permit has been issued for: A New Construction () \$ 8. Elevation of as-built lowest floor (including basement) of the buildin 9. BFE or (in Zone AO) depth of flooding at the building site is:	Substantial Imp		2	ft. (m) Datum: ft. (m) Datum: 88
GIGNATURE DATE	OCAL GIFICIAL'S NAME	Tit E-	TAVEINE	WHEN M	EALAR.
IGNATURE DATE	COMMUNITY NAME OF GRAND JCT.	TELEPHO	ONE 970	-24	6-4034
OMMENTS	SIGNATURE	DATE		 _	
	COMMENTS				10-17-11
· · · · · · · · · · · · · · · · · · ·					
L I Check here if attachme					Check here if attachments

Replaces all previous editions

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U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

For Insurance Company Use:

Important: Read the instructions on pages 1-9. SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name WTN COEX II, LLC	Policy Number		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 648 Market Street	Company NAIC Number		
City Grand Junction State CO ZIP Code 81503			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 2495-043-21-002			
enclosure(s) within 1.0 foot above adjacent grade within 1.0 foot above adjacent grade sq in sq in c) Total net area of flood openings? Yes No d) Engineered flood opening flood opening d) Engineered flood opening d) Engineered flood opening flood opening d) Engineered flood opening Engineered flood opening d) Engineered flood opening d) Engineered flood opening Engineered flood opening d) Engineered flood opening Enginee	ed garage sq ft openings in the attached garage acent grade benings in A9.b sq in		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
	3. State colorado		
B4. Map/Panel Number 080115 0460B5. Suffix BB6. FIRM Index DateB7. FIRM PanelB8. FloodJuly 3, 1978July 15, 1992AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 4551		
B11. Indicate elevation datum used for BFE in Item 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)? Designation Date B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? B13. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? B14. In the protect of the	Yes ⊠ No		
 Building elevations are based on: Construction Drawings* Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. 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, below according to the building diagram specified in Item A7. Use the same datum as the BFE. Benchmark Utilized <u>NE Property Corner</u> Vertical Datum <u>NAVD 88</u> Conversion/Comments <u>3.2' Higher than 1929 Datum BFE=4554.2 NAVD 88</u> 	Finished Construction AR/AO. Complete Items C2.a-h		
Check the measurements of the second se			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>4539.50</u> 🖾 feet 🗍 meters (Puerto b) Top of the next higher floor	Rico only) eters (Puerto Rico only)		
	eters (Puerto Rico only)		
	eters (Puerto Rico only) eters (Puerto Rico only)		
f) Lowest adjacent (finished) grade next to building (LAG)	eters (Puerto Rico only)		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including	eters (Puerto Rico only) eters (Puerto Rico only)		
structural support 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 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. Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? X Yes I No			
Certifier's Name Jeffrey C. Fletcher License Number PLS 24953			
Title Land Surveyor Company Name High Desert Surveying, LLC	- Witte 3-17		
Address 1673 Highway 50 Unit C City Grand Junction State CO ZIP Code 81503	WALLAND S		
Signature Date Telephone 970-254-8649			

IMPORTANT: In these spaces,	copy the corresponding in	formation from Sec	tion A.	For Insurance Company Use:
Building Street Address (including Apt 648 Market Street	t., Unit, Suite, and/or Bldg. No.) o	or P.O. Route and Box	No.	Policy Number
City Grand Junction State CO ZIP	Code 81503			Company NAIC Number
SECTIO	N D - SURVEYOR, ENGINE	ER, OR ARCHITECT	CERTIFICATION (C	CONTINUED)
Copy both sides of this Elevation Cert	ificate for (1) community official,	(2) insurance agent/co	mpany, and (3) building	owner.
Comments				
Signature		Date		Check here if attachments
SECTION E - BUILDING ELE	VATION INFORMATION (S	URVEY NOT REQU	RED) FOR ZONE A	O AND ZONE A (WITHOUT BFE)
and C. For Items E1-E4, use natural E1. Provide elevation information for grade (HAG) and the lowest adj a) Top of bottom floor (including b) Top of bottom floor (including E2. For Building Diagrams 6-9 with (elevation C2.b in the diagrams E3. Attached garage (top of slab) is E4. Top of platform of machinery an E5. Zone AO only: If no flood depth ordinance? ☐ Yes ☐ No [SECTIO] The property owner or owner's author	grade, if available. Check the m r the following and check the ap acent grade (LAG). basement, crawlspace, or enclo permanent flood openings provid) of the building is feet id/or equipment servicing the built number is available, is the top of Unknown. The local official n N F - PROPERTY OWNER (finite the service of the	neasurement used. In I propriate boxes to show osure) is ded in Section A Items feet meters meters above or ilding is of the bottom floor eleva nust certify this informa OR OWNER'S REPI tes Sections A, B, and I	Puerto Rico only, enter of whether the elevation feet meters and/or 9 (see pages 8 above or below below the HAG. feet meters feet meters ted in accordance with tion in Section G. RESENTATIVE) CER	is above or below the highest adjacent above or below the HAG. below the LAG. 9 of Instructions), the next higher floor the HAG. above or below the HAG. the community's floodplain management
or Zone AO must sign here. The state	ements in Sections A, B, and E a			
Property Owner's or Owner's Authoriz	ed Representative's Name			
Address		City	State	e ZIP Code
Signature		Date	Tele	phone
Comments				
				Check here if attachmen
	SECTION G - COMN	UNITY INFORMATI	ON (OPTIONAL)	
The local official who is authorized by la	aw or ordinance to administer the	e community's floodplai	n management ordinan	ce can complete Sections A, B, C (or E),
is authorized by law to certify 32. A community official complete		ation that has been sign the source and date of ed in Zone A (without a nunity floodplain manag	ned and sealed by a lice the elevation data in th FEMA-issued or comm ement purposes.	ensed surveyor, engineer, or architect who le Comments area below.)
G7. This permit has been issued for:	New Construction	Substantial Improve	ment	
38. Elevation of as-built lowest floor (i			한 경제 이 집에 가지 못 한 것 같은 것 같은 것 같이 했다.	
39. BFE or (in Zone AO) depth of floo			eet meters (PR) D	
G10. Community's design flood elevation			eet 🔲 meters (PR) D	atum
Local Official's Name		Title		
Community Name		Telepho	ne	
Signature		Date		
Comments				
			e egypter for a ¹⁹¹ 0 of the source of the	

Building Photographs See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
648 Market Street	
City Grand Junction State CO ZIP Code 81503	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



Building Photographs Continuation Page

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
648 Market Street	
City Grqand Junction State CO ZIP Code 81503	Company NAIC Number

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."



REAR VIEW