Planning \$ -6,630	.00 LDG PERMIT NO.
TCP \$ 5,743.75 School Impact \$ 0	FILE # SPR-2006-327
(site plan review, multi-family dev	G CLEARANCE velopment, non-residential development) unity Development Department
THIS SECTION TO E	BE COMPLETED BY APPLICANT
BUILDING ADDRESS 598 23 1/2 ROAD	TAX SCHEDULE NO. 2945-081-00-033
SUBDIVISION	SQ. FT. OF EXISTING BLDG(S)
FILING BLK LOT	SQ. FT. OF PROPOSED BLDG(S)/ADDITONS 6,250 SF
OWNER REDLANDS PARKWAY LLC ADDRESS PO Box 4150	
CITY/STATE/ZIP GRAND JUNCTION, CO BISOZ	
APPLICANT TOM FOLKESTAD	USE OF ALL EXISTING BLDG(S)
	DESCRIPTION OF WORK & INTENDED USE: SITE PLAN
ADDRESS PO Box 730	
ADDRESS PO Box 730 CITY/STATE/ZIP FRUITA, CO 81521	REVIEW FOR A NEW INDUSTRIAL
CITY/STATE/ZIP FRUITA, CO 81521 TELEPHONE 970 - 210 - 6474 Submittal requirements are outlined in the SSID (Subm THIS SECTION TO BE COMPLETED BY	BUILDING W ASSOCIATED PARKIUL, LANDSCAPE, MTIC ittal Standards for Improvements and Development) document. COMMUNITY DEVELOPMENT DEPARTMENT STAFF
CITY/STATE/ZIP $\underline{F_{2U1T4}}$, CD $\underline{81521}$ TELEPHONE $\underline{970 - 210 - 6474}$ Submittal requirements are outlined in the SSID (Subm THIS SECTION TO BE COMPLETED BY C ZONE $\underline{T - 1}$ SETBACKS: FRONT: $\underline{15}$ from Property Line (PL) or from center of ROW, whichever is greater SIDE: $\underline{5}$ from PL REAR: $\underline{10}$ from PL $\underline{401}^{1}$	BUILDING W ASSOCIATED PARKIOL, LANDSCARE, MTIL mittal Standards for Improvements and Development) document. COMMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT: Per plans
CITY/STATE/ZIP FRUITA, CO 81521 TELEPHONE 970 - 210 - 6474 Submittal requirements are outlined in the SSID (Subm THIS SECTION TO BE COMPLETED BY O ZONE SETBACKS: FRONT: 5 from Property Line (PL) or from center of ROW, whichever is greater	BUILDING WASSOCIATED PARKIUL, LANDSCARE, UTIL mittal Standards for Improvements and Development) document. COMMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT:Per plans
CITY/STATE/ZIP $\boxed{F2u_1T4}$, CO 81521 TELEPHONE $\underline{970 - 210 - 6474}$ Submittal requirements are outlined in the SSID (Subm THIS SECTION TO BE COMPLETED BY O ZONE $\boxed{I - 1}$ SETBACKS: FRONT: $\boxed{5}$ from Property Line (PL) or from center of ROW, whichever is greater SIDE: 5 from PL REAR: $\boxed{10}$ from PL MAX. HEIGHT $\underbrace{40^{1}}$ MAX. COVERAGE OF LOT BY STRUCTURES \underline{NA} Modifications to this Planning Clearance must be approved, in w authorized by this application cannot be occupied until a final in issued by the Building Department (Section 307, Uniform Build guaranteed prior to issuance of a Planning Clearance. All other issued of a Certificate of Occupancy. Any landscaping require The replacement of any vegetation materials that die or are in Development Code.	BUILDING W ASSOCIATED PARKIOL, LANDSCARE, MTIL Dittal Standards for Improvements and Development) document. COMMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT:PerPlans SPECIAL CONDITIONS: riting, by the Community Development Department Director. The structure nspection has been completed and a Certificate of Occupancy has been ding Code). Required improvements in the public right-of-way must be per required site improvements must be completed or guaranteed prior to ad by this permit shall be maintained in an acceptable and healthy condition. An an unhealthy condition is required by the Grand Junction Zoning and
CITY/STATE/ZIP $\boxed{F2u_1T4}$, CO 81521 TELEPHONE $\underline{970 - 210 - 6474}$ Submittal requirements are outlined in the SSID (Subm THIS SECTION TO BE COMPLETED BY O ZONE $\boxed{I - 1}$ SETBACKS: FRONT: $\boxed{5}$ from Property Line (PL) or from center of ROW, whichever is greater SIDE: 5 from PL REAR: $\boxed{10}$ from PL MAX. HEIGHT $\underbrace{40^{1}}$ MAX. COVERAGE OF LOT BY STRUCTURES \underline{NA} Modifications to this Planning Clearance must be approved, in w authorized by this application cannot be occupied until a final in issued by the Building Department (Section 307, Uniform Build guaranteed prior to issuance of a Planning Clearance. All other issued of a Certificate of Occupancy. Any landscaping require The replacement of any vegetation materials that die or are in Development Code.	BUILDING W ASSOCIATED PARKIUL, LANDSCARE, MTIL AND SCAPING FOR IMPROVEMENTS AND DEVELOPMENT) document. COMMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT:PerPlans SPECIAL CONDITIONS: riting, by the Community Development Department Director. The structure nspection has been completed and a Certificate of Occupancy has been ding Code). Required improvements in the public right-of-way must be ar required site improvements must be completed or guaranteed prior to be by this permit shall be maintained in an acceptable and healthy condition. An an unhealthy condition is required by the Grand Junction Zoning and
CITY/STATE/ZIP $\underline{F2uit4}, C0$ $\underline{81521}$ TELEPHONE $\underline{970 - 210 - 6474}$ Submittal requirements are outlined in the SSID (Subm THIS SECTION TO BE COMPLETED BY 0 ZONE $\underline{I} - \underline{I}$ SETBACKS: FRONT: $\underline{15}$ from Property Line (PL) or from center of ROW, whichever is greater SIDE: $\underline{5}$ from PL REAR: $\underline{10}$ from PL MAX. HEIGHT $\underline{40^{1}}$ MAX. COVERAGE OF LOT BY STRUCTURES \underline{NA} Modifications to this Planning Clearance must be approved, in w authorized by this application cannot be occupied until a final in issued by the Building Department (Section 307, Uniform Build guaranteed prior to issuance of a Planning Clearance. All other such of a Certificate of Occupancy. Any landscaping requires The replacement of any vegetation materials that die or are in Development Code. Four (4) sets of final construction drawings must be submitted a One stamped set must be available on the job site at all times.	BUILDING WASSOCIATED PARKIUL, LANDSCARE, UTIL mittal Standards for Improvements and Development) document. COMMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT:Per plans
CITY/STATE/ZIP $\boxed{F241T4}$, CD 81521 TELEPHONE $\underline{970 - 210 - 6474}$ Submittal requirements are outlined in the SSID (Subm THIS SECTION TO BE COMPLETED BY ONE $\boxed{I - 1}$ SETBACKS: FRONT: $\boxed{5}$ from Property Line (PL) or from center of ROW, whichever is greater SIDE: $\boxed{5}$ from PL REAR: $\boxed{0}$ from PL MAX. HEIGHT $\underbrace{40^{1}}$ MAX. COVERAGE OF LOT BY STRUCTURES \underbrace{MA} Modifications to this Planning Clearance must be approved, in we authorized by the Building Department (Section 300, Uniform Build guaranteed prior to issuance of a Planning Clearance. All other suance of a Certificate of Occupancy. Any landscaping require the replacement of any vegetation materials that die or are in Development Code. Four (4) sets of final construction drawings must be submitted a Dine stamped set must be available on the job site at all times. I hereby acknowledge that I have read this application and the in aws, regulations, or restrictions which apply to the project. I und but not necessarily be limited to non-use of the building(s). Applicant's Signature $\underbrace{Watta}{Vatta}$	BUILDING WASSOCIATED PARKING, LANDSCARE, MTIL initial Standards for Improvements and Development) document. COMMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES NO PARKING REQUIREMENT: <u>Per plans</u> SPECIAL CONDITIONS: <u>SPECIAL CONDITIONS</u> : <u>SPECIAL CONDITIONS</u> : <u>SPECIAL CONDITIONS</u> : <u>Per plans</u> ding Code). Required improvements in the public right-of-way must be per required site improvements must be completed or guaranteed prior to an unhealthy condition is required by the Grand Junction Zoning and and stamped by City Engineering prior to issuing the Planning Clearance. formation is correct; I agree to comply with any and all codes, ordinances,
CITY/STATE/ZIP $\boxed{ P201T4, CD 81521}$ TELEPHONE $\underline{970 - 210 - 6474}$ Submittal requirements are outlined in the SSID (Subm THIS SECTION TO BE COMPLETED BY ZONE $\underline{ I - 1}$ SETBACKS: FRONT: $\underline{ I 5}$ from Property Line (PL) or from center of ROW, whichever is greater SIDE: $\underline{ 5}$ from PL REAR: $\underline{ I 0}$ from PL MAX. HEIGHT $\underline{ 40^{1}}$ MAX. COVERAGE OF LOT BY STRUCTURES \underline{NA} Modifications to this Planning Clearance must be approved, in we authorized by this application cannot be occupied until a final in issued by the Building Department (Section 307, Uniform Building guaranteed prior to issuance of a Planning Clearance. All other from center of any vegetation materials that die or are in Development Code. Four (4) sets of final construction drawings must be submitted a One stamped set must be available on the job site at all times. hereby acknowledge that I have read this application and the in aws, regulations, or restrictions which apply to the project. I undo but not necessarily be limited to non-use of the building(s).	Buildows AsseciatED Parkiol, Lawdstafe, Militation Initial Standards for Improvements and Development) document. COMMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES PARKING REQUIREMENT: PARKING REQUIREMENT: PARKING REQUIREMENT: PECIAL CONDITIONS: SPECIAL CONDITIONS: Specific and a Certificate of Occupancy has been ding Code). Required improvements in the public right-of-way must be completed and a Certificate of Occupancy has been ding Code). Required improvements must be completed or guaranteed prior to ad by this permit shall be maintained in an acceptable and healthy condition. n an unhealthy condition is required by the Grand Junction Zoning and and stamped by City Engineering prior to issuing the Planning Clearance. formation is correct; I agree to comply with any and all codes, ordinances, erstand that failure to comply shall result in legal action, which may include
CITY/STATE/ZIP $\boxed{FRUIT4, CO \ 81521}$ TELEPHONE $\underline{970 - 210 - 6474}$ Submittal requirements are outlined in the SSID (Subm THIS SECTION TO BE COMPLETED BY ON THIS SECTION TO BE COMPLETED BY ON ZONE $\underline{\Box - 1}$ SETBACKS: FRONT: $\underline{15}$ from Property Line (PL) or from center of ROW, whichever is greater SIDE: $\underline{5}$ from PL REAR: $\underline{10}$ from PL MAX. HEIGHT $\underline{40^{1}}$ MAX. COVERAGE OF LOT BY STRUCTURES \underline{MA} Modifications to this Planning Clearance must be approved, in we authorized by this application cannot be occupied until a final in submitted by this application cannot be coupled until a final in submitted by this application cannot be occupied. Until a final in proved of a Certificate of Occupancy. Any landscaping requires The replacement of any vegetation materials that die or are in Development Code. Four (4) sets of final construction drawings must be submitted a Dne stamped set must be available on the job site at all times. hereby acknowledge that I have read this application and the in aws, regulations, or restrictions which apply to the project. I undo but not necessarily be limited to non-use of the building(s). Applicant's Signature $\underbrace{Watthe}{Watthe}$	BUILDING WASSECIATED RARLIUL, LANDSCARE, MTIL Initial Standards for Improvements and Development) document. COMMUNITY DEVELOPMENT DEPARTMENT STAFF LANDSCAPING/SCREENING REQUIRED: YES PARKING REQUIREMENT: Per plans SPECIAL CONDITIONS: SPECIAL CONDITIONS: Parter required site improvements in the public right-of-way must be arrequired site improvements the completed and a certificate of Occupancy has been ding Code). Required improvements in the public right-of-way must be arrequired site improvements must be completed and a certificate of Occupancy has been ding Code). And stamped by City Engineering prior to issuing the Planning Clearance. formation is correct; I agree to comply with any and all codes, ordinances, erstand that failure to comply shall result in legal action, which may include Date Support Mathematical State of Support

(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

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ELEVATION CERTIFICAT

OMB No. 1660-0008 Expires February 28, 2009

JAN JU KIN Important: Read the instructions on n

National Flood Insurance Program	Important: Read the	instructions on pa	ges 1-8.	
	SECTION A - PR	OPERTY INFO	MUNITY DEVI	Eac insurance Company Use:
A1. Building Owner's Name REDLANDS	PARKWAY LLC.		DEPT.	Policy Number
A2. Building Street Address (including Apt., Un 598 2312 2040	it, Suite, and/or Bldg. No.) or F			Company NAIC Number
City GRAND JUNCTION		State CO	ž	IP Code SISC3
A3. Property Description (Lot and Block Number 2945 - 091- 69 - 033	ers, Tax Parcel Number, Legal	Description, etc.)		
A4. Building Use (e.g., Residential, Non-Reside	ential, Addition, Accessory, etc.	INDUSTRIAL	- -	
A5. Latitude/Longitude: Lat. <u>39°05′23</u> ° A6. Attach at least 2 photographs of the buildin	NLong. <u>108**</u> 3	6' 4 <u>8''</u> W	_ Horizontal Da	tum: 🔀 NAD 1927 🔲 NAD 1983
A7. Building Diagram Number		a to obtain hood insura	nce.	
A8. For a building with a crawl space or enclosea) Square footage of crawl space or enclose			•	ned garage, provide:
b) No. of permanent flood openings in the	•••••••••••••••••••••••••••••••••••••••		are footage of attack	ned garage sq ft sq ft sq ft
enclosure(s) walls within 1.0 foot above		walls	within 1.0 foot abo	ve adjacent grade
 c) Total net area of flood openings in A8.b 	sq i	n c) lota		penings in A9.b sq in
SECTIO	N B - FLOOD INSURANCE	RATE MAP (FIRM)		
B1. NFIP Community Name & Community Numb	ber B2. County Na	ame MESA	E	33. State ColoR400
MESA COUNTY ~ OBOILS		FIRM Panel	i B8. Flood	DO Data Flored Florentian(a) (Zana
	Date Effectiv	/e/Revised Date	Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
		978/JULY 15,1992	AE	4535.80
B10. Indicate the source of the Base Flood Eleva			9.	
FIS Profile FIRM Com B11. Indicate elevation datum used for BFE in Ite	·	Other (Describe) NAVD 1988 CC	Other (Describe)	
B12. Is the building located in a Coastal Barrier R Designation Date	tesources System (CBRS) area			Yes X No
SECTION C	- BUILDING ELEVATION	NFORMATION (SU	RVEY REQUIRE	D)
		Building Under Cons		Finished Construction
*A new Elevation Certificate will be required w	hen construction of the buildin	g is complete.		
C2. Elevations – Zones A1-A30, AE, AH, A (with I below according to the building diagram spec	BFE), VE, V1-V30, V (with BFE ified in Item A7.	-		
Benchmark Utilized SE PROFERTY CORNER	OF 596 2312 1041	Vertical Datum	ELEVATION = 4	535.42 (NAVD 1984)
Conversion/Comments $BFF \Rightarrow 453$	580(NEVD PIZE) = 45		,	
			eck the measureme	
a) Top of bottom floor (including basement,	crawl space, or enclosure floo	$\frac{4340}{NA}$	11	s (Puerto Rico only) s (Puerto Rico only)
 b) Top of the next higher floor c) Bottom of the lowest horizontal structural 	member (V Zones only)			s (Puerto Rico only)
d) Attached garage (top of slab)			feet 🔲 meter	s (Puerto Rico only)
 e) Lowest elevation of machinery or equipm (Describe type of equipment in Comment 		NA	feet ineter	s (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)		NA	feet 🔲 meter	s (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)		N;A	feet meter	s (Puerto Rico only)
SECTION D	- SURVEYOR, ENGINEER	R, OR ARCHITECT	CERTIFICATION	
This certification is to be signed and sealed by a l information. I certify that the information on this C I understand that any false statement may be pur	Certificate represents my best e	fforts to interpret the a	lata available.	MUNITADO REGIS
Check here if comments are provided on back				PADO REGO
MARIC MUSTIN Certifier's Name	Δ Δ .	License Number		一個公開於水便。一副
Austiv	<u>CIVIL BROUF INC.</u>			29770
336 MAIN ST. SUITE 203	GRAM JUNCTION	00	81501	_ [[] [] [] [] [] [] [] [] [] [] [] [] []
Address City		State 2	ZIP Code	
Signature	Date	Telephone		

							المحمد المسيرة المسيرة المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستح
			copy the corresponding in				For Insurance Company Use:
,dir	ng Street Add		t., Unit, Suite, and/or Bldg. No.) これの	or P.O. Route and E	30x No.	1	Policy Number
Jity	<i>e</i>)	JUNCTION	Sta	ite CO	ZIP C 5/1-07	ode (Company NAIC Number
	_		ND-SURVEYOR, ENGINE	ER, OR ARCHITE	CT CERTIFICATIO	ON (CONTI	NUED)
Copyl	both sides of		ificate for (1) community official,				
Comm	nents		·····				
							
		· · · · · · · · · · · · · · · · · ·					
Signati	ure			Date	·····		
							Check here if attachments
SE	CTION E -	BUILDING ELE	VATION INFORMATION (S	URVEY NOT REC			ZONE A (WITHOUT BFE)
For Zo and C.	ones AO and For Items E	A (without BFE), c 1-E4, use natural (omplete Items E1-E5. If the Cer grade, if available. Check the m	rtificate is intended t leasurement used.	o support a LOMA or In Puerto Rico only, e	LOMR-F recenter meters.	juest, complete Sections A, B,
		tion information for and the lowest adja	the following and check the app	propriate boxes to sl	how whether the elev	ation is abov	e or below the highest adjacent
a) Top of bott	om floor (including	basement, crawl space, or enclo	osure) is	feet mete	ers 🔲 abov	e or 🔲 below the HAG.
			basement, crawl space, or enclo permanent flood openings provid				
(6	elevation C2.	b in the diagrams)	of the building is	feet L mete	ers 🛄 above or 📘	below the H	IAG.
		ge (top of slab) is n of machinery and	feet [_] me		below the HAG.	rs 🗖 abov	e or Delow the HAG
E5. Z	one AO only	If no flood depth	number is available, is the top o	f the bottom floor el	evated in accordance		nmunity's floodplain management
0	rdinance?	Yes No L	Unknown. The local official m	nust certify this infor	mation in Section G.		
		SECTION	F - PROPERTY OWNER (C	OR OWNER'S RE	PRESENTATIVE)	CERTIFIC	ATION
The pro	perty owner	·			·····		ssued or community-issued BFE)
			ments in Sections A, B, and E a	re correct to the bes	t of my knowledge.		
		Civic Ground	d Representative's Name				
Address	336 M	MIN ST. SUL	T= 7/12	City GRAND	JUNETION	State Lo	ZIP Code SISTO /
Signatur	re S.	4-0.		Date 112/2	5 JUNITION	Telephone	242-75-40
Comme	nts		*** **		· /		
							Check here if attachment
	official who is	outhorized by low	SECTION G - COMMI			the second s	complete Sections A, B, C (or E),
			plete the applicable item(s) and				
1. 🔲	The informat	tion in Section C w	as taken from other documentat levation information. (Indicate t	tion that has been si	igned and sealed by a	a licensed su	irveyor, engineer, or architect who
		=	Section E for a building located				
3. 🖾 🗂	The following	g information (Item	s G4G9.) is provided for comm	nunity floodplain ma	nagement purposes.		
A Perm	mit Number $\chi_0 - 3$	27	G5. Date Permit Issued 2-12-07		G6. Date Certificate	Of Complian	ce/Occupancy Issued
7. This p	ermit has be	en issued for:	New Construction	ubstantial Improven			
		•	uding basement) of the building:	:		eters (PR)	Datum
). BFE o	or (in Zone A	O) depth of flooding	g at the building site:		feet L] m	ieters (PR)	Datum
ocal Off	ficial's Name	PICU-	TYDERIC	Title-	DFILEI	EN1	
ommun	ity Name	E GRANT	5 JUNCTION	Teleph	none 970-	256-	4034
ignature		R.D.	ì	Date	2-12-	07	
ommen	its		<u>*</u>			,	
·							
						<u></u>	Check here if attachments
						_	

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3PR-2006- 327

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U.S. DEPARTMENT OF HOMELAND S	SECURITY
Federal Emergency Management Agen	су

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ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Vatio	onal Flood Insurance Program	Important: Read
		SECTION A
A1.	Building Owner's Name REDLAND	s Pankway LLC
A2.	Building Street Address (including Apt., 518 231	
	City GRAND JUNCTION	
A3.	Property Description (Lot and Block Nu	mbers, Tax Parcel Number, I
	Building Use (e.g., Residential, Non-Re	
A5.	Latitude/Longitude: Lat. 39°5'23	N Long. IC
	Attach at least 2 photographs of the built	

nportant:	Read the	instructions	on	pages	1-8.
inportaine.	rioda ino		v 11	pagoo	10.

		SECT	ION A - PROPERTY INFORM	IATION	For Insurance Company Use:
A1. Building Owner's Nam	" REDLAND	s Pankwiay	LLC		Policy Number
	s (including Apt 518 23		ldg. No.) or P.O. Route and Box N		Company NAIC Number
City GRAND JU	NCTION		State Co	Z	IP Code BIS03
A3. Property Description (Lot and Block N	umbers, Tax Parcel N	umber, Legal Description, etc.)	945-081-00	-033
A4. Building Use (e.g., Re	sidential, Non-Re	esidential, Addition, A	ccessory, etc.) IN DWSTRIN	L	
			108° 36' 48"W		tum: 🔀 NAD 1927 🔲 NAD 1983
A6. Attach at least 2 photo A7. Building Diagram Num		iliding if the Certificate	is being used to obtain flood insu	rance.	
 A8. For a building with a circle a) Square footage of b) No. of permanent fertility c) Total net area of floe 	crawl space or e lood openings ir within 1.0 foot al	nclosure(s) the crawl space or bove adjacent grade	sq ft a) Sq b) No wa	lls within 1.0 foot abo	0 0 1
	SEC	TION B - FLOOD II	NSURANCE RATE MAP (FIR	M) INFORMATION	
B1. NFIP Community Name COUS	& Community N	lumber	B2. County Name MEs A	E	33. State C-O
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
0460	B	7/15/92	7/3/78 7/15/92	AE	4535.80
			r base flood depth entered in Item	B9.	
FIS Profile 🛛 🖌 B11. Indicate elevation datu		Community Determin		Other (Deseribe)	
			1929 INAVD 1988 I	Other (Describe)	Yes X No
Designation Date					
	SECTIO		LEVATION INFORMATION (S		(D)
C2. Elevations – Zones A1-A	ased on:	Construction Drawing red when construction with BFE), VE, V1-V30 specified in Item 47		nstruction*	Finished Construction AR/AO. Complete Items C2.a-g
Benchmark Utilized <u>>t</u>	4535.4535.4535.4535.4535.4535.4535.4535	$\frac{1}{90}$ (NGV b 29) =	4539.05 (NAVD 89)	7535.72	NHVP 88)
Conversion Comments 3			(Check the measurem	ent used.
a) Top of bottom floor	(including basen	nent, crawl space, or e	enclosure floor) <u>4540 08</u>	K feet mete	rs (Puerto Rico only)
b) Top of the next high	er floor		·		rs (Puerto Rico only)
 c) Bottom of the lowes d) Attached garage (to 		tural member (V Zone	es only)		rs (Puerto Rico only) rs (Puerto Rico only)
e) Lowest elevation of	machinery or eq	uipment servicing the	building		rs (Puerto Rico only)
(Describe type of ec f) Lowest adjacent (fin	•		Г	feet meter	s (Puerto Rico only)
 f) Lowest adjacent (fin g) Highest adjacent (fin 		•	······································		s (Puerto Rico only)
······	SECTIC	ND . SURVEYOP	, ENGINEER, OR ARCHITEC		1
This certification is to be sign			gineer, or architect authorized by		
information. I certify that the I understand that any false s	information on t tatement may be	this Certificate represe e punishable by fine o	ents my best efforts to interpret the r imprisonment under 18 U.S. Coo	e data available. de, Section 1001.	SUMMAN DO RECTORING
Check here if comments MARK E. Austra	•	back of form.	24773		
Certifier's Name		AUSTIN Civi	License Number		
Title	Suite 203	Company Namo	T LO	8/501	- 39/27/07 : 53
Address /		City Glades	State	ZIP Code	
Signature		Date	242-7 Telephone	378	- STONAL ENMINE
- /					annun minne.

Building Street Address (including	Ga. WHEN THE COTTEST OF THE PROPERTY OF	on from Section A	For Insurance Company Use:
	es, copy the corresponding informati g Apt., Unit, Suite, and/or Bldg. No.) or P.O. F		Policy Number
598 23 1/2 Ro	AD		
City GRAND JUNKTION	State Co	ZIP C 81503	
	TION D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFICATIO	ON (CONTINUED)
-	Certificate for (1) community official, (2) insur	ance agent/company, and (3) bu	uilding owner.
Comments			
		· · · · · · · · · · · · · · · · · · ·	
Signature		Date	
- 		·	Check here if attachme
SECTION E - BUILDING E	ELEVATION INFORMATION (SURVEY	NOT REQUIRED) FOR ZON	NE AO AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE and C. For Items E1-E4, use natu	E), complete Items E1-E5. If the Certificate is ural grade, if available. Check the measurem	intended to support a LOMA or ent used. In Puerto Rico only, e	LOMR-F request, complete Sections A, B, anter meters.
	n for the following and check the appropriate	-	
a) Top of bottom floor (includ	ding basement, crawl space, or enclosure) is		
b) Top of bottom floor (includ	ding basement, crawl space, or enclosure) is	feet mete	ers above or below the LAG.
(elevation C2.b in the diagram		et 🛄 meters 🔛 above or 📘	below the HAG.
E3. Attached garage (top of slab) is feet meters	above or 🔲 below the HAG.	_
	y and/or equipment servicing the building is _ epth number is available, is the top of the bott		
	• Unknown. The local official must certi		war me community's noouplain manageme
	·	-	
	ION F - PROPERTY OWNER (OR OWN		
	horized representative who completes Sectio statements in Sections A, B, and E are correc		out a FEMA-issued or community-issued BFE
Property Owner's or Owner's Author			
Address	-	City	State ZIP Code
		-	
Signature	_	Date	
	C		Telephone
Comments			Telephone
-			· · · · · · · · · · · · · · · · · · ·
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comments	SECTION G - COMMUNITY I	NFORMATION (OPTIONAL	Check here if attachm
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