

CITY OF ALBUQUERQUE

Planning Department
Alan Varela, Director



Mayor Timothy M. Keller

December 6, 2024

David Soule, P.E.
Rio Grande Engineering
P.O. Box 93924
Albuquerque, NM 87199

RE: 2414 Manuel Torres
Engineer's Certification Date: 12/4/24
Engineer's Stamp Date: 7/17/24
Hydrology File: F13D027

Dear Mr. Soule:

Based upon the information provided in your submittal received 12/6/2024, the Grading and Drainage Plan is approved for Building Permit and Building Pad Certification for 2414 Manuel Torres. Please attach a copy of this approved plan in the construction sets for Building Permit processing along with a copy of this letter.

PRIOR TO CERTIFICATE OF OCCUPANCY:

1. Engineer's Certification, per the DPM Part 6-14 (F) : *Engineer's Certification Checklist For Non-Subdivision* is required.
2. Final Elevation Certificate submittal is required.

If you have any questions, please contact me at 505-924-3995 or amontoya@cabq.gov.

Sincerely,

Anthony Montoya, Jr., P.E.
Senior Engineer, Hydrology
Planning Department, Development Review Services

Weighted E Method

Existing/ Developed Basins							100-Year, 6-hr.				10-day			
Basin	Area (sf)	Area (acres)	Treatment A % (acres)	Treatment B % (acres)	Treatment C % (acres)	Treatment D % (acres)	Weighted E (ac-ft)	Volume (ac-ft)	Flow cfs	Volume (ac-ft)				
HISTORICAL	16936	0.389	50%	0.1944	30.0%	0.117	20.0%	0.07776	0%	0.000	0.756	0.024	0.84	0.024
PROPOSED	16936	0.389	0%	0	39.0%	0.152	38.0%	0.14774	23%	0.089	1.239	0.040	1.20	0.052

Equations:

Weighted E = Ea*Aa + Eb*Ab + Ec*Ac + Ed*Ad / (Total Area)

Volume = Weighted D * Total Area

Flow = Qa * Aa + Qb * Ab + Qc * Ac + Qd * Ad

Where for 100-year, 6-hour storm(zone2)

Ea= 0.62
Eb= 0.8
Ec= 1.03
Ed= 2.33

Qa= 1.71
Qb= 2.36
Qc= 3.05
Qd= 4.34

VOLUME BELOW 4971 FILLED
REQUIRED 100 YEAR VOLUME
ON SITE VOLUME REQUIRED
ON SITE VOLUME PROVIDED

1221 CF
2268 CF
3489 CF
3529

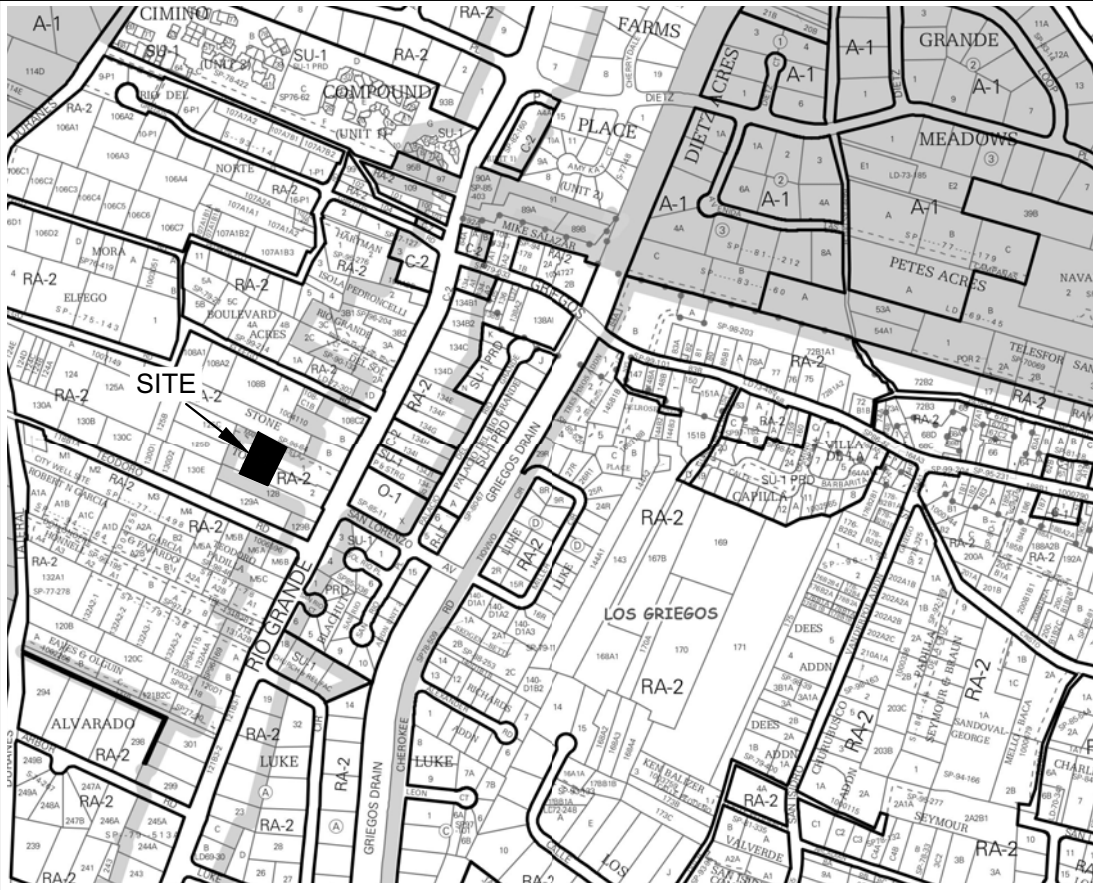
SITE IS LOCATED WITHIN A FULLY DEVELOPED SUBDIVISION. THE ADJACENT ROADWAY DOES NOT HAVE CURB AND GUTTER. THE DRAINAGE MANAGEMENT PLAN FOR THIS LOT CALLS FOR THE ONSITE RETENTION OF THE ENTIRE FLOW GENERATED BY THIS DEVELOPMENT USING THE 10-DAY EVENT. THIS SITE IS LOCATED WITH FLOOD ZONE AE. THE BASE FLOOD ELEVATION IS 4971.00 MSL. THE LOWEST ADJACENT PAD GRADE SHALL BE 1' HIGHER THAN THE BFE. THE SITE ACCOUNTS FOR THE DISPLACEMENT OF THE EXISTING FLOOD PLAIN VOLUME UNDER THE BFE. ALL PONDING VOLUME IS BELOW BFE.

I, DAVID SOULE HAVE PERSONALLY INSPECTED THE SITE. I HEREBY CERTIFY THE PAD HAS BEEN CONSTRUCTED SUCH THAT IT IS IN SUBSTANTIAL CONFORMANCE TO THE APPROVED GRADING PLAN DATED 7/17/24

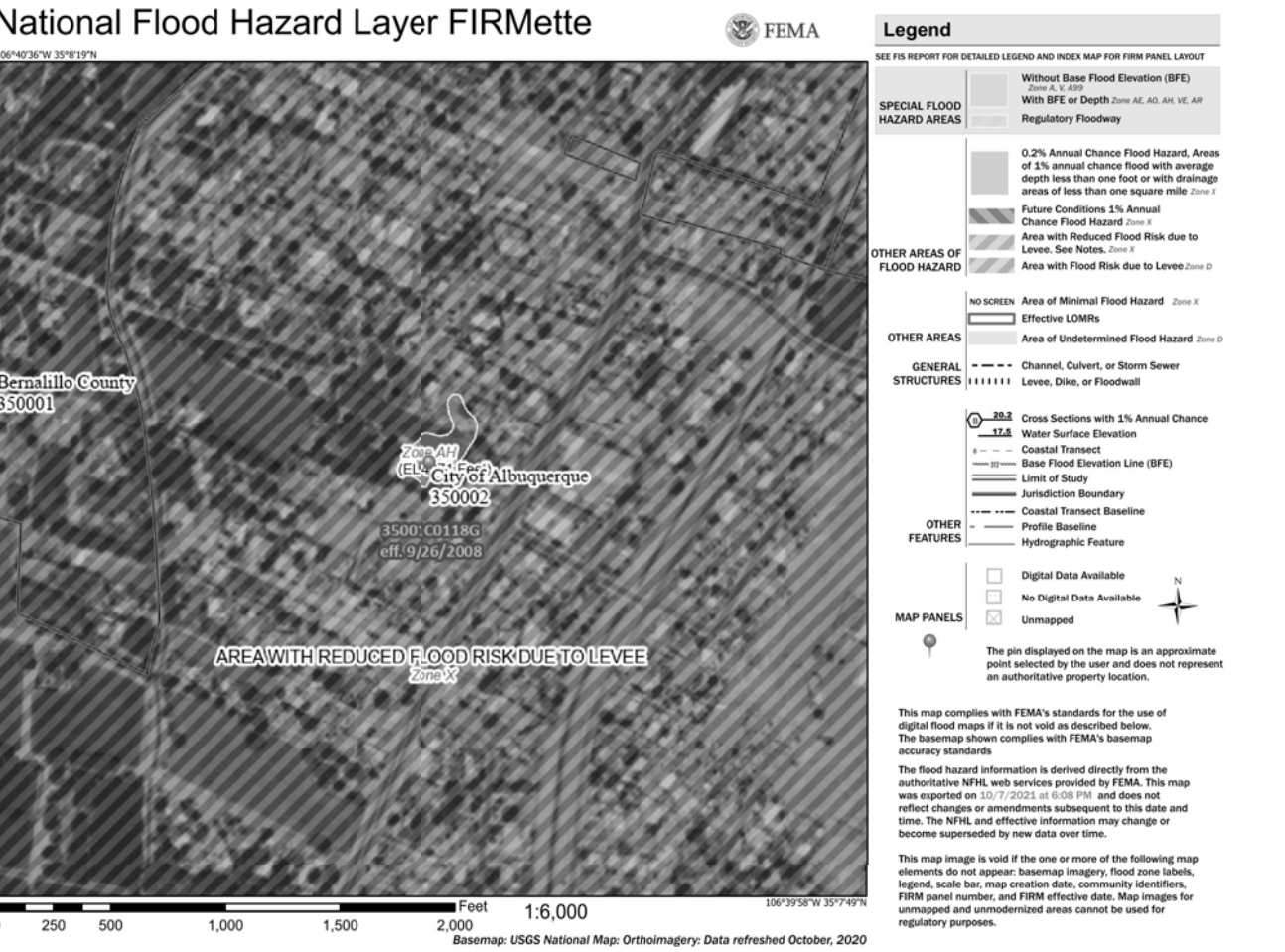


EROSION CONTROL NOTES:

- CONTRACTOR IS RESPONSIBLE FOR OBTAINING A TOPSOIL DISTURBANCE PERMIT PRIOR TO BEGINNING WORK.
- CONTRACTOR IS RESPONSIBLE FOR MAINTAINING RUN-OFF ON SITE DURING CONSTRUCTION.
- CONTRACTOR IS RESPONSIBLE FOR CLEANING ALL SEDIMENT THAT GETS INTO EXISTING RIGHT-OF-WAY.
- REPAIR OF DAMAGED FACILITIES AND CLEANUP OF SEDIMENT ACCUMULATIONS ON ADJACENT PROPERTIES AND IN PUBLIC FACILITIES IS THE RESPONSIBILITY OF THE CONTRACTOR.
- ALL EXPOSED EARTH SURFACES MUST BE PROTECTED FROM WIND AND WATER EROSION PRIOR TO FINAL ACCEPTANCE OF ANY PROJECT.



VICINITY MAP:



FIRM MAP:

LEGAL DESCRIPTION:

TRACT 3 LANDS OF TORRES
CITY OF ALBUQUERQUE, BERNALILLO COUNTY, NEW MEXICO

NOTES:

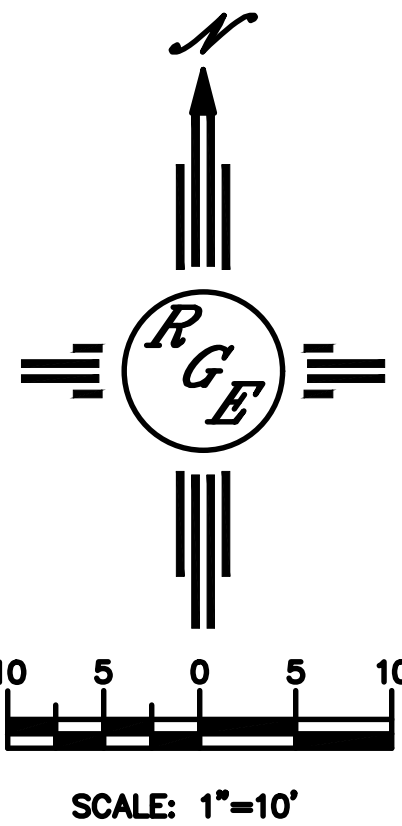
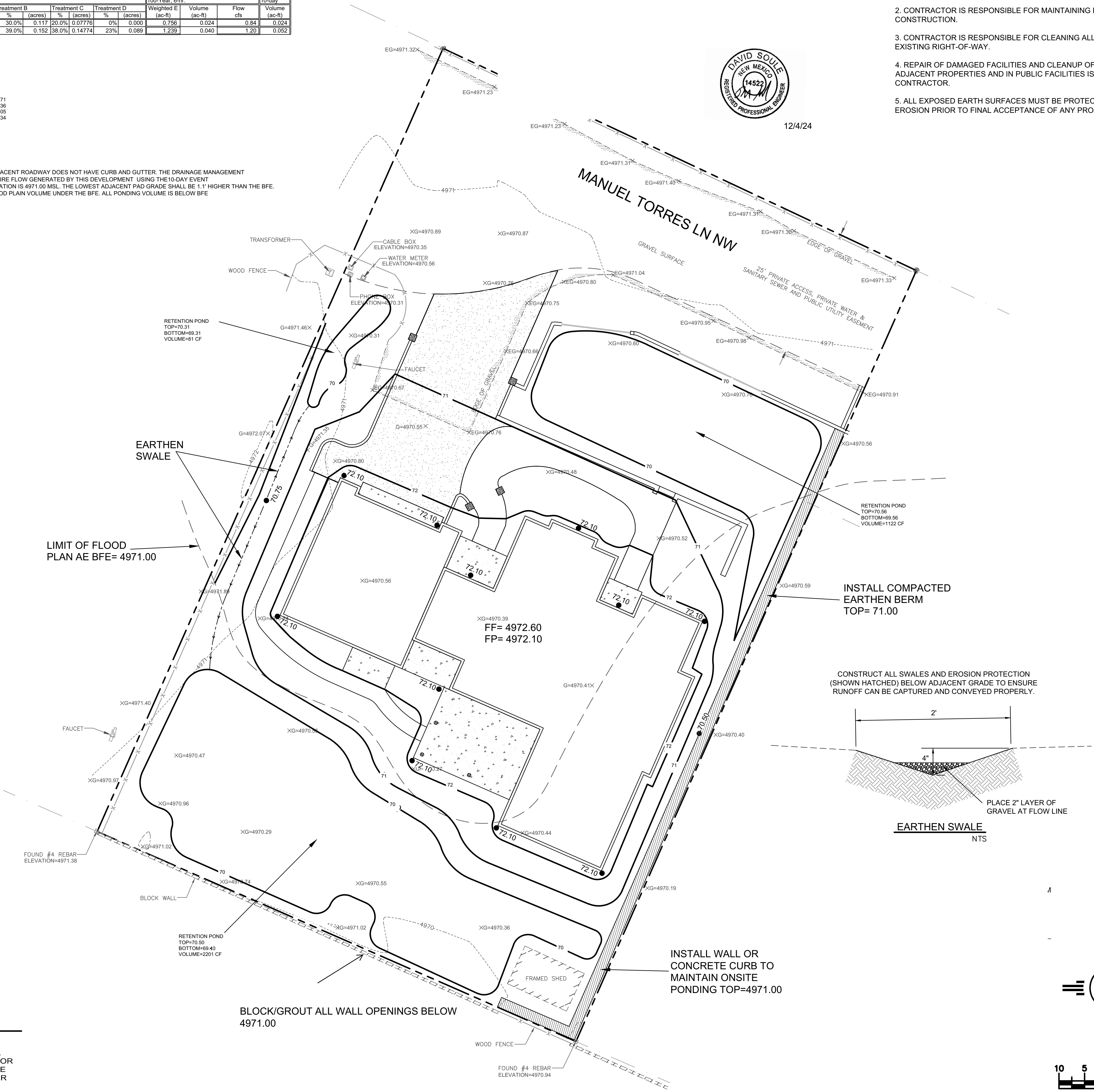
- ALL SPOT ELEVATIONS REPRESENT FLOWLINE ELEVATION UNLESS OTHERWISE NOTED.
- ALL SLOPES SHALL BE 3:1 MAX. AND GRAVEL OR NATIVE SEEDING PRIOR TO CO.
- ANY PERIMETER WALLS MUST BE PERMITTED SEPARATELY ALL RETAINING WALL DESIGN SHALL BE BY OTHERS.
- SURVEY INFORMATION PROVIDED BY ANTHONY L. HARRIS, N.M.P.S.#11463 HARRIS SURVEYING, INC. USING NAVD DATUM 1988.
- A PAD ELEVATION CERTIFICATION SHALL BE REQUIRED PRIOR TO RELEASE OF BUILDING PERMIT.

LEGEND

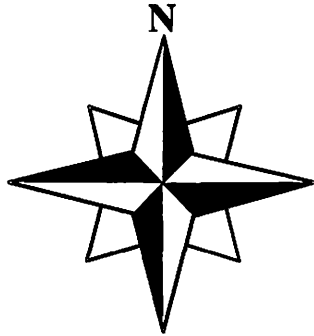
-----XXXX-----	EXISTING CONTOUR
-----XXXX-----	EXISTING INDEX CONTOUR
-----XXXX-----	PROPOSED CONTOUR
-----XXXX-----	PROPOSED INDEX CONTOUR
XXXX	EXISTING SPOT ELEVATION
XXXX	PROPOSED SPOT ELEVATION
-----	BOUNDARY
-----	ADJACENT BOUNDARY
=====	EXISTING CURB AND GUTTER
-----	PROPOSED EARTHEN SWALE
-----	PROPOSED CONCRETE
=====	PROPOSED COMPACTED EARTHEN BERM

CAUTION:

EXISTING UTILITIES ARE NOT SHOWN. IT SHALL BE THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO CONDUCT ALL NECESSARY FIELD INVESTIGATIONS PRIOR TO ANY EXCAVATION TO DETERMINE THE ACTUAL LOCATION OF UTILITIES & OTHER IMPROVEMENTS.



<div>ENGINEER'S SEAL</div> <div></div> <div>DAVID SOULE P.E. #14522</div>	TRACT 3 LANDS OF TORRES 2414 MANUEL TORRES LANE	DRAWN BY DEM
	GRADING AND DRAINAGE PLAN	DATE 5-3-24
	 P.O. BOX 53924 ALBUQUERQUE, NM 87199 (505) 321-9099	SHEET # C1
		JOB #



HARRIS SURVEYING

*1308 Cielo Vista Del Sur N.W.
Corrales, NM 87048
Phone (505) 889-8056*

December 02, 2024

To: Roger Cinelli

Re: 2414 Manuel Torres Lane

Dear: Mr. Cinelli

At your request, Harris Surveying Inc. verified the Pad elevation of the site at 2414 Manuel Torres Lane NW. The grading and drainage plan pad height is 4972.10 feet and the actual elevation is 4972.15 feet.

If there are any questions, please contact me at my office.

Sincerely,

Anthony Harris
Harris Surveying Inc.
NMPS No. 11463





DECLARATION
I, the undersigned,
do hereby declare that
the foregoing is a true and
correct copy of the
original as the same appears
in the records of the
Department of the Interior.

Witness my hand and seal
this 1st day of January, 1903.

Very respectfully,
John D. Smith

Assistant Secretary

For the purpose of this declaration, the undersigned has examined the original of the foregoing and has found it to be a true and correct copy of the original as the same appears in the records of the Department of the Interior.

Very respectfully,
John D. Smith



John D. Smith
Assistant Secretary
Department of the Interior
Washington, D.C.

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Cinelli Montague Trust</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>2414 Manuel Torres Lane NW</u>		Company NAIC Number: _____
City: <u>Albuquerque</u> State: <u>NM</u> ZIP Code: <u>87107</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Tract 3 Lands of Torres</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>35°08'04"</u> Long. <u>106°40'17"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>1-B</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instructions): <u>0</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable - see Instructions): <u>0</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>600±</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instructions): <u>0</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable - see Instructions): <u>0</u> sq. ft.		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>City of Albuquerque</u>		B1.b. NFIP Community Identification Number: <u>350002</u>
B2. County Name: <u>Bernalillo</u>	B3. State: <u>NM</u>	B4. Map/Panel No.: <u>350002 0118</u>
B5. Suffix: <u>G</u>		
B6. FIRM Index Date: <u>9-26-08</u>	B7. FIRM Panel Effective/Revised Date: <u>8-16-12</u>	
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>4971</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____		
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

2414 Manuel Torres Ln. xlw

City: Albuquerque

State: NM

ZIP Code: 87107

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: City of Alb Control Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

☐ Yes ☒ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):

4972.6

☒ feet ☐ meters

b) Top of the next higher floor (see Instructions):

N/A

☐ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions):

N/A

☐ feet ☐ meters

d) Attached garage (top of slab):

4972.6

☒ feet ☐ meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):

4972.6

☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished

4972.1

☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished

4972.2

☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:

N/A

☐ feet ☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

☐ Check here if attachments and describe in the Comments area.

Certifier's Name: Anthony Harris

License Number: NMPS 11463

Title: President

Company Name: Harris Surveying Inc.

Address: 1308 Cielo Vista Del Sur

City: Corrales

State: NM

ZIP Code: 87046

Signature: Anthony Harris

Date: 12-2-24

Telephone: 505-889-8056

Ext.: _____

Email: harrisurveying51@gmail.com

Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>2414 Manuel Torres Ln. xlw</u>	FOR INSURANCE COMPANY USE
City: <u>Albuquerque</u> State: <u>NM</u> ZIP Code: <u>87107</u>	Policy Number: _____ Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings* ☒ Building Under Construction* ☐ Finished Construction

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

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: 0.4 ☒ feet ☐ meters ☒ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: 0.5 ☒ feet ☐ meters ☒ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: N/A ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is: 0.4 ☒ feet ☐ meters ☒ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: 0.4 ☒ feet ☐ meters ☒ above or ☐ below the HAG.

E5. 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: Harris Surveying Inc.

Address: 1308 Cielo Vista Del Sur

City: Corrales State: NM ZIP Code: 87048

Signature: Cunhany 1L Date: 12-2-24

Telephone: 505-889-8056 Ext.: _____ Email: harrisurveying51@gmail.com

Comments:

The finish floor is 1.6 feet above the base flood elevation. The residence is built on an elevated pad.

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

2414 Manuel Torres Ln. NW

City: Albuquerque State: NM ZIP Code: 87107

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

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

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. ☐ A local official completed Section H for insurance purposes.
- G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: ☒ New Construction ☐ Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ ☐ feet ☐ meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____
- G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

2414 Manuel Torres Ln. NW

City: Albuquerque State: NM ZIP Code: 87107

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). *Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.*

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom 0.45^{ft} ☒ feet ☐ meters ☒ above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ ☐ feet ☐ meters ☐ above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☒ Yes ☐ No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge. Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.*

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: Harris Surveying Inc.

Address: 1308 Cielo Vista Del Sur

City: Corrales State: NM ZIP Code: 87048

Signature: [Signature] Date: 12-2-24

Telephone: 505-889-856 Ext.: _____ Email: harrisurveying51@gmail.com

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS
See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

2414 Manuel Torres Ln. NW

City: Albuquerque

State: NM

ZIP Code: 87107

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

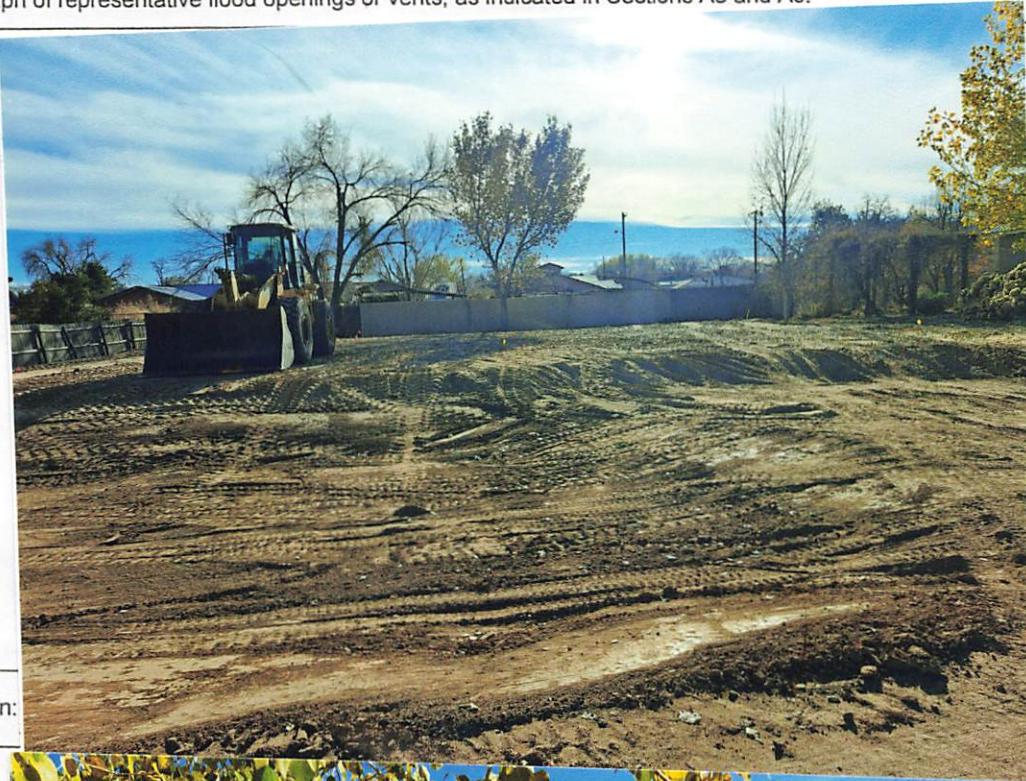


Photo One Caption:

Clear Photo One



Photo Two Caption:

Clear Photo Two