

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

| | | |
|--|--|---|
| A1. Building Owner's Name THOMAS & ROSEMARY HUTCHERSON | | For Insurance Company Use: |
| | | Policy Number |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1400 W. KELLY DR. | | Company NAIC Number |
| City PRESCOTT State AZ ZIP Code 86305 | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 102-11-026A | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>DETACHED GARAGE</u> | | |
| A5. Latitude/Longitude: Lat. <u>34o37'58.8"</u> Long. <u>112o29'26.4"</u> | | Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | | |
| A7. Building Diagram Number <u>1A</u> | | |
| A8. For a building with a crawlspace or enclosure(s): | | A9. For a building with an attached garage: |
| a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft | | a) Square footage of attached garage <u>N/A</u> sq ft |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u> | | b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u> |
| c) Total net area of flood openings in A8.b <u>N/A</u> sq in | | c) Total net area of flood openings in A9.b <u>N/A</u> sq in |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|-----------------|-----------------------------------|---|----------------------------------|--|
| B1. NFIP Community Name & Community Number YAVAPAI CO UNINC & INC AREAS 040093 | | B2. County Name YAVAPAI | | B3. State AZ | |
| B4. Map/Panel Number 04025C1690 | B5. Suffix G | B6. FIRM Index Date 09-03-2010 | B7. FIRM Panel Effective/Revised Date 09-03-2010 | B8. Flood Zone(s) UN-SHADED X | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 5242.54 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) | | | | | |
| 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 (Describe) | | | | | |
| 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 | | | | | |

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, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized RM62D Vertical Datum NAVD88 - 5241.94
Conversion/Comments BFE PER WILLIAMSON VALLEY ESTATES FLOODPLAIN DELINEATION STUDY, YAVAPAI COUNTY

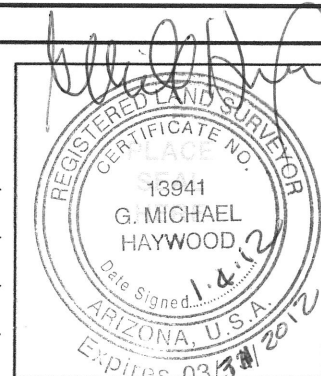
Check the measurement used.

| | |
|--|---|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>5243.9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>NONE</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade next to building (LAG) <u>5243.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade next to building (HAG) <u>5243.6</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>NONE</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |

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? Yes No

| | | | |
|-------------------------------------|-----------------------------------|----------------------------|----------------|
| Certifier's Name G. MICHAEL HAYWOOD | | License Number AZ LS 13941 | |
| Title CONSULTANT | Company Name NEXUS SOUTHWEST, LLC | | |
| Address 212 S. MARINA ST. | City PRESCOTT | State AZ | ZIP Code 86303 |
| Signature | Date 1-4-2012 | Telephone 928-778-5101 | |

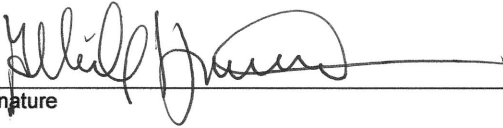


| | |
|---|----------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | For Insurance Company Use: |
| Building Street Address (including Apt., Unit, Suite and/or Bldg. No.) or P.O. Route and Box No. 1400 W. KELLY DR. | Policy Number |
| City PRESCOTT State AZ ZIP Code 86305 | 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 THERE IS NO EVIDENCE OF HISTORIC FLOODING.

Signature 

1.4.2012
Date

Check here if attachments

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

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is __ feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is __ 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 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is __ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ 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 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. The statements in Sections A, B, 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. Check the measurement used in Items G8 and G9.

- 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 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 |
|-------------------|------------------------|---|

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____
- G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments

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. 1400 W. KELLY DR. | For Insurance Company Use: Policy Number |
| City PRESCOTT VALLEY State AZ ZIP Code 86314 | 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. | |

PHOTO 1: WEST & SOUTH SIDES, DOORS FACING WEST EASEMENT.



Building Photographs

Continuation Page

| | |
|--|---|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1400 W. KELLY DR. | For Insurance Company Use: Policy Number |
| City PRESCOTT State AZ ZIP Code 86305 | 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." | |

PHOTO 2: EAST & NORTH SIDES.



ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

| | | |
|---|--|--|
| SECTION A - PROPERTY OWNER INFORMATION | | For Insurance Company Use: |
| BUILDING OWNER'S NAME <u>Dee Schumacher</u> | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>1400 W Kelley Drive</u> | | Company NAIC Number |
| CITY <u>PRESCOTT</u> | STATE <u>Arizona</u> | ZIP CODE <u>86305</u> |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>APN # 102-11-026A</u> | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>Residential</u> | | |
| 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 <u>Yavapai County 040093</u> | B2. COUNTY NAME <u>Yavapai County</u> | B3. STATE <u>Arizona</u> |
| B4. MAP AND PANEL NUMBER <u>04025C1715</u> | B5. SUFFIX <u>F</u> | B6. FIRM INDEX DATE <u>6/6/01</u> |
| B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>6/6/01</u> | B8. FLOOD ZONE(S) <u>unshaded x</u> | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>5239.6</u> |

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)

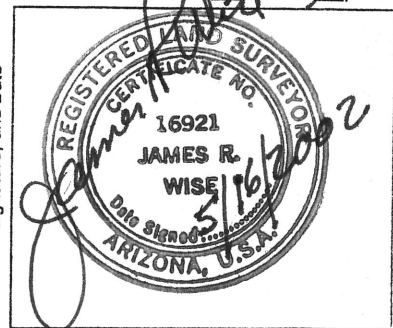
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 8 (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 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 NGVD 29 Conversion/Comments _____

Elevation reference mark used ERM 1 Does the elevation reference mark used appear on the FIRM? Yes No

| | |
|---|--------------------------------|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | <u>Not Accessible</u> ft. (m) |
| <input type="checkbox"/> b) Top of next higher floor | <u>5242</u> . <u>4</u> ft. (m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | <u>N/A</u> . _____ ft. (m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | <u>5241</u> . <u>3</u> ft. (m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building | <u>N/A</u> . _____ ft. (m) |
| <input type="checkbox"/> f) Lowest adjacent grade (LAG) | <u>5239</u> . <u>6</u> ft. (m) |
| <input type="checkbox"/> g) Highest adjacent grade (HAG) | <u>5240</u> . <u>5</u> ft. (m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | <u>12</u> |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h | <u>1,464</u> 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 <u>James R. Wise</u> | LICENSE NUMBER <u>AZ. 16921</u> |
| TITLE <u>Principal</u> | COMPANY NAME <u>Kelley/Wise Engineering Inc</u> |
| ADDRESS <u>46 Grove Avenue</u> | CITY <u>Prescott</u> |
| SIGNATURE <u>James R. Wise, R.L.S.</u> | STATE <u>AZ</u> |
| DATE <u>May 16, 2002</u> | ZIP CODE <u>86301</u> |
| | TELEPHONE <u>928-771-1730</u> |

| | | | | |
|--|-------|----------|----------------------------|--|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | For Insurance Company Use: | |
| BUILDING STREET ADDRESS (Including Apartment No., Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. | | | Policy Number | |
| CITY | STATE | ZIP CODE | 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 *BM UTILIZED IS ERM-1 PER WILLIAMSON Valley ESTATES FLOODPLAIN DETERMINATION BY CELLA BARR ASSOC. BFE = 5239.6 AND REG. = 5240.6*

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.
- 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.
- 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, 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.

- 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 |
|-------------------|------------------------|---|

- 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