## ERAL EMERGENCY MANAGEMENT AGEN( NATIONAL FLOOD INSURANCE PROGRAM

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

## **ELEVATION CERTIFICATE**Important: Read the instructions on pages 1 - 7.

	Sand State of the	SECTION A - PRO	PERTY OWNER INFOR	RMATION	For Ins	urance Company Use:
BUILDING OWNER'S NAME			omes, Inc			Number
BUILDING STREET ADDRESS (Incl	uding Apt., U	Jnit, Suite, and/or Bldg	. No.) OR P.O. ROUTE AND	BOX NO.	Compa	ny NAIC Number
CITY Wicher		Acres primer a territoria proprieta de la colonida del colonida de la colonida de la colonida del colonida de la colonida del colonida de la colonida de la colonida de la colonida de la colonida del colonida de la colonida de la colonida de la colonida de la colonida del colonida	7,01	STATE	Z	ZIP CODE
PROPERTY DES	CRIPTION	(Lot and Block N 13 - 16 7	umbers, Tax Parcel Nun			
BUILDING USE (	e.g., Resid	lential, Non-reside	ntial, Addition, Accessor	y, etc. Use Com	ments area if r	necessary.)
LATITUDE/LONGITUDE (OPTI ( ## ° - ##' - ##.##" or ##.###			NTAL DATUM: 27    NAD 1983	SOURCE: L	_  GPS (Type): Quad Map	Other:
	SECTIO	ON B - FLOOD IN	SURANCE RATE MAP	(FIRM) INFORM	MATION	
B1. NFIP COMMUNITY NAME & C Yourpai County			B2. COUNTY N	e	B3	3. STATE AZ
		B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED I	B8. FLC	DOD B9. BASE	FLOOD ELEVATION(S)
040250 3515 1			6-6-01	unsha	i	
B10. Indicate the source of the						2
_   FIS Profile  _   FIRM			nined  X  Other (D			
B11. Indicate the elevation dature B12. Is the building located in a	n used for t a Coastal I	ne BrE in B9:   Barrier Resources	NGVD 1929    NAVL System (CBRS) area oi	Otherwise Prof	er (Describe): 🛓	PA)21 I Vac IVI No
Designation Date:				Otherwise 1 10	lected Area (Or	A): Thes Mino
CONTROL TRANSPORT CONTROL CONT			LEVATION INFORMAT			
C1. Building elevations are bas	sed on:	Construction Drav	wings*   Building Und	er Construction*	Finished C	Construction
*A new Elevation Certificat C2. Building Diagram Number _	e will be re	equirea when cons ect the building disc	truction of the building is	s complete.	this cartificate	is haing completed see
pages 6 and 7. If no diagra	m accurat	ely represents the	building, provide a sket	ch or photograp	h.)	
C3. Elevations – Zones A1-A30	D, AE, AH,	A (with BFE), VE,	V1-V30, V (with BFE), A	R, AR/A, AR/A	E, AR/A1-A30,	AR/AH, AR/AO
Complete Items C3.a-i belo the datum used for the BFE	w according E in Sectio	ng to the building d in B. convert the da	lagram specified in Item atum to that used for the	BFE. Show field	atum used. If tr Id measuremer	ne datum is different from ots and datum conversion
calculation. Use the space p	orovided o	r the Comments ar	ea of Section D or Section	on G, as appropr	iate, to docume	ent the datum conversion.
Datum Elevation reference mark u	sed	Conversion/Co	mments Does the elevation refe	erence mark use	ed appear on th	e FIRM? Yes     No
☐a) Top of bottom floor (in			/ /		d appear on the	A A DES   140
b) Top of next higher floo	or		Al An.	C / \ W	ON COS	THECATE
c) Bottom of lowest horizon	tal structura	I member (V zones o	nly)	ft.(m) .pg ag		28730
d) Attached garage (top				ft.(m) số ద		RICHARD T.
<ul><li>e) Lowest elevation of m servicing the building</li></ul>	(Describe	in a Comments ar	ea.)	tr((m)		MEAD 107
f) Lowest adjacent (finis				- ft.(m) mature		\$ Stand 5
g) Highest adjacent (fini h) No. of permanent opening	, -	,	adiacont grade AIA	e Nu sign		TOWN TIST
i) Total area of all permane			JA	. (sd' cw) . License Number, B. Signature, B.		JONA, O
	CHAMPINE NO PROPERTY.	WELL SCHOOLS IN A SECOND SECTION OF THE PROPERTY OF THE PROPER		V-00-10-10-10-10-10-10-10-10-10-10-10-10-		
			ENGINEER, OR ARCH			
This certification is to be sign information. I certify that the i						
available. I understand that ar						
CERTAGIER'S NAME				NSE NUMBER		
	MAD			45 28	730	
TITLÉDUNIER		Ric	COMPANY NAME  HARD T MEA	D. RLS		
ADDRESS 2011	P	1,1	CITY	THE RESERVE AND ADDRESS OF THE PARTY OF THE	TATE 43	85358
SIGNATURE	/	007	DATE	7	ELEPHONE	
pulsed I the	ud	5	116/05	9	28 684-	-5046
FEMA Form 81-31, January 200	3 S	SEE REVERSE SI	DE FOR CONTINUATIO	N RI	EPLACES ALL	PREVIOUS EDITIONS

There is the annual control of the c				
IMPORTANT: In these spaces,	copy the co sponding	g information from Secti	on A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Included 1495 W.	ding Apt., Unit, Suite, and/or Blo	dg. No.) OR P.O. ROUTE AND E	BOX NO.	Policy Number
	VISTATIOTAL UR			
CITY	•	STATE A 3	ZIP CODE	Company NAIC Number
WICKENBUR	AND THE RESIDENCE OF THE PROPERTY AND PARTY WHEN THE PROPERTY OF THE PARTY WHEN AND ADDRESS OF THE PARTY OF THE		85390	
		INEER, OR ARCHITECT	STOCKED STREET, MEDICAL COMPANY OF THE STREET, MANUAL CONTRACT	MARKET OF THE PROPERTY OF THE
Copy both sides of this Elevat	tion Certificate for (1) co	mmunity official, (2) insu	ırance agent/compa	ny, and (3) building owner.
COMMENTS				
SITE BUILT	RESIDENTIAL S	TRUCTURE IN IN E	BONE X. ELE	NATION TUP OF FLOOR
- 7191 1' Rea	an Ait Gu	C. A.	2121 PI Da.	MARK SI I DEA
15 2182.1 Keau				H MARR EL. IS PER
FINAL PLAT "VISTO	ROYAC SUB" E	L=2150.0' G	RD ELS. W.	EST = 2179.3
EAST = 2128.8'				Check here if attachments
SECTION E - BUILDING ELE	WATION INFORMATION	(SUBVEY NOT BEOLUB	D) FOR ZONE AO A	1
	THE STATE OF THE PARTY AND A PROPERTY OF THE PARTY OF THE	NOT THE PROPERTY OF CHARGE PARTY AND PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF TH	CARLO CONTRACTOR CONTR	DESCRIPTION OF THE PROPERTY OF
For Zone AO and Zone A (without a land)			ration Certificate is int	lended for use as supporting
information for a LOMA or LOM				
				his certificate is being completed –
see pages 6 and 7. If no dia				
E2. The top of the bottom floor (check one) the highest adj			rc.(m)  lin	i.(cm) [] above or [] below
E3. For Building Diagrams 6-8			alevated floor (alevati	on h) of the building is
	above the highest adjace		cicvated floor (elevati	on b) of the building is
		10.75 m 10.75	1 1 14 /> 1 1	lin (am) l labarra and l
E4. The top of the platform of m			. , , , , , , , , , , , , , , , , , , ,	III. (CIII)    above or
below (check one) the high				
E5. For Zone AO only: If no floo	od depth number is availa	ble, is the top of the bottor	n floor elevated in acc	cordance with the community's
floodplain management ord			CONTRACTOR AND A CONTRACTOR OF THE PROPERTY OF	
SECTION	F - PROPERTY OWNER	(OR OWNER'S REPRES	ENTATIVE) CERTIFI	CATION
The property owner or owner's a	authorized representative	who completes Sections A	, B, C (Items C3.h an	d C3.i only), and E for Zone A
(without a FEMA-issued or comi	munity-issued BFE) or Zo	ne AO must sign here. Th	e statements in Section	ons A, B, C, and E are correct to
the best of my knowledge.				
PROPERTY OWNER'S OR OW	NER'S AUTHORIZED RE	PRESENTATIVE'S NAME	nersen stamment in en op op op verkeligten dig behaven er stamme til stolle bleden. Det de en stammen stammen Met Met	
ADDDEOG		OITY	0747	
ADDRESS		CITY	STATE	E ZIP CODE
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SIGNATURE		DATE	TELES	PHONE  Check here if attachments
SIGNATURE  COMMENTS  The local official who is authoriz	ed by law or ordinance to	DATE  - COMMUNITY INFORMA administer the community	TELEF TION (OPTIONAL) 's floodplain manager	PHONE     Check here if attachments ment ordinance can complete
SIGNATURE	ed by law or ordinance to	DATE  - COMMUNITY INFORMA administer the community	TELEF TION (OPTIONAL) 's floodplain manager	PHONE     Check here if attachments ment ordinance can complete
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