

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 <i>William Bone Investment Co.</i>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Company NAIC Number
CITY	STATE	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>LOT 56 CONGRESS VILLAGE UNIT 2 201-16-207A</i>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)		
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		B2. COUNTY NAME	B3. STATE
B4. MAP AND 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 depth of flooding)	

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 60 (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 C3.a-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 _____ Conversion/Comments B.C. IN HDWL SO. SIDE HWY. 71 NO. OF SURVIV

Elevation reference mark used 3007.78 Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 2975.00 ft.(m)

b) Top of next higher floor _____ ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) 2973.50 ft.(m)

d) Attached garage (top of slab) _____ ft.(m)

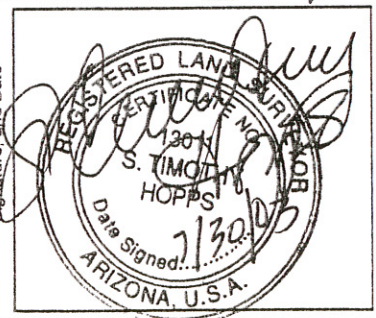
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ ft.(m)

f) Lowest adjacent (finished) grade (LAG) 2971.5 ft.(m)

g) Highest adjacent (finished) grade (HAG) 2973.0 ')

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

i) Total area of all permanent openings (flood vents) in C3.h _____ 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 S. TIMOTHY HOPPS LICENSE NUMBER 13011

TITLE R.L.S. COMPANY NAME YAVAPAI SURVEYING

ADDRESS P.O. BOX 70969 CITY PRESCOTT VALLEY STATE AZ ZIP CODE 86312

SIGNATURE [Signature] DATE 7/31/03 TELEPHONE 772-6842

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME <i>Gross, Rhonda + Cory</i>			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>27650 S Clydesdale Ave</i>			Company NAIC Number	
CITY <i>Congress</i>	STATE <i>AZ</i>	ZIP CODE <i>86332</i>		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 201-16-206</i>				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <i>Residential</i>				
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 <i>Yavapai County 040093</i>			B2. COUNTY NAME <i>Yavapai</i>			B3. STATE <i>AZ</i>		
B4. MAP AND PANEL NUMBER <i>04085C2102</i>	B5. SUFFIX <i>F</i>	B6. FIRM INDEX DATE <i>6-6-01</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>6-6-01</i>	B8. FLOOD ZONES <i>unshaded</i>	B9. BASE FLOOD ELEVATION(S)			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe): <i>FFE = 2970</i>								
B11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input 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: _____								

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> 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 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 C3.a-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 _____ Conversion/Comments _____ Elevation reference mark used _____	
<input type="checkbox"/> a) Top of bottom floor (including finished floor) <input type="checkbox"/> b) Top of next higher floor <input type="checkbox"/> c) Bottom of lowest horizontal structural member <input type="checkbox"/> d) Attached garage (top of finished floor) <input type="checkbox"/> e) Lowest elevation of machine servicing the building (Description) <input type="checkbox"/> f) Lowest adjacent (finished) floor <input type="checkbox"/> g) Highest adjacent (finished) floor <input type="checkbox"/> h) No. of permanent openings (floors) <input type="checkbox"/> i) Total area of all permanent openings	mark used appear on the FIRM? <input type="checkbox"/> Yes <input type="checkbox"/> No License Number, Embossed Seal, Signature, and Date <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

This certification is to be signed and information. I certify that the information available. I understand that any false information is cause for cancellation of coverage. CERTIFIER'S NAME _____ TITLE _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ SIGNATURE _____ DATE _____ TELEPHONE _____	AUTHORIZATION I am authorized by law to certify elevation information and represents my best efforts to interpret the data and information presented under 18 U.S. Code, Section 1001. _____ MEMBER
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please do not fill in C3 except with N/A

fill FFE etc on next page.