

O.M.B. No. 3067-0077  
Expires July 31, 2002

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <b>Carl Hunt</b>		For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt. Unit Suite and/or Bldg No.) OR P.O. ROUTE AND BOX NO. <b>23395 W. Staghorn Lane</b>		Policy Number
CITY <b>Congress AZ 85332</b>	STATE	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>APN 201-16-235</b>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc.) Use comments section if necessary. <b>Residential</b>		
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 <b>Unincorporated Yavapai Cty. #040093</b>		B2. COUNTY NAME <b>Yavapai County</b>		B3 STATE <b>Arizona</b>	
B4. MAP AND PANEL NUMBER <b>04025C3125</b>	B5 SUFFIX	B6. FIRM INDEX DATE <b>June 6, 2001</b>	B7 FIRM PANEL EFFECTIVE/REVISED DATE <b>June 6, 2001</b>	B8 FLOOD ZONE(S) <b>X</b>	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

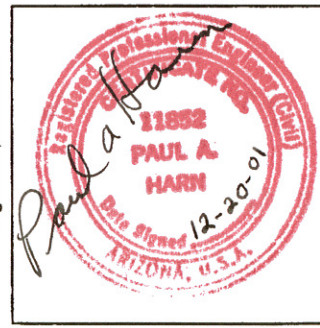
C2. Building Diagram Number **1** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. If no diagram accurately represents the building, provide a sketch or photograph.)

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 \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____	ft. (m)
<input type="checkbox"/> b) Top of next higher floor	_____	ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____	ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____	ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____	ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ sq. in. (sq. ft.)	



## 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 <b>Paul A. Harn</b>	LICENSE NUMBER <b>PE 11852</b>
TITLE <b>Civil Engineer</b>	COMPANY NAME <b>Baseline Engineering, Inc.</b>
ADDRESS <b>PO Box 1932, Wickenburg, AZ 85358</b>	STATE <b>AZ</b>
SIGNATURE <i>Paul A. Harn</i>	DATE <b>Dec. 20, 2001</b>
	TELEPHONE <b>(928)-684-7455</b>



<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg No.) OR P O ROUTE AND BOX NO <b>23395 W. Staghorn Lane APN 201-16-235</b>			Policy Number
CITY <b>Congress AZ 85332</b>	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 **Site built residential structure is in Zone X. Elevation of top of bottom floor is 2987.20'. Required minimum finished floor elevation is 2986.4' and benchmark used as per Final Plat of Quail Village Unit I. Adjacent grade elevation 2985.65'**

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONES AO and A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1 through E3. *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 4 and 5. 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 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. Check the applicable box(es) 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 _____
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- 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