U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-4.

SECTION A - PROPERTY INFORMAT	ION I	For Insurance Company Use:		
A4 Puilding Owner's Name		Policy Number		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18 536 5. BABU HAMIL FOR TOALS		Company NAIC Number		
City Paper Valley State AZ	ZIP	Code 8636 Z		
A3 Property Description (Let and Block Numbers Tay Parcel Number Legal Description, etc.)				
APN# 202-07-096 Lot 49, Peoples VAILEY BK. 14 MAP	79.00 401	<i>Q</i>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				
A5. Latitude/Longitude: Lat. 34 16 16 145.01 Long. 112 45 06.27 Horizontal Datum: NAD 1927 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 ${\cal B}$				
	ling with an attached e footage of attached			
b) No. of permanent flood openings in the crawl space or b) No. of	permanent flood op	enings in the attached garage		
	vithin 1.0 foot above net area of flood ope	adjacent gradesq in		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM)		Chata		
B1. NFIP Community Name & Community Number VAVAPAI COUNTY VAVAPAI COUNTY VAVAPAI COUNTY VAVAPAI COUNTY COUNTY VAVAPAI COUNTY COUNT	B3.	State AZ 120 MA		
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel	B8. Flood	B9. Base Flood Elevation(s) (Zone		
, Date Effective/Revised Date	Zone(s)	AO, use base flood depth)		
04025C2710 F $6/6/01$ $6/6/01$ B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9	AE	7712.1		
Figure F				
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe)				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected	d Area (OPA)?	Yes No		
Designation Date CBRS 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-g				
below according to the building diagram specified in Item A7.				
Benchmark Utilized ZM 160 Vertical Datum Z	7			
Conversion/Comments NONE	ck the measuremen	t used		
11-17 A 4		(Puerto Rico only) (Puerto Rico only)		
2) 10p of the free free free free free free free fr		(Puerto Rico only)		
5, 5511511 51151 51151 51151 51151 51151 51151 51151 51151 51151 51151 51151 51151 51151 51151 51151 51151 51151		(Puerto Rico only)		
e) Lowest elevation of machinery or equipment servicing the building 4512 11 1 feet meters (Puerto Rico only)				
(Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) 4512. 0	feet	(Puerto Rico only)		
, , , , , , , , , , , , , , , , , , , ,		(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. 6. Michael Ha/wood Az PL5 13941		TIFICATE		
Certifier's Name License Number		G MICHAE		
THE PIZES MI HAYWOOD ITSOU		G. MICHAEL		
113 E GOODWIN PRESCOTT, AL DE	30/	1 2 GE		
- A - C - C	IP Code	AARONA UST		
Signature Date Telephone				

IMPORTANT: In these spaces, copy th	rresponding information from Section	1 A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite	e, and/or Bidg. No.) or P.O. Route and Box No.		Policy Number
City	State	ZIP Code	Company NAIC Number
SECTION D - SURV	/EYOR, ENGINEER, OR ARCHITECT CE	RTIFICATION (CO	DNTINUED)
Copy both sides of this Elevation Certificate for (1)	community official, (2) insurance agent/compar	ny, and (3) building o	wner.
Comments			
Signature	Date		
SECTION E - BUILDING ELEVATION IN	IFORMATION (SURVEY NOT REQUIRED	D) FOR ZONE AO	Check here if attachme AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete Item	IS E1-E5. If the Certificate is intended to suppo	rt a LOMA or LOMB	Francisco Complete Control of Control
and C. For Items E1-E4, use natural grade, if avai E1. Provide elevation information for the following	ilable. Check the measurement used. In Puerlo	o Rico only enter me	atore
	(LAG).		
a) Top of bottom floor (including basement, c b) Top of bottom floor (including basement, c	crawl space, or enclosure) is	oot motore	above or below the HAG. below the LAG.
For Building Diagrams 6-8 with permanent flo	ood openings provided in Section A Items 8 and	Vor O Jose none O of	Imade: -42 > -11
(elevation C2.b in the diagrams) of the buildir 3. Attached garage (top of slab) is	ig is . I lieet I imeters I i	above or I I below	the HAG.
 Top of platform of machinery and/or equipme 	ent servicing the building is	eet Ometers O	ahove or Delow the HAC
3. Zone AO only. If no flood depth number is av	vailable, is the top of the bottom floor elevated in	accordance with the	e community's floodplain managemen
ordinance? Yes No Unknown.	The local official must certify this information in	n Section G.	
SECTION F - PROPE	ERTY OWNER (OR OWNER'S REPRESE	NTATIVE) CERTI	FICATION
ne property owner or owner's authorized represent	tative who completes Sections A. B. and E for	Zono A (without a FF	MA-issued or community-issued REE
	nions A, B, and E are correct to the best of my k	knowledge.	
operty Owner's or Owner's Authorized Represent	ative's Name		
ddress	City	State	ZIP Code
gnature	Date	Telepho	one
omments			
			Check here if attachme
SECT	TION G - COMMUNITY INFORMATION (OPTIONAL)	
local official who is authorized by law or ordinance G of this Elevation Certificate. Complete the appl	e to administer the community's floodplain man	agement ordinance of	can complete Sections A, B, C (or E),
The information in Section C was taken from	n other documentation that has been signed an	dooglad by a lissue	
T contain in the contain in the	mation. (indicate the source and date of the ep	evation data in the C	omments area helow \
A community official completed Section E fo	or a building located in Zone A (without a FEMA	-issued or communit	y-issued BFE) or Zone AO.
The following information (items 6469.) is	provided for community floodplain managemen		
7 - 30	Permit Issued G6. Date	e Certificate Of Comp	pliance/Occupancy Issued
This permit has been issued for: X New Const			
Elevation of as-built lowest floor (including baseme		feet meters (P	R) Datum Rm lleo N6
BFE or (in Zone AO) depth of flooding at the buildi	ing site: <u>4513</u> . <u>9</u>	feet meters (P	R) Datum Rm 16 NG
al Official's Name Allan M. San	nchez Title Hyd	-1 -: 0 +	
mmunity Name	Telephone	rologist	2
nature Marca Coun	Date	128 - 442 - 5	5439
mments Daniel	07/	10107	
Mease See photo	I attached for flood	Proofed ai	v conditioning un
we see For Venting 1	requirement reinforce	d founda	tron Proto #2.
The see private of tor	Venting and Crawispas	e locatio	Check here if attachmer
use see Black de	ning Detail for u	lenting F	29 hive ment

Building Photographs

See Instructions for Item A6.

City

For Insurance Company Use: Policy Number Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18536 5 BABY HAMILTON RUND State Company NAIC Number ZIP Code

PEEPLES VALLEY 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,



South Side/

west side/

Building Photographs

Continuation Page

For Insurance Company Use: Policy Number Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18536 5 BARY HAM. HOTE ZIP Code Company NAIC Number State City Reples VAlley

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."



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Expande