

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME: Steve and Nancy Bamlock
Policy Number: _____

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 18306 S. POWER AVE
Company NAIC Number: _____

CITY: Kirkland STATE: Arizona ZIP CODE: 85362

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): APN # 202-21-215

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): Residential

LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ##.####): _____ HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 NAD 1927 NAD 1983 USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: YAVAPAI COUNTY 040093 B2. COUNTY NAME: Yavapai County B3. STATE: Arizona

B4. MAP AND PANEL NUMBER: <u>040750 2710</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>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): <u>4542.6</u>
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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 1929 Conversion/Comments: _____
Elevation reference mark used Rm 161 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>4545</u>	<u>13</u>	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</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>N/A</u>	_____	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>4541</u>	<u>18</u>	ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>4541</u>	<u>20</u>	ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>N/A</u>	_____	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>	_____	ft.(m)
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>N/A</u>	_____	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date:



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: Lauri Hopps LICENSE NUMBER: RLS 33876

TITLE: President COMPANY NAME: Advanced Surveys Inc.

ADDRESS: P.O. Box 26031 CITY: Prescott Valley STATE: AZ ZIP CODE: 86312

SIGNATURE: Lauri Hopps DATE: 7-11-02 TELEPHONE: 928-772-4716

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O.M.B. No. 3067-0077
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Important: Read the instructions on pages 1 - 7.

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BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 18306 S. Pioneer Ave

CITY: Kirkland STATE: Arizona ZIP CODE: 85362

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): APN # 202-21-215

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##-##-### or ###.###): _____ HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type): _____ USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: Yavapai County 040093 B2. COUNTY NAME: Yavapai County B3. STATE: Arizona

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Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

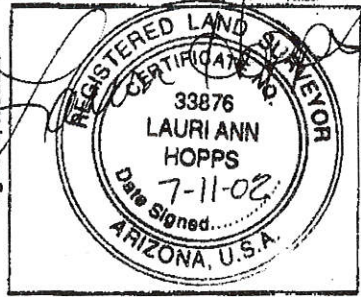
C1. Building elevations are based on: Construction Drawings Building Under Construction Finished Construction
A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number: 3 (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 1929 Conversion/Comments: _____

Elevation reference mark used: Rm 161 Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>4545</u>	<u>13</u>	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</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>N/A</u>		ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>N/A</u>		ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>4541.18'</u>		ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>4541.80'</u>		ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>N/A</u>		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>N/A</u>		sq. ft. (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. 8-16-02
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. Lauri Hopps
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: Lauri Hopps LICENSE NUMBER: RLS 33876

TITLE: President COMPANY NAME: Advanced Surveys Inc.

ADDRESS: P.O. Box 26031 CITY: Prescott Valley STATE: AZ ZIP CODE: 86312

SIGNATURE: Lauri Hopps DATE: 7-11-02 TELEPHONE: 928-772-4716