

## FEDERAL EMERGENCY MANAGEMENT AGENCY

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

			PROPERTY OWNER INFORMAT		For Inquirones Company I Isa			
BUILDING COMMITTEE	For Insurance Company Use:  Policy Number							
BUILDING OWNER'S NA Patrick & Millssa Ber	nard							
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or 17070 W. West Way			ldg. No.) OR P.O. ROUTE AND BO		Company NAIC Number			
CITY Yarnell			STATE AZ	ZIP C 85362				
	ON (Lot and Block	Numbers, Tax Parcel N	umber, Legal Description, etc.)					
203-03-067E	82							
BUILDING USE (e.g., Res Guest Home	sidential, Non-resid	dential, Addition, Accesso	ory, etc. Use a Comments area, if ne	ecessary.)				
LATITUDE/LONGITUDE ( ##° - ##' - ##.##" or ##			ITAL DATUM: SC ☑ NAD 1983	OURCE: GPS (Ty USGS C				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP COMMUNITY NAME YAVAPAI COUNTY - 040093	& COMMUNITY NUM	BER B2	2. COUNTY NAME AVAPAI COUNTY		B3. STATE ARIZONA			
B4. MAP AND PANEL NUMBER 04025C3110	B5. SUFFIX F	B6. FIRM INDEX DATE 6/6/01	B7. FIRM PANEL EFFECTIVE/REVISED DATE 6/6/01	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 4784.9			
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								
D12. Is the ballang located in			EVATION INFORMATION (SUR)					
O4 D 7 F								
C1. Building elevations are bas				Finished Construction				
		hen construction of the bui			and Card 7. If no diagram			
7 3		5 5	the building for which this certificate is b	eing completed - see p	ages 6 and 7. If no diagram			
accurately represents the	T. 18		DEE\ AD AD/A AD/AE AD/A1 ACO A	D/ALL AD/AO				
			BFE), AR, AR/A, AR/AE, AR/A1-A30, A		and the solutions would for the DEC in			
			d in Item C2. State the datum used. If the					
			urements and datum conversion calcula	tion. Ose the space pr	ovided of the Comments area of			
		cument the datum conversi	on.					
Datum Conversio	-	-	Issued annearon the FIDMS. T. Vee					
Elevation reference mark	AV 10 Programme 10 10 10 10 10 10 10 10 10 10 10 10 10		k used appear on the FIRM? Yes	Company of the Compan				
a) Top of bottom floor		t or enclosure)	ft.(m)	Embossed Seal, and Date				
☐ b) Top of next higher fl			ft.(m)	ed .				
c) Bottom of lowest ho		ember (V zones only)	<u>NA</u> ft.(m)	Dai				
d) Attached garage (to	50		ft.(m)	Eml				
□ e) Lowest elevation of	ave ferfansk av oan 20 eeu de fanter fil fan		0.71	oer, ure,				
	ng (Describe in a Co	omments area)	ft.(m)	umb				
f) Lowest adjacent (fini			ft.(m)	License Number, Signature,				
g) Highest adjacent (fir	5 (5) (5) (5) (5) (5) (5) (5) (5) (5) (5		ft.(m)	Sens				
		s) within 1 ft. above adjacer		Ĕ				
i) Total area of all perm	nanent openings (flo	ood vents) in C3.hs	q. in. (sq. cm)					
Brown and the second se	The second secon		R, ENGINEER, OR ARCHITECT C	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE				
I certify that the informatio	n in Sections A, B	, and C on this certificate	neer, or architect authorized by law e represents my best efforts to interp	oret the data availabl				
	e statement may b	e punishable by fine or i	mprisonment under 18 U.S. Code, S	Section 1001.				
CERTIFIER'S NAME				LICENSE NUMBER				
TITLE			COMPANY NAME					
ADDRESS			CITY	STAT	E ZIP CODE			
SIGNATURE			DATE	TELE	PHONE			

IMPORTANT: In these spaces,		For Insurance Company Use:			
BUILDING STREET ADDRESS (Including	g Apt., Unit, Suite, an g. No.) OR P.O. ROUTE AND BO	OX NO.		Policy Number	
CITY	STATE	E ZIP	CODE	Company NAIC Number	
S	SECTION D - SURVEYOR, ENGINEER, OR AR	CHITECT CERTIFICATION	(CONTINUED)		
Copy both sides of this Elevation Cer	tificate for (1) community official, (2) insurance agent/o	company, and (3) building owner.			
COMMENTS					
				Check here if attachments	
SECTION E - BUILDII	NG ELEVATION INFORMATION (SURVEY NO	OT REQUIRED) FOR ZONE	AO AND ZONE	THE RESERVE OF THE PARTY OF THE	
	c), complete Items E1 through E4. If the Elevation Cerl				
Section C must be completed.					
<ol> <li>Building Diagram Number _(Selecting represents the building, provide as</li> </ol>	t the building diagram most similar to the building for w sketch or photograph )	which this certificate is being comp	leted – see pages	6 and 7. If no diagram accurately	
E2. The top of the bottom floor (including	ng basement or enclosure) of the building is ft.(m)	_in.(cm)  above or belo	w (check one) the	highest adjacent grade. (Use	
natural grade, if available).	enings (see page 7), the next higher floor or elevated flu	oor (elevation h) of the huilding is	ft (m) in (cr	m) above the highest adjacent	
grade. Complete items C3.h and C		our (devailors) or the ballating to	1(11)11(01	n) above the highest adjacont	
<ol> <li>The top of the platform of machiner natural grade, if available).</li> </ol>	y and/or equipment servicing the building isft.(m)	_in.(cm)  above or belo	w (check one) the	highest adjacent grade. (Use	
5. For Zone AO only: If no flood depth	h number is available, is the top of the bottom floor ele		munity's floodplair	n management ordinance?	
	The local official must certify this information in Section	THE RESERVE AND ADDRESS OF THE PARTY OF THE	DTICIOATION		
	ECTION F - PROPERTY OWNER (OR OWNE rized representative who completes Sections A, B, C (	The second secon		t a EEMA issued or community	
and the second s	ere. The statements in Sections A, B, C, and E are co	·		it a 1 Elvin-issued of confindinty-	
PROPERTY OWNER'S OR OWNER	R'S AUTHORIZED REPRESENTATIVE'S NAME				
ADDRESS		CITY	STATE	ZIP CODE	
SIGNATURE		DATE	TELEPH	TELEPHONE	
COMMENTS					
				Check here if attachment	
	SECTION G - COMMUNITY INF		1 . 0	1.00/ 52 10 /// 51	
he local official who is authorized by la Certificate. Complete the applicable iter	aw or ordinance to administer the community's floodpla m(s) and sign below	ain management ordinance can d	omplete Sections	A, B, C (or E), and G of this Eleva	
	as taken from other documentation that has been sign	ned and embossed by a licensed	surveyor, enginee	r, or architect who is authorized b	
	information. (Indicate the source and date of the elevation)		5. 352		
	Section E for a building located in Zone A (without a F		ed BFE) or Zone A	Ю.	
**************************************		gement purposes.			
33. The following information (Items	s G4-G9) is provided for community floodplain manag				
	s G4-G9) is provided for community floodplain manag  G5. DATE PERMIT ISSUED		CATE OF COMPLIA	ANCE/OCCUPANCY ISSUED	
G4. PERMIT NUMBER  G7. This permit has been issued for:	G5. DATE PERMIT ISSUED  New Construction  Substantial Improvement	G6. DATE CERTIF		ANCE/OCCUPANCY ISSUED	
33. The following information (Items G4. PERMIT NUMBER 37. This permit has been issued for:	G5. DATE PERMIT ISSUED  New Construction Substantial Improvement cluding basement) of the building is:	G6. DATE CERTIF	_ft.(m)	Datum:	
3. The following information (Items G4. PERMIT NUMBER  17. This permit has been issued for: 18. Elevation of as-built lowest floor (inc. 19. BFE or (in Zone AO) depth of flood	G5. DATE PERMIT ISSUED  New Construction Substantial Improvement cluding basement) of the building is:	G6. DATE CERTIF			
3. The following information (Items G4. PERMIT NUMBER  17. This permit has been issued for:  18. Elevation of as-built lowest floor (inc.)  19. BFE or (in Zone AO) depth of floodic local OFFICIAL'S NAME	G5. DATE PERMIT ISSUED  New Construction Substantial Improvement cluding basement) of the building is:	G6. DATE CERTIF	_ft.(m)	Datum:	
3. The following information (Items G4. PERMIT NUMBER  7. This permit has been issued for:  8. Elevation of as-built lowest floor (inc.)  9. BFE or (in Zone AO) depth of floodic LOCAL OFFICIAL'S NAME  COMMUNITY NAME	G5. DATE PERMIT ISSUED  New Construction Substantial Improvement cluding basement) of the building is:	G6. DATE CERTIF	_ft.(m)	Datum:	
33. The following information (Items G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED  New Construction Substantial Improvement cluding basement) of the building is:	G6. DATE CERTIF	_ft.(m)	Datum:	