

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

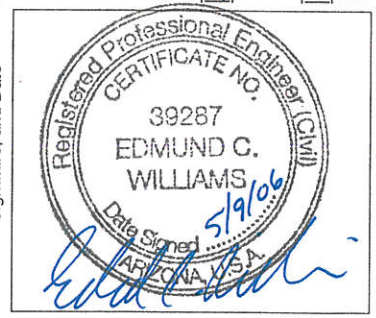
ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME <u>United States Postal Service</u>		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>14175 W. Iron Springs Road</u>		Company NAIC Number	
CITY <u>Kirkland</u>	STATE <u>AZ</u>	ZIP CODE <u>86332</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>APN# 205-25-011A</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Non-Residential</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####°)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>YAVAPAI COUNTY 040093</u>		B2. COUNTY NAME <u>YAVAPAI COUNTY</u>		B3. STATE <u>ARIZONA</u>	
B4. MAP AND PANEL NUMBER <u>04025C2415</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>3938.6</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe):					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" 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 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 checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number <u>8</u> (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 <u>NGVD'29</u> Conversion/Comments	
Elevation reference mark used <u>RM 137</u> Does the elevation reference mark used appear on the FIRM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>3936.5</u> ft.(m)
<input checked="" type="checkbox"/> b) Top of next higher floor	<u>3940.70</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 checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>3940.70</u> ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>3936.5</u> ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>3938.43</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>5</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>640</u> 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 <u>Edmund C. Williams</u>		LICENSE NUMBER	
TITLE <u>Project Manager</u>	COMPANY NAME		
ADDRESS <u>4701 N. Robert Rd, Ste. E</u>	CITY <u>Prescott Valley</u>	STATE <u>AZ</u>	ZIP CODE <u>86314</u>
SIGNATURE <u>Edmund C. Williams</u>	DATE <u>5/9/06</u>	TELEPHONE <u>(928) 772-0745</u>	

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CITY <u>Kirkland</u>	STATE <u>AZ</u>	ZIP CODE <u>86332</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>APN # 205-25-011A</u>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Non-residential</u>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°)		
HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other		

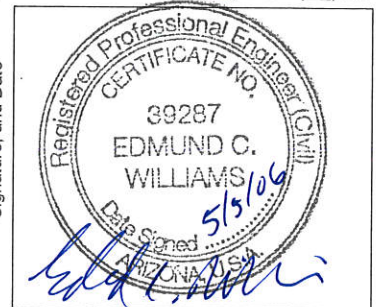
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Yavapai County 040093</u>		B2. COUNTY NAME <u>Yavapai County</u>		B3. STATE <u>Arizona</u>	
B4. MAP AND PANEL NUMBER <u>04025C2415</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>3938.6</u>

- 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 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 NGVD'29 Conversion/Comments _____
Elevation reference mark used RM 137 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>3940</u> . <u>70</u> ft.(m) | License Number, Embossed Seal, Signature, and Date |
| <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 checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) | <u>B+M Heat Pump</u>
<u>3940</u> . <u>70</u> ft.(m) | |
| <input checked="" type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) | <u>N/A</u> . _____ ft.(m) | |
| <input checked="" type="checkbox"/> g) Highest adjacent (finished) grade (HAG) | <u>3938</u> . <u>43</u> ft.(m) | |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | <u>5</u> | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h | <u>640</u> sq. in. (sq. cm) | |



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CERTIFIER'S NAME <u>Edmund C. Williams</u>	LICENSE NUMBER <u>39287</u>
TITLE <u>Project Manager</u>	COMPANY NAME <u>Claycomb/Rockwell Associates, Inc.</u>
ADDRESS <u>4701 N. Robert Rd, Ste. E</u>	CITY <u>Prescott Valley</u> STATE <u>AZ</u> ZIP CODE <u>86314</u>
SIGNATURE <u>Edmund C. Williams</u>	DATE <u>5/5/06</u> TELEPHONE <u>(928) 772-0745</u>