

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>Harley Gray Stone</i>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>47601 N Double A Ranch Rd</i>		Policy Number	
CITY <i>Ash Fork</i>	STATE <i>AZ</i>	ZIP CODE <i>86320</i>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 302-07-014L</i>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <i>Office Building - Industrial</i>			
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 <i>Yavapai County - 040093</i>		B2. COUNTY NAME <i>Yavapai</i>		B3. STATE <i>AZ</i>	
B4. MAP AND PANEL NUMBER <i>04025C 0530</i>	B5. SUFFIX <i>F</i>	B6. FIRM INDEX DATE <i>6-6-01</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>0-6-01</i>	B8. FLOOD ZONES <i>A01'</i>	B9. BASE FLOOD ELEVATION(S) <i>1' depth of flow</i>

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): *min FFE = 24" above HANG*

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:

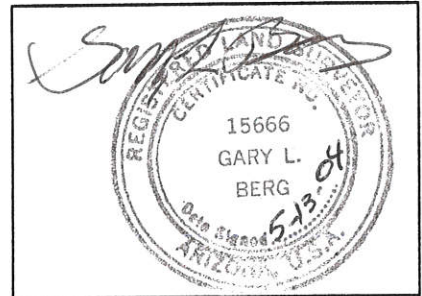
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 _____ (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 _____ Conversion/Comments _____
 Elevation reference mark used *RM 77* 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)	License Number, Embossed Seal, Signature, and Date
<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 (Describe in a Comments area.) _____ ft.(m)	
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) _____ ft.(m)	
<input type="checkbox"/> g) Highest adjacent (finished) 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 C3.h _____ 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 <i>GARY L. BERG</i>	LICENSE NUMBER <i>15666</i>
TITLE <i>LAND SURVEYOR</i>	COMPANY NAME <i>CONSULTING LAND SURVEYORS</i>
ADDRESS <i>1010 S. RD. 1 WEST</i>	CITY <i>CHINO VALLEY</i>
	STATE <i>AZ</i>
SIGNATURE <i>Gary L. Berg</i>	DATE <i>5-13-04</i>
	TELEPHONE <i>928-636-2046</i>
	ZIP CODE <i>86323</i>

IMPORTANT: In these spaces, copy the corresponding information from Section A.

For Insurance Company Use:

BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

Policy Number

CITY ASH FORK STATE AZ ZIP CODE 86320

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

ITEM C2 SEE ATTACHED SKETCH

BUILDING 1 PER ATTACHED SKETCH

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E4. 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 6 and 7. 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 2 ft.(m) 4 in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft.(m) in.(cm) above the highest adjacent grade.
- E4. The top of the platform of machinery and/or equipment servicing the building is ft. (m) in. (cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME GARY L. BERG

ADDRESS 1010 S. RD. 1 WEST CITY CHINO VALLEY STATE AZ ZIP CODE 86323

SIGNATURE [Signature] DATE 5-13-04 TELEPHONE 928-636-2046

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. Complete the applicable item(s) 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
-------------------	------------------------	---

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 _____

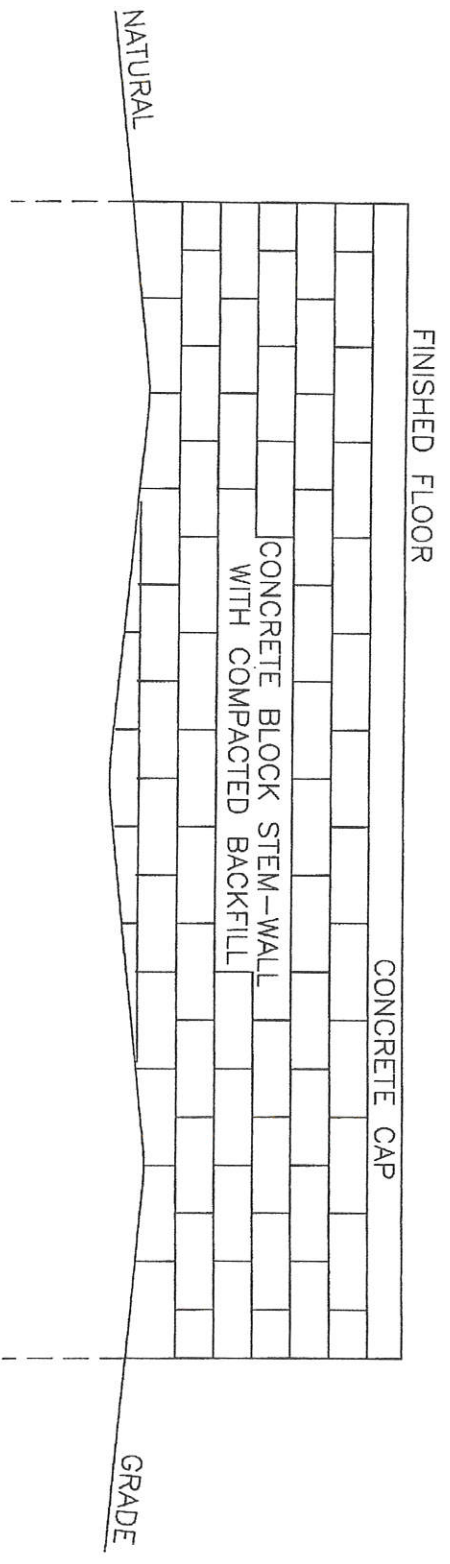
SIGNATURE _____ DATE _____

COMMENTS

Check here if attachments

BUILDING SECTION FOR
HARLEY GRAY STONE CO.
ASHFORK, AZ

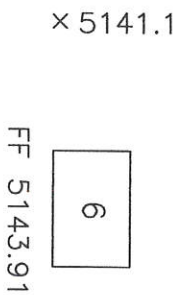
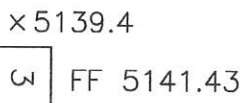
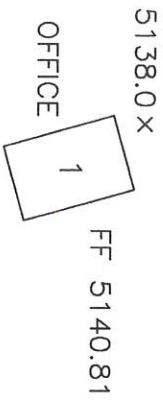
SECTION C, ITEM C2
JOB No. *OFFICE*



BUILDING ELEVATIONS FOR
HARLEY GRAY STONE CO.
47601 N. DOUBLE A RANCH ROAD
ASH FORK, AZ
A.P.N. 302-07-014L

NOTE THAT BUILDING LOCATIONS ARE APPROXIMATE
X - LOCATES SPOT ELEVATIONS PRIOR TO CONSTRUCTION

SCALE 1" = 100'



PARCEL BOUNDARY

PROPERTY BENCH MARK
TOP OF 5/8" REBAR ELEV. 5139.28
(BASED ON RM77)



ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>Harley Graystone Co.</i>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>47601 N Double A Ranch Rd</i>		Policy Number	
CITY <i>Ash Fork</i>	STATE <i>AZ</i>	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 302-07-014L</i>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <i>Fabrication Shop - Job # 2519</i>			
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 <i>Yavapai County 040093</i>		B2. COUNTY NAME <i>Yavapai</i>		B3. STATE <i>AZ</i>	
B4. MAP AND PANEL NUMBER <i>04025C0530</i>	B5. SUFFIX <i>F</i>	B6. FIRM INDEX DATE <i>6-6-01</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>6-6-01</i>	B8. FLOOD ZONES <i>A0(1')</i>	B9. BASE FLOOD ELEVATION(S) <i>1' depth of flow</i>

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): *MNF FE = 24" above HANG*

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:

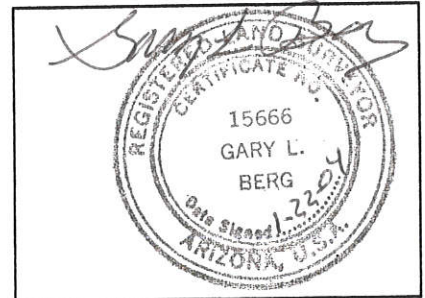
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 _____ (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 _____ Conversion/Comments _____
 Elevation reference mark used *RM 77* 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)	License Number, Embossed Seal, Signature, and Date
<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 (Describe in a Comments area.) _____ ft.(m)	
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) _____ ft.(m)	
<input type="checkbox"/> g) Highest adjacent (finished) 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 C3.h _____ 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 <i>GARY L. BERG</i>	LICENSE NUMBER <i>15666</i>
TITLE <i>LAND SURVEYOR</i>	COMPANY NAME <i>CONSULTING LAND SURVEYORS</i>
ADDRESS <i>1010 S. RD. 1 WEST</i>	CITY <i>CHINO VALLEY</i>
	STATE <i>AZ</i>
SIGNATURE <i>Gary L. Berg</i>	DATE <i>1-22-04</i>
	TELEPHONE <i>928 636-2046</i>

IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 47601 N. DOUBLE A RANCH RD.		Policy Number
CITY ASH FORK	STATE AZ	ZIP CODE 86320
		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
ITEM C2 SEE ATTACHED SKETCH
BUILDING 2 PER ATTACHED SKETCH

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E4. 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 1 (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is 2 ft.(m) 3 in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft.(m) in.(cm) above the highest adjacent grade.
- E4. The top of the platform of machinery and/or equipment servicing the building is ft. (m) in. (cm) above or NA below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME GARY L. BERG

ADDRESS 1010 S. RD. 1 WEST CITY CHINO VALLEY STATE AZ ZIP CODE 86323

SIGNATURE [Signature] DATE 1-22-04 TELEPHONE 928 636-2046

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. Complete the applicable item(s) 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
-------------------	------------------------	---

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 _____

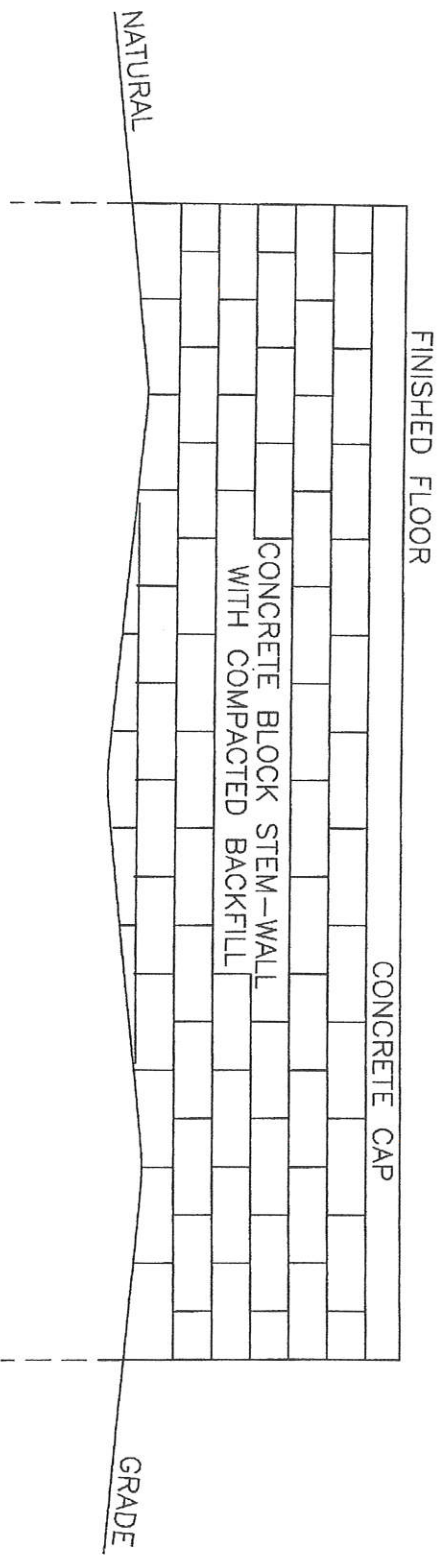
SIGNATURE _____ DATE _____

COMMENTS

Check here if attachments

BUILDING SECTION FOR
HARLEY GRAY STONE CO.
ASHFORK, AZ

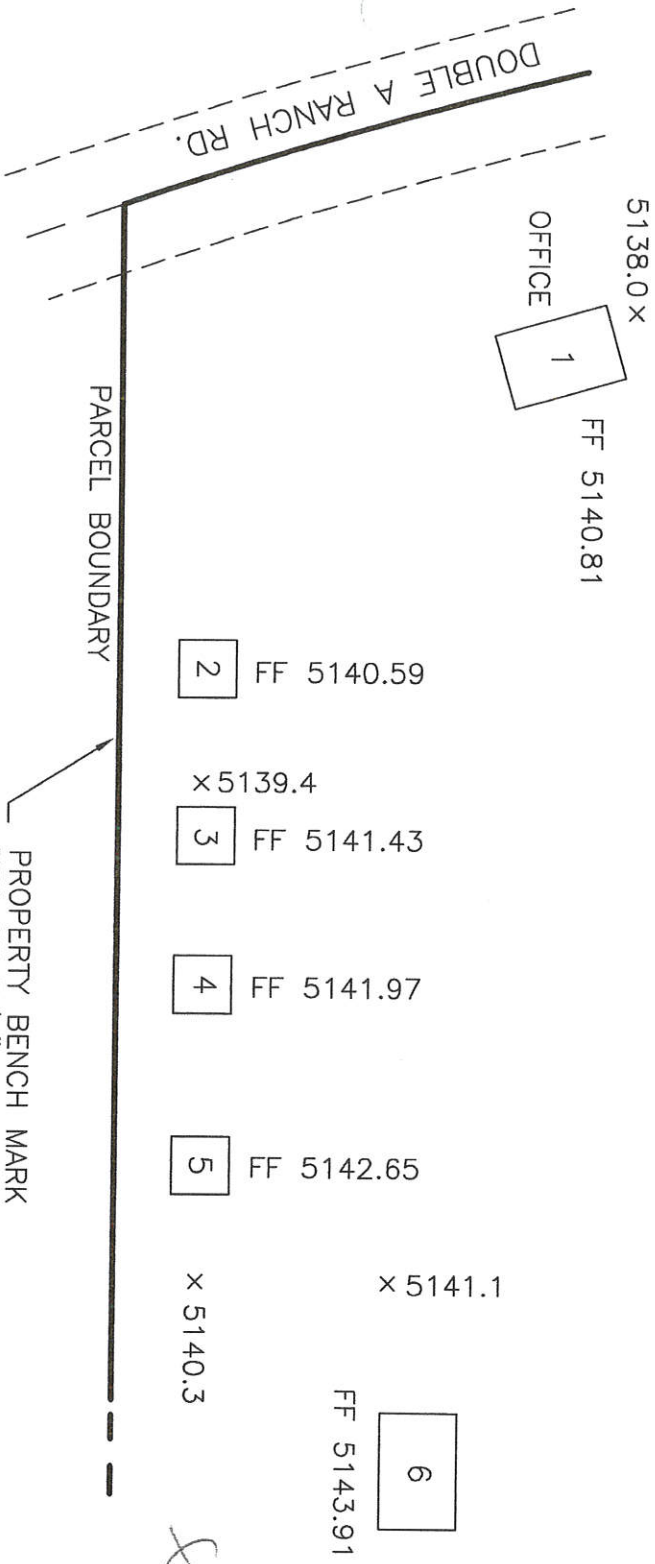
SECTION C, ITEM C2
JOB No. 2519



BUILDING ELEVATIONS FOR
HARLEY GRAY STONE CO.
47601 N. DOUBLE A RANCH ROAD
ASH FORK, AZ
A.P.N. 302-07-014L

NOTE THAT BUILDING LOCATIONS ARE APPROXIMATE
X - LOCATES SPOT ELEVATIONS PRIOR TO CONSTRUCTION

SCALE 1"=100'



PROPERTY BENCH MARK
TOP OF 5/8" REBAR ELEV. 5139.28
(BASED ON RM77)



ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>Harley Gray Stone Co.</i>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>47601 N Double A Ranch Rd</i>		Policy Number	
CITY <i>Ash Fork</i>	STATE <i>AZ</i>	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 302-07-014L</i>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <i>fabrication shop Job# 2520</i>			
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 <i>Yavapai County 040093</i>		B2. COUNTY NAME <i>Yavapai</i>		B3. STATE <i>AZ</i>	
B4. MAP AND PANEL NUMBER <i>04025C0530</i>	B5. SUFFIX <i>F</i>	B6. FIRM INDEX DATE <i>6-6-01</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>6-6-01</i>	B8. FLOOD ZONES <i>A0 (12")</i>	B9. BASE FLOOD ELEVATION(S) <i>1' depth of flow</i>

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): *min FFE = 24 above HANG*

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:

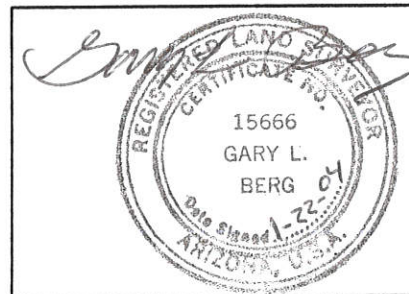
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 _____ (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 _____ Conversion/Comments _____
 Elevation reference mark used *RM 77* 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)	License Number, Embossed Seal, Signature, and Date
<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 (Describe in a Comments area.) _____ ft. (m)	
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) _____ ft. (m)	
<input type="checkbox"/> g) Highest adjacent (finished) 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 C3.h _____ 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 <i>GARY L. BERG</i>		LICENSE NUMBER <i>15666</i>	
TITLE <i>LAND SURVEYOR</i>	COMPANY NAME <i>CONSULTING LAND SURVEYORS</i>		
ADDRESS <i>1010 S. RD. 1 WEST</i>	CITY <i>CHINO VALLEY</i>	STATE <i>AZ</i>	ZIP CODE <i>86323</i>
SIGNATURE <i>Gary L Berg</i>	DATE <i>1-22-04</i>	TELEPHONE <i>928 636-2046</i>	

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 47601 N. DOUBLE A RANCH RD	Policy Number
CITY ASH FORK AZ STATE 86320 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
 ITEM C2 SEE ATTACHED SKETCH
 BUILDING 3 PER ATTACHED SKETCH

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E4. 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 1 (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is 2 ft.(m) 3 in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft.(m) in.(cm) above the highest adjacent grade.
- E4. The top of the platform of machinery and/or equipment servicing the building is ft. (m) in. (cm) above or NA below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME GARY L. BERG

ADDRESS 1010 S. RD. 1 WEST CITY CHINO VALLEY STATE AZ ZIP CODE 86323

SIGNATURE [Signature] DATE 1-22-04 TELEPHONE 928 636-2046

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. Complete the applicable item(s) 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
-------------------	------------------------	---

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 _____

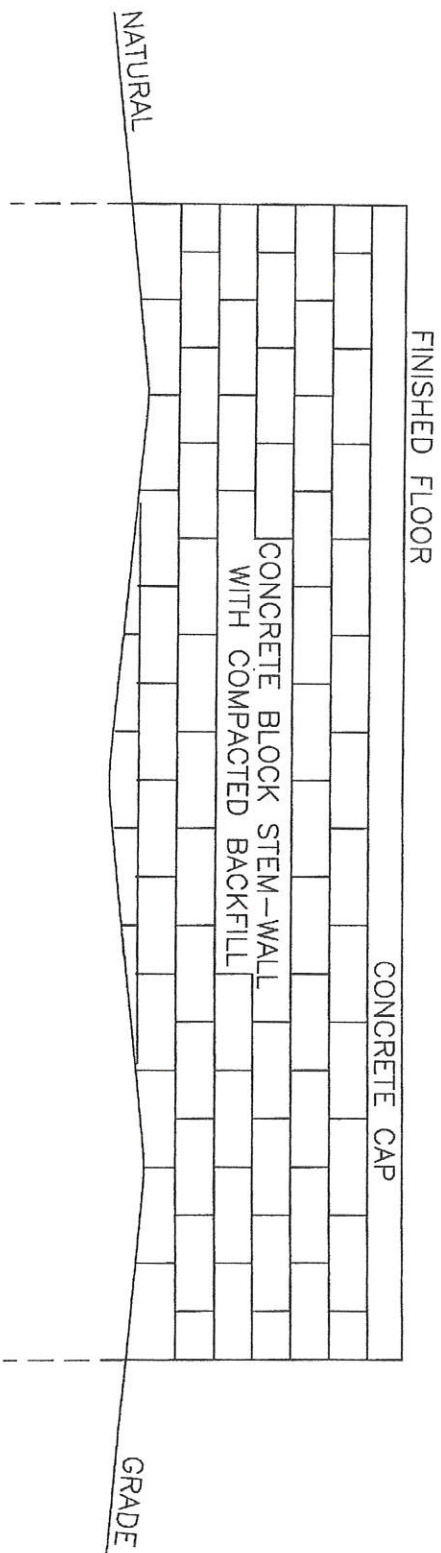
SIGNATURE _____ DATE _____

COMMENTS

Check here if attachments

BUILDING SECTION FOR
HARLEY GRAY STONE CO.
ASHFORK, AZ

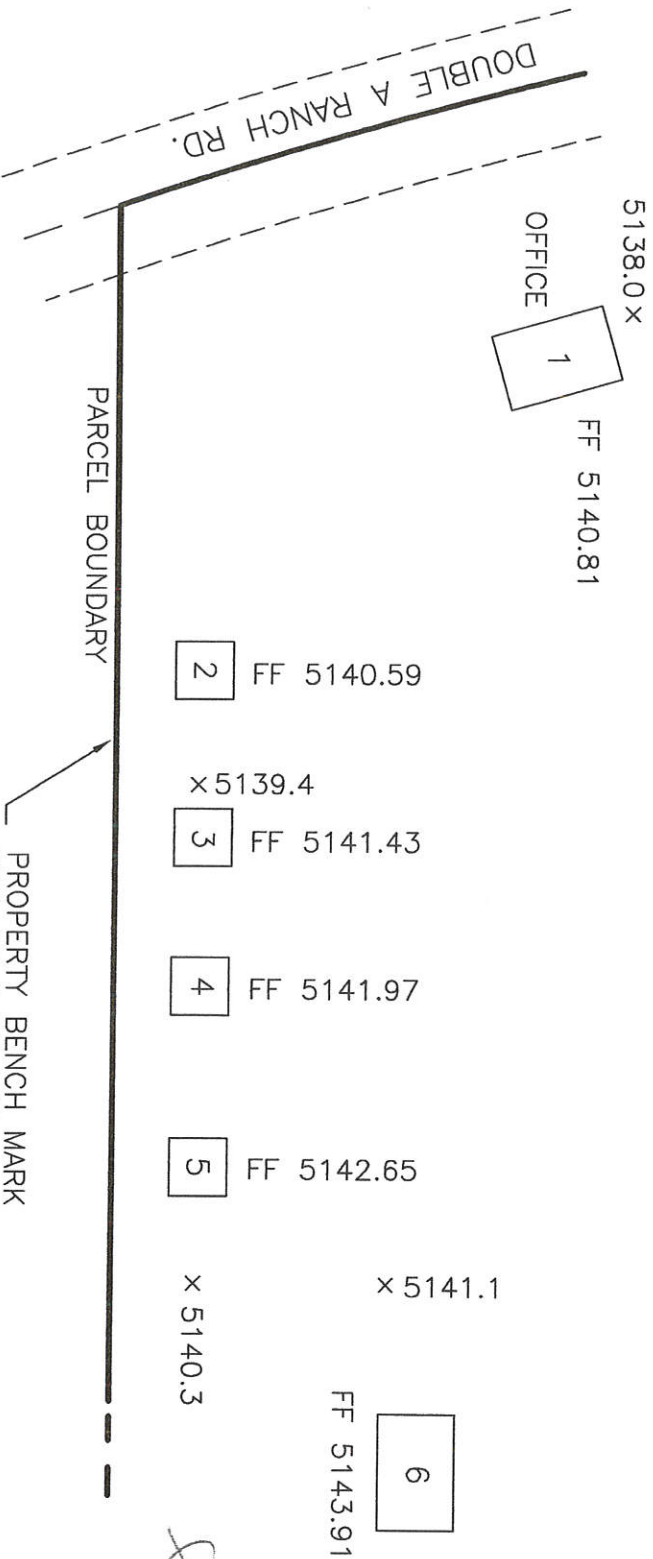
SECTION C, ITEM C2
JOB No. 2520



BUILDING ELEVATIONS FOR
 HARLEY GRAY STONE CO.
 47601 N. DOUBLE A RANCH ROAD
 ASH FORK, AZ
 A.P.N. 302-07-014L

NOTE THAT BUILDING LOCATIONS ARE APPROXIMATE
 X - LOCATES SPOT ELEVATIONS PRIOR TO CONSTRUCTION

SCALE 1" = 100'



PROPERTY BENCH MARK
 TOP OF 5/8" REBAR ELEV. 5139.28
 (BASED ON RM77)



ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>Harley Haystone Co.</i>		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>47601 N Double A Ranch Rd</i>		Company NAIC Number	
CITY <i>Ash Fork</i>	STATE <i>AZ</i>	ZIP CODE <i>86320</i>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 302-07-014L</i>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <i>40x60 Fabrication Shop-306#2522</i>			
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 <i>Yavapai County 040093</i>		B2. COUNTY NAME <i>Yavapai</i>		B3. STATE <i>AZ</i>	
B4. MAP AND PANEL NUMBER <i>04025C 0530</i>	B5. SUFFIX <i>R</i>	B6. FIRM INDEX DATE <i>6-6-01</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>6-6-01</i>	B8. FLOOD ZONES <i>A0(1')</i>	B9. BASE FLOOD ELEVATION(S) <i>1' depth of flow</i>

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): *MIN FFE = 24" AHANG*

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:

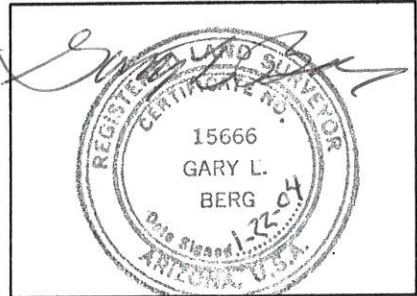
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 _____ (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 _____ Conversion/Comments _____
Elevation reference mark used *RM 77* 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)	License Number, Embossed Seal, Signature, and Date
<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 (Describe in a Comments area.) _____ . _____ ft. (m)	
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) _____ . _____ ft. (m)	
<input type="checkbox"/> g) Highest adjacent (finished) 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 C3.h _____ 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 <i>GARY L. BERG</i>	LICENSE NUMBER <i>15666</i>
TITLE <i>LAND SURVEYOR</i>	COMPANY NAME <i>CONSULTING LAND SURVEYORS</i>
ADDRESS <i>1010 S. RD. 1 WEST</i>	CITY <i>CHINO VALLEY</i>
	STATE <i>AZ</i>
	ZIP CODE <i>86323</i>
SIGNATURE <i>Gary L. Berg</i>	DATE <i>1-22-04</i>
	TELEPHONE <i>928-636-2046</i>

IMPORTANT: In these spaces, copy the corresponding information from Section A.

For Insurance Company Use:

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
47601 N. DOUBLE A RANCH RD.

Policy Number

CITY ASH FORK AZ STATE 86320 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 ITEM C2 SEE ATTACHED SKETCH

BUILDING G PER ATTACHED SKETCH

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E4. 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 1 (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is 2 ft.(m) 0 in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft.(m) in.(cm) above the highest adjacent grade.
- E4. The top of the platform of machinery and/or equipment servicing the building is ft. (m) in. (cm) above or NA below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME GARY L. BERG

ADDRESS 1010 S. RD 1 WEST CITY CHINO VALLEY STATE AZ ZIP CODE 86323

SIGNATURE [Signature] DATE 1-22-04 TELEPHONE 928 636-2046

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. Complete the applicable item(s) 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
-------------------	------------------------	---

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 _____

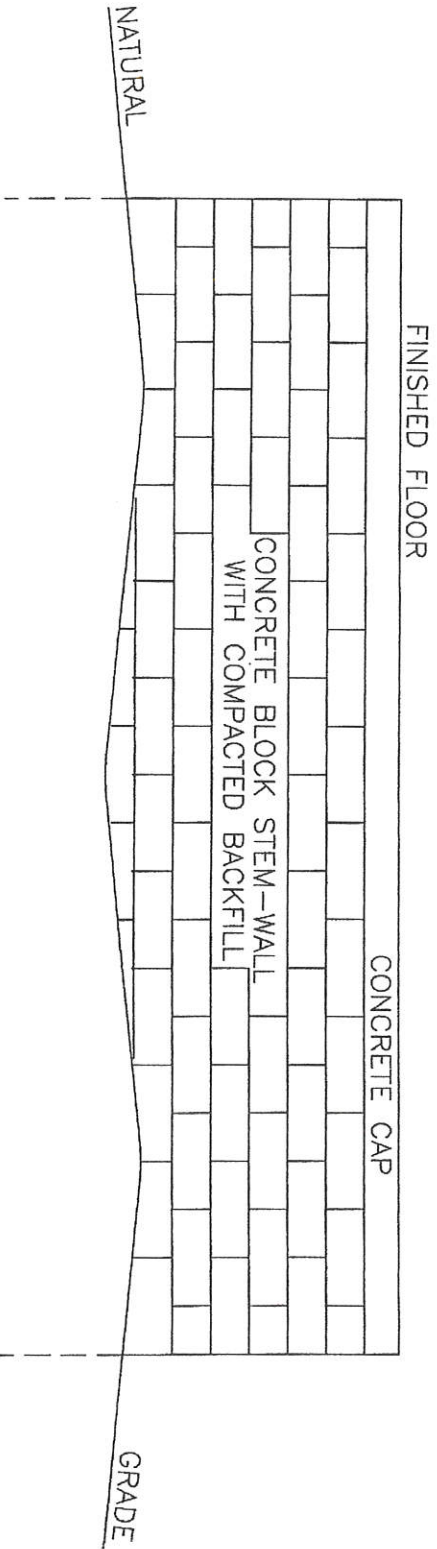
SIGNATURE _____ DATE _____

COMMENTS

Check here if attachments

BUILDING SECTION FOR
HARLEY GRAY STONE CO.
ASHFORK, AZ

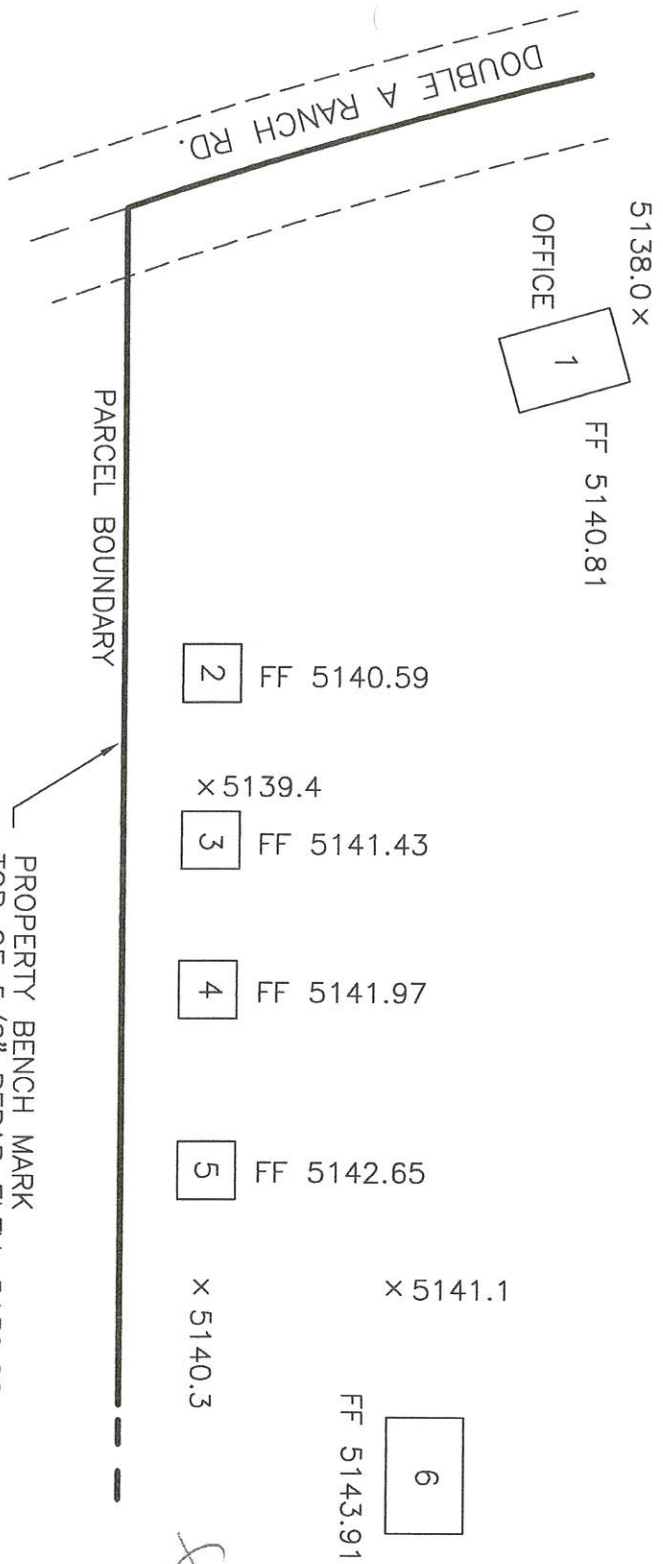
SECTION C, ITEM C2
JOB No. 2522



BUILDING ELEVATIONS FOR
 HARLEY GRAY STONE CO.
 47601 N. DOUBLE A RANCH ROAD
 ASH FORK, AZ
 A.P.N. 302-07-014L

NOTE THAT BUILDING LOCATIONS ARE APPROXIMATE
 X - LOCATES SPOT ELEVATIONS PRIOR TO CONSTRUCTION

SCALE 1" = 100'



PROPERTY BENCH MARK
 TOP OF 5/8" REBAR ELEV. 5139.28
 (BASED ON RM77)



ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:	
BUILDING OWNER'S NAME <i>Harley Shaystone Co.</i>		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>47601 N Double A Ranch Rd</i>		Company NAIC Number	
CITY <i>Ash Fork</i>	STATE <i>AZ</i>	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 302-07-014L</i>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <i>40x60 Fabrication Shop</i>			
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 <i>Yavapai County 040093</i>		B2. COUNTY NAME <i>Yavapai</i>		B3. STATE <i>AZ</i>	
B4. MAP AND PANEL NUMBER <i>04025C 0530</i>	B5. SUFFIX <i>R</i>	B6. FIRM INDEX DATE <i>6-6-01</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>6-6-01</i>	B8. FLOOD ZONES <i>A0(1')</i>	B9. BASE FLOOD ELEVATION(S) <i>1' depth of flow</i>

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): *MIN FFE = 24" AHANG*

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 _____ (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 _____ 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)	License Number, Embossed Seal, Signature, and Date	
<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 (Describe in a Comments area.) _____ ft.(m)		
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) _____ ft.(m)		
<input type="checkbox"/> g) Highest adjacent (finished) 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 C3.h _____ 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		LICENSE NUMBER	
TITLE		COMPANY NAME	
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>Harley Gray Stone Co.</i>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>47601 N Double A Ranch Rd</i>		Policy Number	
CITY <i>Ash Fork</i>	STATE <i>AZ</i>	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 302-07-014L</i>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <i>26x30 Industrial Shop Job # 2523</i>			
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 <i>Yavapai County 040093</i>		B2. COUNTY NAME <i>Yavapai</i>		B3. STATE <i>AZ</i>	
B4. MAP AND PANEL NUMBER <i>04025C0530</i>	B5. SUFFIX <i>F</i>	B6. FIRM INDEX DATE <i>6-6-01</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>6-6-01</i>	B8. FLOOD ZONES <i>A0(1')</i>	B9. BASE FLOOD ELEVATION(S) <i>1' depth of flow</i>

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): *MIN FFE = 24"*

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:

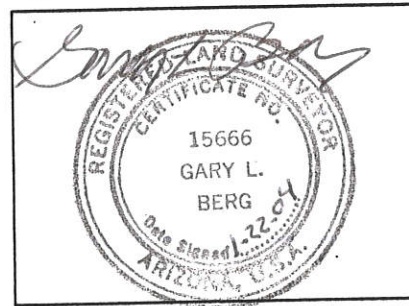
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 _____ (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 _____ Conversion/Comments _____
 Elevation reference mark used *RM 77* 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)	License Number, Embossed Seal, Signature, and Date
<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 (Describe in a Comments area.) _____ ft.(m)	
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) _____ ft.(m)	
<input type="checkbox"/> g) Highest adjacent (finished) 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 C3.h _____ 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 <i>GARY L. BERG</i>	LICENSE NUMBER <i>15666</i>
TITLE <i>LAND SURVEYOR</i>	COMPANY NAME <i>CONSULTING LAND SURVEYORS</i>
ADDRESS <i>1010 S. RD. 1 WEST</i>	CITY STATE ZIP CODE <i>CHINO VALLEY AZ 86323</i>
SIGNATURE <i>Gary L. Berg</i>	DATE TELEPHONE <i>1-22-04 928 636-2046</i>

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
47601 N. DOUBLE A RANCH RD.

CITY ASH FORK STATE AZ ZIP CODE 86320

For Insurance Company Use:
Policy Number
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
ITEM C2 SEG ATTACHED SKETCH
BUILDING 4 PER ATTACHED SKETCH

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E4. 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 1 (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is 2 ft.(m) 0 in.(cm) above or 0 below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is 0 ft.(m) 0 in.(cm) above the highest adjacent grade.
- E4. The top of the platform of machinery and/or equipment servicing the building is 0 ft. (m) 0 in. (cm) 0 above or NA below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME GARY L. BERG
ADDRESS 1010 S. RD. 1 WEST CITY CHINO VALLEY STATE AZ ZIP CODE 86323
SIGNATURE [Signature] DATE 1-22-04 TELEPHONE 928 636-2046

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. Complete the applicable item(s) 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
-------------------	------------------------	---

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: _____

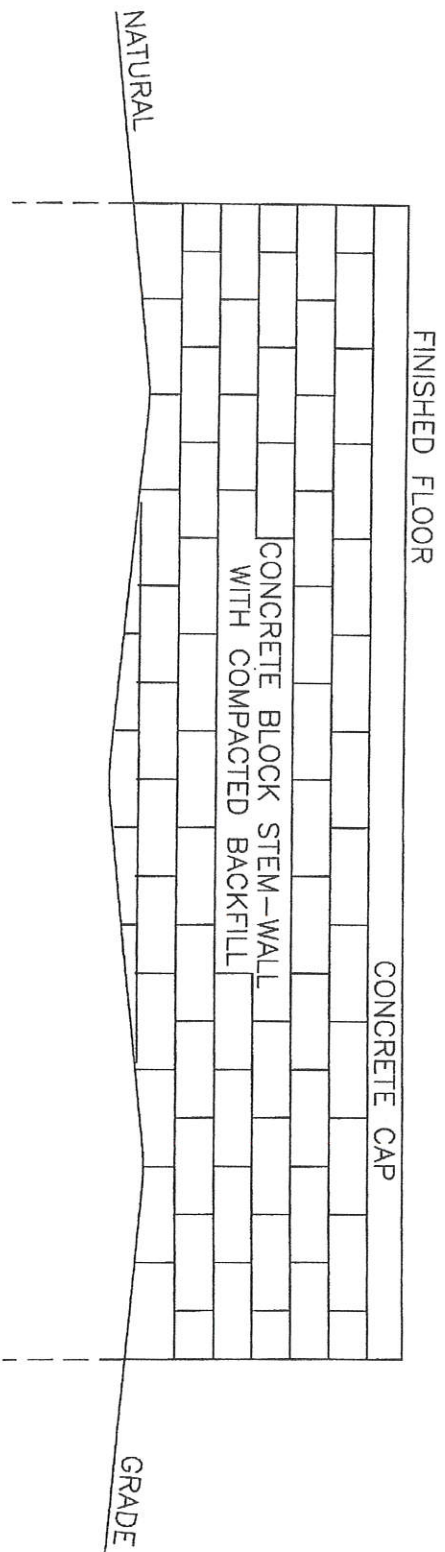
LOCAL OFFICIAL'S NAME _____ TITLE _____
COMMUNITY NAME _____ TELEPHONE _____
SIGNATURE _____ DATE _____

COMMENTS _____

Check here if attachments

BUILDING SECTION FOR
HARLEY GRAY STONE CO.
ASHFORK, AZ

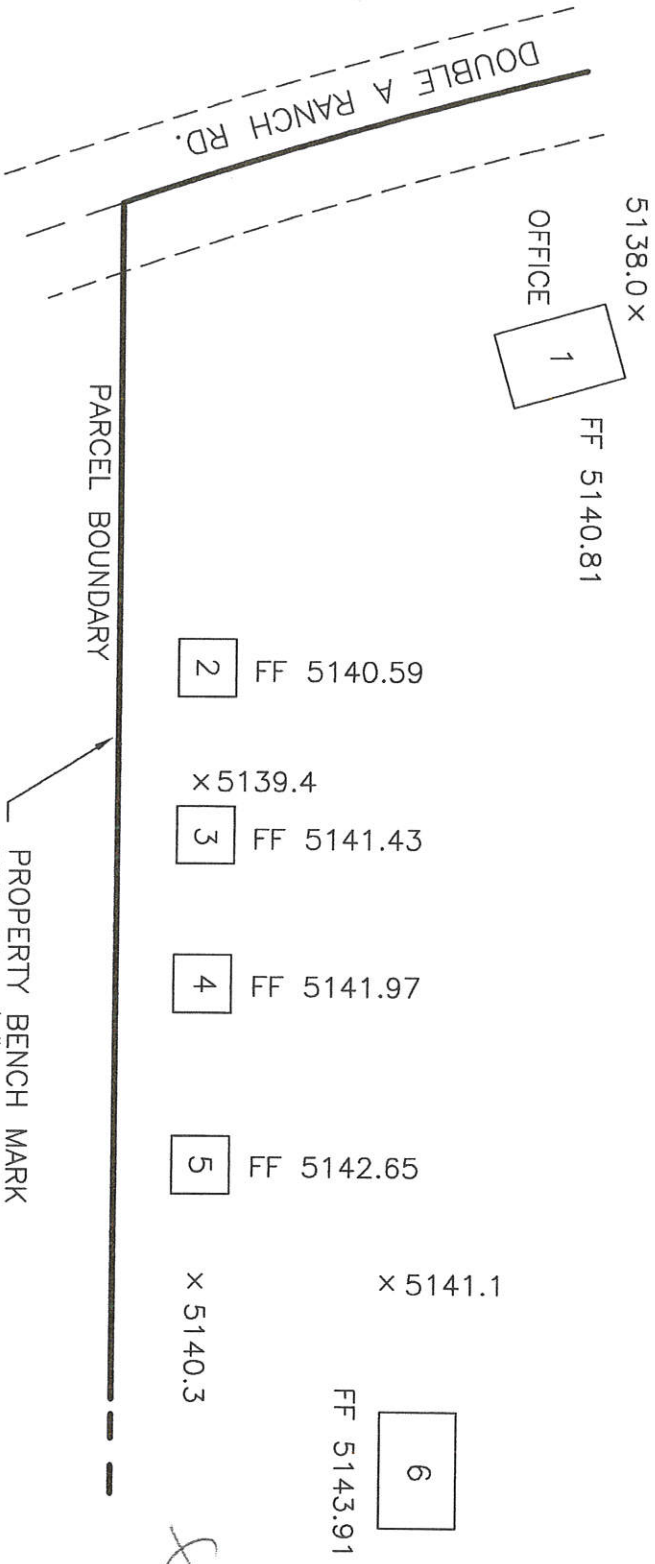
SECTION C, ITEM C2
JOB No. 2523



BUILDING ELEVATIONS FOR
HARLEY GRAY STONE CO.
47601 N. DOUBLE A RANCH ROAD
ASH FORK, AZ
A.P.N. 302-07-014L

NOTE THAT BUILDING LOCATIONS ARE APPROXIMATE
X - LOCATES SPOT ELEVATIONS PRIOR TO CONSTRUCTION

SCALE 1"=100'



PROPERTY BENCH MARK
TOP OF 5/8" REBAR ELEV. 5139.28
(BASED ON RM77)



ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>Starkey Gray Stone Co.</i>		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>47601 N. Double A Ranch Rd</i>		Company NAIC Number	
CITY <i>Ash Fork</i>	STATE <i>AZ</i>	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN # 302-07-0144</i>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <i>30x26 Industrial shop Job# 2524</i>			
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 <i>Yavapai County 040093</i>		B2. COUNTY NAME <i>Yavapai</i>		B3. STATE <i>AZ</i>	
B4. MAP AND PANEL NUMBER <i>04025C0530</i>	B5. SUFFIX <i>F</i>	B6. FIRM INDEX DATE <i>6-6-01</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>6-6-01</i>	B8. FLOOD ZONES <i>A0(1')</i>	B9. BASE FLOOD ELEVATION(S) <i>1' depth of flow</i>

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): *MIN FFE = 24" above HANG*

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:

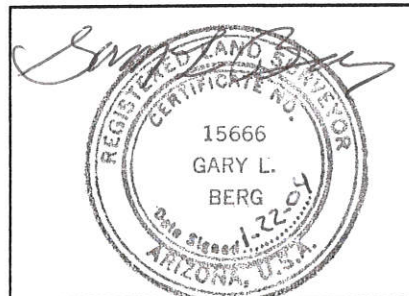
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 _____ (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 _____ Conversion/Comments _____
 Elevation reference mark used *RM 77* 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)	License Number, Embossed Seal, Signature, and Date
<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 (Describe in a Comments area.) _____ . _____ ft.(m)	
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) _____ . _____ ft.(m)	
<input type="checkbox"/> g) Highest adjacent (finished) 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 C3.h _____ 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 <i>GARY L. BERG</i>	LICENSE NUMBER <i>15666</i>
TITLE <i>LAND SURVEYOR</i>	COMPANY NAME <i>CONSULTING LAND SURVEYORS</i>
ADDRESS <i>1010 S. RD. 1 WEST</i>	CITY STATE ZIP CODE <i>CITINO VALLEY AZ 86323</i>
SIGNATURE <i>Gary L. Berg</i>	DATE TELEPHONE <i>1-22-04 928 636-2046</i>

IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 47601 N. DOUBLE A RANCH RD.		Policy Number
CITY ASH FORK	STATE AZ	ZIP CODE 86320
		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
ITEM C2 SEE ATTACHED SKETCH
BUILDING 5 PER ATTACHED SKETCH

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E4. 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 1 (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is 2 ft.(m) 0 in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft.(m) in.(cm) above the highest adjacent grade.
- E4. The top of the platform of machinery and/or equipment servicing the building is ft. (m) in. (cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME GARY L. BERG

ADDRESS 1010 S. RO. 1 WEST CITY CHINO VALLEY STATE AZ ZIP CODE 86323

SIGNATURE [Signature] DATE 1-22-04 TELEPHONE 928 636-2046

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. Complete the applicable item(s) 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
-------------------	------------------------	---

- 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: _____

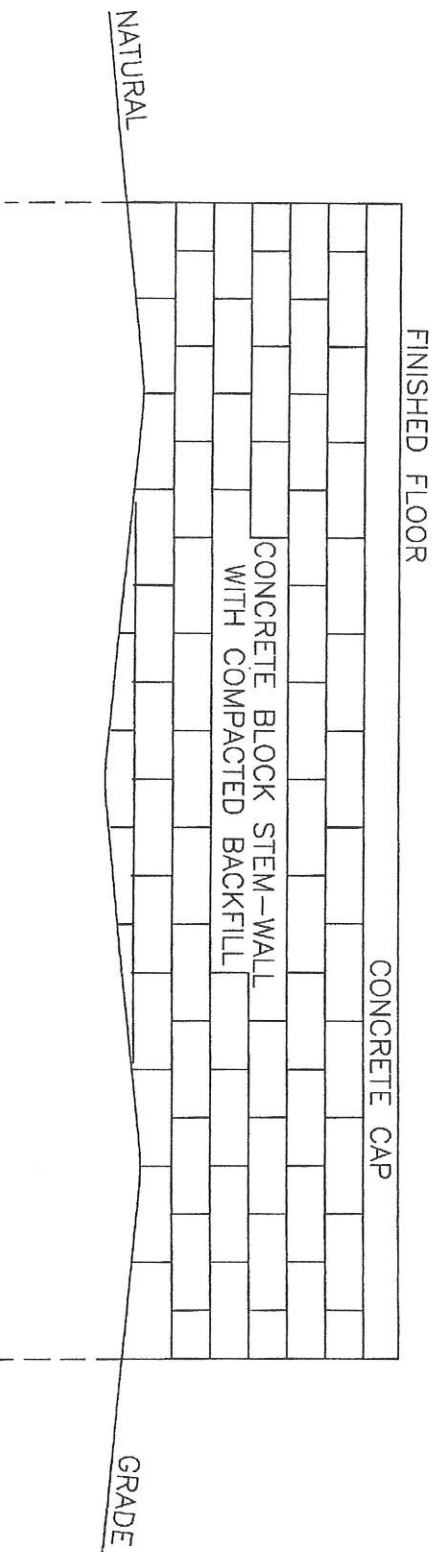
LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE

COMMENTS

Check here if attachments

BUILDING SECTION FOR
HARLEY GRAY STONE CO.
ASHFORK, AZ

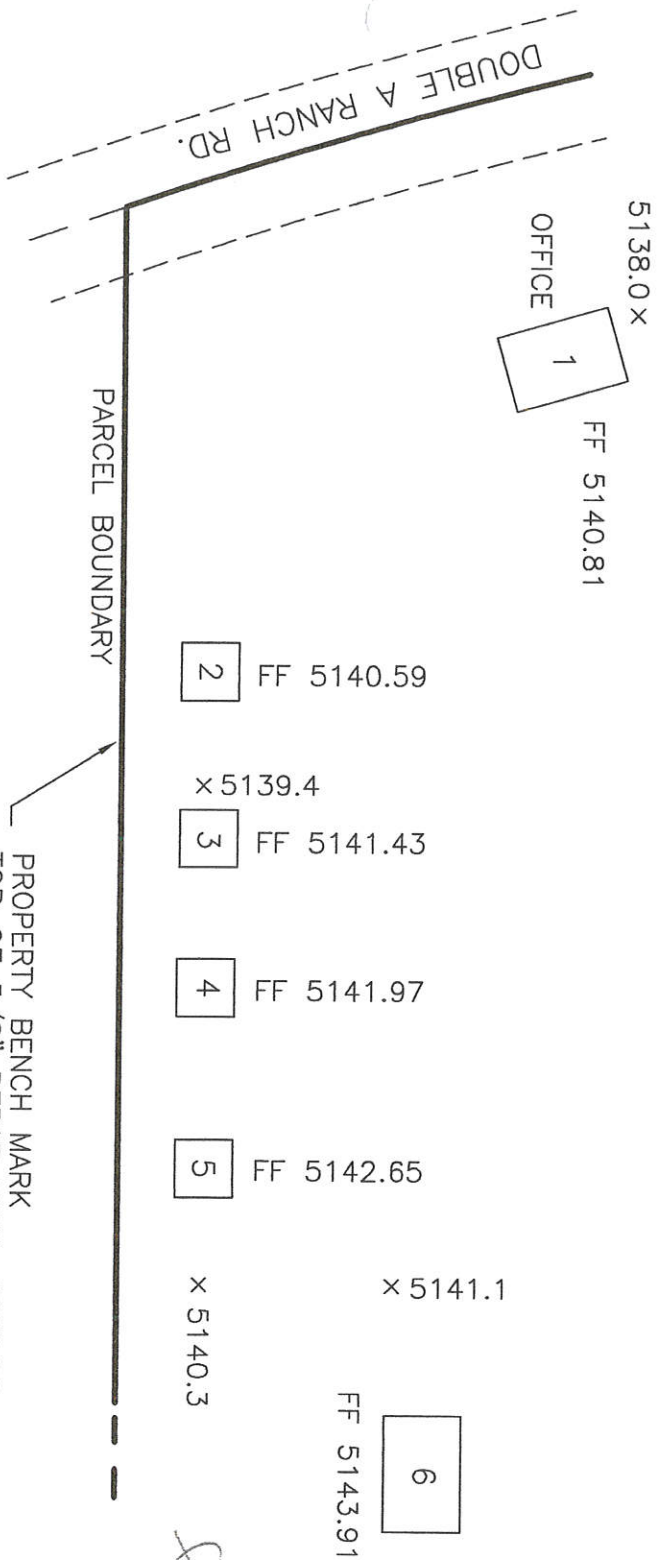
SECTION C, ITEM C2
JOB No. 2524



BUILDING ELEVATIONS FOR
 HARLEY GRAY STONE CO.
 47601 N. DOUBLE A RANCH ROAD
 ASH FORK, AZ
 A.P.N. 302-07-014L

NOTE THAT BUILDING LOCATIONS ARE APPROXIMATE
 X - LOCATES SPOT ELEVATIONS PRIOR TO CONSTRUCTION

SCALE 1" = 100'



PROPERTY BENCH MARK
 TOP OF 5/8" REBAR ELEV. 5139.28
 (BASED ON RM77)

