FEDERAL EMERGENCY MANAGEMENT AGENCY TIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION Policy Number **BUILDING OWNER'S NAME DENNIS & NANCY McGUIRE** BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 5775 MITCHELL LANE STATE ZIP CODE CITY 86334 **PAULDEN** AZ PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 304-01-078C SEC. 29, T18N, R2W, G&SRB&M, BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL SOURCE: GPS (Type): HORIZONTAL DATUM: LATITUDE/LONGITUDE (OPTIONAL) ☐ USGS Quad Map □ NAD 1927 □ NAD 1983 Other: (##° - ##' - ##.##" or ##.####") SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE **B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME** YAVAPAI COUNTY **ARIZONA** YAVAPAI COUNTY 040093 B9. BASE FLOOD ELEVATION(S) **B7. FIRM PANEL** B4. MAP AND PANEL EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) **B5. SUFFIX B6. FIRM INDEX DATE** NUMBER AE F 06-06-01 06-06-01 04025C0990 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): ☐ FIRM ☐ Community Determined ☐ FIS Profile 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) ☐ Building Under Construction* C1. Building elevations are based on: ☐ Construction Drawings* *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 NA Conversion/Comments Elevation reference mark used RM 190 Does the elevation reference mark used appear on the FIRM? 🛛 Yes 🔲 No o a) Top of bottom floor (including basement or enclosure) SEE COMMENTS 4447.17 ft. MANUFACTURED HOME NA . _ft.(m) o b) Top of next higher floor <u>NA</u>ft.(m) o c) Bottom of lowest horizontal structural member SEE COMMENTS o d) Attached garage (top of slab) NA ft.(m) o e) Lowest elevation of machinery and/or equipment NA . __ft.(m) servicing the building (Describe in a Comments area) 4447 .1 ft. o f) Lowest adjacent (finished) grade (LAG) o g) Highest adjacent (finished) grade (HAG) 4447.2 ft. o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade NA o i) Total area of all permanent openings (flood vents) in C3.h NA 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 LICENSE NUMBER AZ REG 27737 CERTIFIER'S NAME DUANE FAMAS RLS COMPANY NAME FAMAS LAND SURVEYORS, INC TITLE LAND SURVEYOR ZIP CODE CITY STATE **ADDRESS** PRESCOTT 86302 AZPO BOX 4357 **TELEPHONE** SIGNATURE DATE (928)-717-2844 01/13/04

		4	For Insurance Company Use:
MFORTANT: In these spaces, copy the	e corresponding information from Section A	1	Policy Number
JILDING STREET ADDRESS (Including Apt., Unit, MITCHELL LANE		ZIP CODE	Company NAIC Number
ΓY	STATE AZ	86334	Company To the Transaction
AULDEN SECTION D	- SURVEYOR, ENGINEER, OR ARCHITEC	T CERTIFICATION (CONTINU	ED)
SECTION D	(1) community official, (2) insurance agent/compan	, and (3) building owner.	
OTTOM OF THE FRAME IS 4446.1	WITH BUILT UP DIRT BERM TO THE BO	OTTOM OF HOME. NO SKIP LOPE AWAY FROM HOME	RTING. ELEVATION OF THE IS 4444.7 AND 4443.2
LEVATIONS BASED ON RM 190	ELEVATION = 4474.88		
			☐ Check here if attachments
	TO THE PROPERTY NOT BEOLE	IIDED) EOD ZONE AO AND Z	
SECTION E - BUILDING ELEVA	ATION INFORMATION (SURVEY NOT REQ	is intended for use as supporting in	formation for a LOMA or LOMR-F,
Zone AO and Zone A (without BFE), complection C must be completed.	te Items E1 through E4. If the Elevation Certificate	is interided for use as supporting in	Official Control of the Control of t
Ruilding Diagram Number (Select the build	ing diagram most similar to the building for which this	certificate is being completed – see p	pages 6 and 7. If no diagram accurately
. The top of the bottom floor (including basen	photograph.) nent or enclosure) of the building is ft.(m)in.(cm) I above or I below (check o	no) no nignost adjacont grador (500
	ee page 7), the next higher floor or elevated floor (ele		
grade. Complete items C3.h and C3.i on fr	ont of form. equipment servicing the building isft.(m)in.(cn	above or Delow (check o	one) the highest adjacent grade. (Use
For Zone AO only: If no flood depth number	er is available, is the top of the bottom floor elevated	in accordance with the community	s noodpiain management ordinance?
CIV CINA CILINIANA Tho loc	al official must certify this information in Section G.		
SECTION	F - PROPERTY OWNER (OR OWNER'S RE	PRESENTATIVE) CERTIFICA	(without a FFMA-issued or community-
The property owner or owner's authorized rep	resentative who completes Sections A, B, C (Items C	to the hest of my knowledge.	(Williodea) Elvi (locale el e
issued BFE) or Zone AO must sign here. The	e statements in Sections A, D, C, and L are correct	to the bost of my fallowing a	
PROPERTY OWNER'S OR OWNER'S AUT	HORIZED REPRESENTATIVE S NAIVIE		CODE
ADDRESS	CITY	ST	ATE ZIP CODE
	DATE	TE	LEPHONE
SIGNATURE	DATE		
COMMENTS			
COMMENTO			
			Check here if attachment
		ATION (OPTIONAL)	Onlocation
	SECTION G - COMMUNITY INFORM	ATION (OFTIONAL)	Sections A. B. C. (or E), and G of this Ele
The local official who is authorized by law or or	dinance to administer the community's floodplain ma	anagement ordinance can complete	000001071, 2, 0 (01 –)
Certificate. Complete the applicable item(s) a	nd sign below. In from other documentation that has been signed and	embossed by a licensed surveyor,	engineer, or architect who is authorized b
	ation (Indicate the course and date of the elevation	tiala ili lile committento area poiem	·,
on I A community official completed Section	on F for a building located in Zone A (Without a FEI)	IA-155ued of continuinty-155ued by	E) or Zone AO.
G3. The following information (Items G4-C	G9) is provided for community floodplain manageme	iii puiposes.	
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	6.7.	Datum:
G8. Elevation of as-built lowest floor (including	g basement) of the building is:	ft.(m) ft.(m)	Datum:
G9. BFE or (in Zone AO) depth of flooding at	the building site is:		Datanii
LOCAL OFFICIAL'S NAME		TITLE	
COMMUNITY NAME	TELEPHONE		
SIGNATURE		DATE	
COMMENTS			
85-5450000			
			Check here if attachmen
			Onlock Hozo ii allaconiii