

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>JIMMY BINGHAM</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>2850 BINGHAM BLVD</i>		Company NAIC Number	
CITY <i>Flagstaff</i>	STATE <i>AZ</i>	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN# 304-01-189G J</i>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <i>Residential</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>040093 Yavapai County</i>		B2. COUNTY NAME <i>Yavapai</i>		B3. STATE <i>AZ</i>	
B4. MAP AND PANEL NUMBER <i>04025C0970</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>AE</i>	B9. BASE FLOOD ELEVATION(S) <i>4388.4'</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): _____

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)

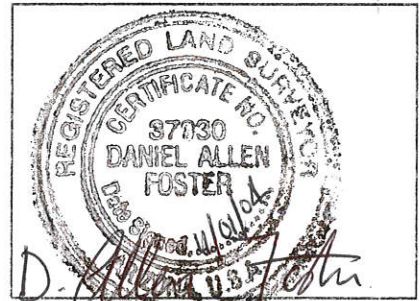
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 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.)

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-302 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>4389</u>	<u>73</u>	ft.(m)
<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)	<u>4389</u>	<u>50</u>	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)	<u>4388</u>	<u>87</u>	ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>4389</u>	<u>22</u>	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>0</u>		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>0</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 <i>D. ALLEN FOSTER</i>		LICENSE NUMBER <i>RLS #37930</i>	
TITLE <i>OWNER</i>	COMPANY NAME <i>FOSTCO SURVEYING</i>		
ADDRESS <i>P.O. Box 4363</i>	CITY <i>CHINO VALLEY</i>	STATE <i>AZ</i>	ZIP CODE <i>86323</i>
SIGNATURE <i>D. Allen Foster</i>	DATE <i>10/28/04</i>	TELEPHONE <i>928-636-9184</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	PAULDEN APN 304-01-189G	STATE	AZ
		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

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 _____ ft.(m) _____ 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

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	

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
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- 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

ELEVATION OF FLOODPLAIN PROPERTY

When Completed Return To: **Yavapai County Development Services – Floodplain Unit**
 500 S. Marina St., Prescott, AZ, 86303 (928) 771-3197 FAX 771-3427

DATE 4/27/04

ASSESSOR'S PARCEL NUMBER 304-01-189 G

SUBDIVISION NAME UNIT/PHASE AND LOT NUMBER WINEGLASS ACRES AMENDED LOT 12

OWNER FARWEST BUILDERS INC.

SITUS ADDRESS BIG SPRINGS RANCH ROAD

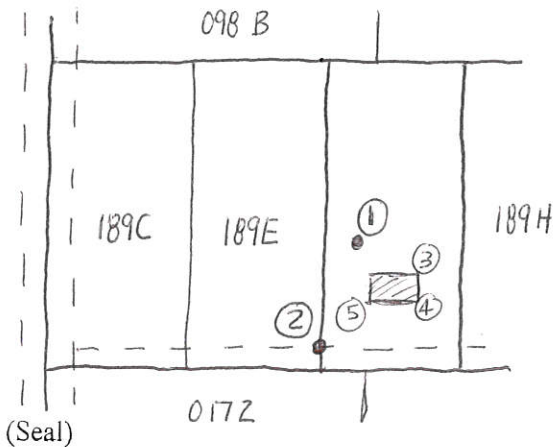
BASE BENCHMARK: Number RM-302 Elevation 4399.89'

PROPERTY BENCHMARK ① 4389.32' ② 4388.56'

DESCRIPTION OF PROPERTY BENCHMARK ① 1/2" REBAR ± 0.20 ABOVE GROUND
② 1/2" FAMES REBAR LOCATED @ SW R/W CORNER.

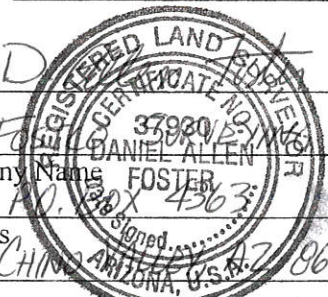
GROUND ELEVATIONS AT BUILDING SITE ③ 4389.10' ④ 4388.90' ⑤ 4388.95'
 (Please provide a minimum of three (3) elevations points, representative of the site)

Sketch of Lot
 (include location of property benchmark and building site elevations)



Remarks BUILDING SITE ELEVATIONS
ARE AT GROUND LEVEL. NO PAD
HAS BEEN BUILT UP, GROUND HAS
BEEN SCRAPED.

Signed DANIEL ALLEN INC.
 Company Name FOSTER
 Address CHINA ARIZONA, U.S.A. 86323
 Telephone 928-656-9184



FOR YAVAPAI COUNTY FLOOD CONTROL DISTRICT USE:

Date: _____

Base Flood Elevation	<u>4388.4</u>	+ 1.0' = Regulatory Elevation	<u>4389.4</u>
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** ELEVATION DETERMINATIONS ARE BASED ON BEST AVAILABLE DATA WHEN CALCULATED. ELEVATIONS ARE SUBJECT TO CHANGE WHEN NEW OR REVISED FLOOD STUDIES OR DATA IS SUPPLIED TO THE DISTRICT.*

ELEVATION CERTIFICATE

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CITY	STATE <i>AZ</i>	ZIP CODE
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BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments area if necessary.) <i>Residential</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: _____

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<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)		
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<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____		
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CERTIFIER'S NAME	LICENSE NUMBER
TITLE	COMPANY NAME
ADDRESS	CITY STATE ZIP CODE
SIGNATURE	DATE TELEPHONE