

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <i>Armando & Molly Quinones</i>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>605 Sudds Dr. POB 595</i>		Company NAIC Number
CITY <i>Paulden</i>	STATE <i>AZ</i>	ZIP CODE <i>86334</i>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 304-07-239 Lot 239 Sunset Mobile Sites</i>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a 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>Yavapai Co. Unincorporated</i>		B2. COUNTY NAME <i>Yavapai</i>		B3. STATE <i>Ariz.</i>	
B4. MAP AND PANEL NUMBER <i>040093 0990</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 ZONE(S) <i>1A</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>4429.4</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 *6* (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 25* Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) *4433* *.74* ft.(m)

b) Top of next higher floor *N/A* ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) *N/A* ft.(m)

d) Attached garage (top of slab) *N/A* ft.(m)

e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) *N/A* ft.(m)

f) Lowest adjacent (finished) grade (LAG) *4430* *.34* ft.(m)

g) Highest adjacent (finished) grade (HAG) *4433* *.04* ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade *N/A*

i) Total area of all permanent openings (flood vents) in C3.h *N/A* 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 *Lauri Hopps* LICENSE NUMBER *33876*

TITLE *President* COMPANY NAME *Advanced Surveys Inc.*

ADDRESS *ROB 26031* CITY *Prescott Valley* STATE *AZ* ZIP CODE *86312*

SIGNATURE *Lauri Hopps* DATE *11-19-03* TELEPHONE *928-713-2237*

Check here if attachments

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

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:

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	-----------------------------------------------------

G3. The following information (Items G4-G9) is provided for community floodplain management purposes.
 Zone AO.
 G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or elevation data in the Comments area 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 Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.
 The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 SIGNATURE _____ DATE _____ TELEPHONE _____
 COMMENTS _____

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.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

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. Complete items C3, h and C3, i on front of form.
 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 E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Check here if attachments

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.
 COMMENTS _____

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

For Insurance Company Use:	Responding information from Section A.
Policy Number	BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 605 Sudds Dr. POB 595
Company NAIC Number	CITY <u>Falden</u> STATE <u>AZ</u> ZIP CODE <u>86334</u>