

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <i>RHETT HARVICK</i>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>25380 NORTH TUMBLEWEED TRAIL</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>LOT 72 ANTELOPE LAKES UNIT 4 APN 304-08-117</i>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)		
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 04-0093</i>		B2. COUNTY NAME <i>YAVAPAI</i>	B3. STATE <i>ARIZONA</i>	
B4. MAP AND PANEL NUMBER <i>040093 0585</i>	B5. SUFFIX <i>D</i>	B6. FIRM INDEX DATE <i>DEC 19, 1997</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>JAN 26, 2000</i>	B8. FLOOD ZONE(S) <i>AE</i>
				B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>4453.77</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 (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

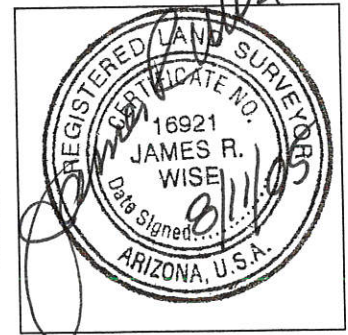
Complete Items C3-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments *585-5*

Elevation reference mark used *RM* Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) *4455.18* 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) *4454.2* 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) *4453.1* ft.(m)
- g) Highest adjacent (finished) grade (HAG) *4453.8* ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
- i) Total area of all permanent openings (flood vents) in C3.h _____ 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>JAMES R. WISE</i>		LICENSE NUMBER <i>16921</i>
TITLE <i>PRINCIPAL</i>	COMPANY NAME <i>KELLEY/WISE ENGINEERING, INC.</i>	
ADDRESS <i>146 GROVE AVE</i>	CITY <i>PRESCOTT</i>	STATE <i>AZ</i>
		ZIP CODE <i>86301</i>
SIGNATURE <i>James R. Wise</i>	DATE	TELEPHONE <i>(928) 771-1730</i>

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

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and OR P.O. ROUTE AND BOX NO.) 25380 No. 115 TUMBLEWOOD TRAIL	For Insurance Company Use: Policy Number
CITY PAULDEN STATE ARIZ ZIP CODE 86334	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 **BENCHMARK UTILIZED RM 585-5 EL4474.88**

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. 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 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

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:
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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>LOT 12 ANTELOPE LAKES UNIT 4 APN 304-08-117</i>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)		
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 04-0093</i>		B2. COUNTY NAME <i>YAVAPAI</i>		B3. STATE <i>ARIZONA</i>	
B4. MAP AND PANEL NUMBER <i>040093 0585</i>	B5. SUFFIX <i>D</i>	B6. FIRM INDEX DATE <i>DEC 19, 1997</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>JAN 26, 2000</i>	B8. FLOOD ZONE(S) <i>UNSHADED X</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>4453.77</i>
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 checked="" type="checkbox"/> 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 *585-5*

Elevation reference mark used *RM* Does the elevation reference mark used appear on the FIRM? Yes No

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

b) Top of next higher floor *NA* ft.(m)

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

d) Attached garage (top of slab) *NA* ft.(m)

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

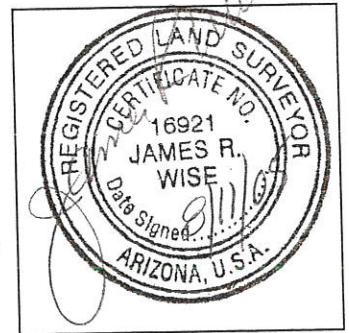
f) Lowest adjacent (finished) grade (LAG) *NA* ft.(m)

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

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

i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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CERTIFIER'S NAME <i>JAMES R. WISE</i>	<i>RLS</i>	LICENSE NUMBER <i>16921</i>
TITLE <i>PRINCIPAL</i>	COMPANY NAME <i>KELLEY/WISE ENGINEERING, INC.</i>	
ADDRESS <i>146 GROVE AVE</i>	CITY <i>PRESCOTT</i>	STATE <i>AZ</i>
SIGNATURE <i>James R. Wise</i>	DATE	TELEPHONE <i>(928) 771-1730</i>
		ZIP CODE <i>86301</i>

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

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CITY PAULDEN	Policy Number
STATE ARIZ	Company NAIC Number
ZIP CODE 86334	

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
BENCHMARK UTILIZED RM 585-5 EL4474.88

TOP OF BOTTOM FLOOR 4455.18 ATTACHED GARAGE 4454.2
HAG = 4453.8 LAG = 4453.1

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

Check here if attachments

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 Yes No Unknown. The local official must certify this information in Section G.

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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)

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- 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)

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m)

Datum: _____
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 Street, Prescott, AZ 86303 (928) 771-3197 FAX (928) 771-3427
10 S. 6th Street, Cottonwood, AZ 86326 (928) 639-8151 FAX (928) 639-8118

Office: Prescott _____
Cottonwood _____

DATE 08/13/03

ASSESSOR'S PARCEL NUMBER 304-08-117

SUBDIVISION NAME UNIT/PHASE AND LOT NUMBER N.A.

OWNER Rhett Harvick

SITUS ADDRESS Lot 72 Antelope Lakes, Unit 4

BASE BENCHMARK: Number RM 585-5 Elevation 4474.88

PROPERTY BENCHMARK Elevation 4452.51

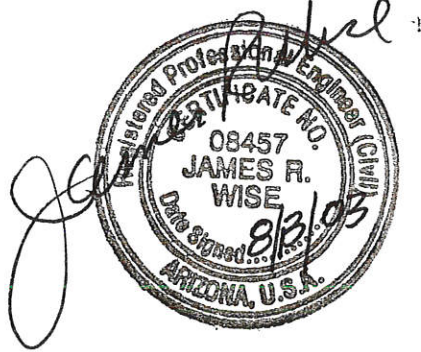
DESCRIPTION OF PROPERTY BENCHMARK 1/2 inch iron rod at southwest corner of parcel 304-08-117

GROUND ELEVATIONS AT BUILDING SITE See map

(Please provide a minimum of three (3) elevation points, representative of the site.)

Sketch of Lot _____ Remarks _____
(Include location of property benchmark and building site elevations)

See attached topographic map.



James R. Wise
Signed _____

Kelley/Wise Engineering, Inc.

Company Name

146 Grove Avenue

Address

Prescott, AZ 86301

Telephone (928) 771-1730

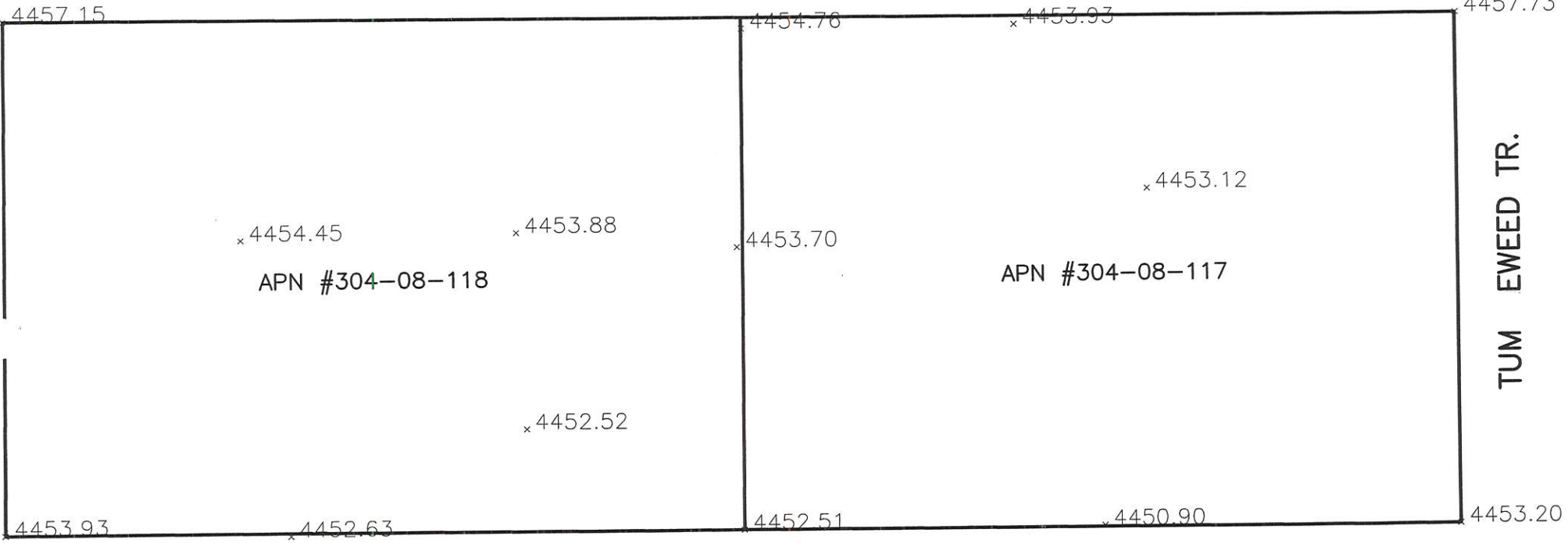
FOR YAVAPAI COUNTY FLOOD CONTROL DISTRICT USE: Date: _____

Base Flood Elevation 4454.0 + 1.0' = Regulatory Elevation 4455.0

* 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.

LILY DRIVE

TUM EWEED TR.



BENCHMARK:

RM 585-5 ELEV.=4474.88
 FROM PAULDEN, AZ., NORTH ON HIGHWAY 89
 APPROXIMATELY 0.6 MILES TO BIG CHINO
 ROAD, WEST ON BIG CHINO ROAD
 APPROXIMATELY 1.3 MILES TO PATRICIA ROAD.
 NORTH (RIGHT) ON PATRICIA ROAD
 APPROXIMATELY 1.8 MILES TO MONUMENT,
 NEAR THE INTERSECTION OF PATRICIA ROAD
 AND AHONEN ROAD.

