### U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

## **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A – PROPERTY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |                                             |            |                                   |                      |                                  | FOR INSURANCE COMPANY USE           |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------|------------|-----------------------------------|----------------------|----------------------------------|-------------------------------------|--|--|
| A1. Building Owne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Policy Num                                                                                          | Policy Number:                              |            |                                   |                      |                                  |                                     |  |  |
| PATRICIA SUTTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| A2. Building Street<br>Box No.<br>2465 WEST TUSC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Company N                                                                                           | Company NAIC Number:                        |            |                                   |                      |                                  |                                     |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                             |            |                                   |                      | ZIP Code                         |                                     |  |  |
| CHINO VALLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                             |            | Arizona                           |                      | 86323                            | 86323                               |  |  |
| The state of the s |                                                                                                     | ind Block Numbers, Ta<br>CTION 29, T16N, R2 |            | l Number, Le                      | gal Description, et  | c.)                              |                                     |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| A5. Latitude/Longit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A5. Latitude/Longitude: Lat. 34 44'26.4667 Long. 112 29'30.2125 Horizontal Datum: NAD 1927 NAD 1983 |                                             |            |                                   |                      |                                  |                                     |  |  |
| A6. Attach at least                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 photograp                                                                                         | hs of the building if th                    | e Certific | ate is being i                    | used to obtain floo  | d insurance.                     |                                     |  |  |
| A7. Building Diagra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | am Number                                                                                           | 6                                           |            |                                   |                      |                                  |                                     |  |  |
| A8. For a building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | with a crawls                                                                                       | space or enclosure(s):                      |            |                                   |                      |                                  |                                     |  |  |
| a) Square footage of crawlspace or enclosure(s) 790.00 sq ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| b) Number of p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | permanent flo                                                                                       | ood openings in the cr                      | rawlspace  | e or enclosur                     | e(s) within 1.0 foo  | t above adjacent gr              | ade 5                               |  |  |
| c) Total net area of flood openings in A8.b 640.00 sq in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| d) Engineered flood openings?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| A9. For a building with an attached garage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                             |            | N/A sqf                           | t                    |                                  |                                     |  |  |
| a) Square footage of attached garageN/A sq ft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A  c) Total net area of flood openings in A9.b  0.00 sq in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| u) Engineered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nood operm                                                                                          | igs? ☐ Yes ⊠ l                              | NO         |                                   |                      |                                  |                                     |  |  |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| B1. NFIP Communi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ity Name & C                                                                                        | Community Number                            |            | B2. County Name                   |                      |                                  | B3. State                           |  |  |
| YAVAPAI 040093                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                             |            | YAVAPAI, UNINCORPORATED AREA      |                      |                                  | Arizona                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | B6. FIRM Index<br>Date                      | Effe       | RM Panel<br>ective/<br>vised Date | B8. Flood<br>Zone(s) | B9. Base Flood E<br>(Zone AO, us | Elevation(s)<br>e Base Flood Depth) |  |  |
| 04025C1680                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 025C1680 G 10/16/2015 12/21/                                                                        |                                             | 12/21/2    | 2010                              | AE                   | 4778.9                           |                                     |  |  |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:    FIS Profile   FIRM   Community Determined   Other/Source:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?   Yes   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
| Designation Date: CBRS OPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                             |            |                                   |                      |                                  |                                     |  |  |

### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the correspondent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FOR INSURANCE COMPANY USE                                                                                                                                                                                                                                                                                                                                         |                             |                       |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|--|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, 2465 WEST TUSCAN TRAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Policy Number:                                                                                                                                                                                                                                                                                                                                                    |                             |                       |  |  |  |  |  |
| City<br>CHINO VALLEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   | ZIP Code<br>86323           | Company NAIC Number   |  |  |  |  |  |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                   |                             |                       |  |  |  |  |  |
| C1. Building elevations are based on: Con  *A new Elevation Certificate will be required v  C2. Elevations – Zones A1–A30, AE, AH, A (with Complete Items C2.a–h below according to the Benchmark Utilized: ERM 124  Indicate elevation datum used for the elevation  NGVD 1929 NAVD 1988  Datum used for building elevations must be the  a) Top of bottom floor (including basement, of b) Top of the next higher floor  c) Bottom of the lowest horizontal structural r  d) Attached garage (top of slab)  e) Lowest elevation of machinery or equipment (Describe type of equipment and location if)  Lowest adjacent (finished) grade next to be | Check the measurement used.  CAS.70  feet  meters  N/A  feet  meters |                             |                       |  |  |  |  |  |
| g) Highest adjacent (finished) grade next to b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |                             | 78.70 🔀 feet 🗌 meters |  |  |  |  |  |
| h) Lowest adjacent grade at lowest elevation<br>structural support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of deck or stairs, including                                                                                                                                                                                                                                                                                                                                      | g <u>47</u>                 | 78.20 🔀 feet 🗌 meters |  |  |  |  |  |
| SECTION D - SURVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YOR, ENGINEER, OR                                                                                                                                                                                                                                                                                                                                                 | ARCHITECT CERTIFI           | CATION                |  |  |  |  |  |
| 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 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.  Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes No Check here if attachments.                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                   |                             |                       |  |  |  |  |  |
| Certifier's Name<br>DALE FAMAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | License Number<br>LS 27738                                                                                                                                                                                                                                                                                                                                        |                             | TANA                  |  |  |  |  |  |
| Title LAND SURVEYOR  Company Name EMPIRE SURVEYING  Address PO BOX 67  City PAULDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State                                                                                                                                                                                                                                                                                                                                                             | ZIP Code                    | STAR DALE FAMAS       |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Arizona                                                                                                                                                                                                                                                                                                                                                           | 86334                       | Ex 3/18               |  |  |  |  |  |
| Signature Sala Mun-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date<br>06-08-2017                                                                                                                                                                                                                                                                                                                                                | Telephone<br>(928) 636-6992 | Ext.                  |  |  |  |  |  |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                   |                             |                       |  |  |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable) 790SF MANUFACTURED HOME ON WITH WOOD SKIRTING, SUB-FLOOR ELEV=4778.7', BOTTOM OF FRAME ELEV= 4779.6', FF ELEV= 4780.8', AC PAD ELEV=4779.4', ELECTRIC METER PEDESTAL ELEV=4780.6', GAS WATER HEATER ELEV= 4780.8'                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                   |                             |                       |  |  |  |  |  |

### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

| 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. 2465 WEST TUSCAN TRAIL |                                                                                                                                                         |                                       |                                                 |            |                                    | Policy Number:                    |  |
| City<br>CHINO VALLEY                                                                                                     |                                                                                                                                                         | State<br>Arizona                      | ZIP Code<br>86323                               |            | Company NAIC Number                |                                   |  |
| -                                                                                                                        | SECTION E - BUILDING E                                                                                                                                  |                                       |                                                 | EV NOT     | PEOLIDED)                          |                                   |  |
|                                                                                                                          | FOR ZON                                                                                                                                                 | NE AO AND ZO                          | NE A (WITHOUT BI                                | FE)        | INEQUINED)                         |                                   |  |
| con                                                                                                                      | Zones AO and A (without BFE), complete Items Enplete Sections A, B,and C. For Items E1–E4, use er meters.                                               | natural grade, if                     | available. Check the                            | measurer   | ment used. In Pi                   | uerto Rico only,                  |  |
| E1.                                                                                                                      | Provide elevation information for the following an the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,          | d check the approach adjacent grade ( | opriate boxes to show<br>(LAG).                 | w whether  | the elevation is                   | above or below                    |  |
|                                                                                                                          | crawlspace, or enclosure) is                                                                                                                            |                                       | feet                                            | meters     | above or                           | below the HAG.                    |  |
|                                                                                                                          | <ul> <li>Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> </ul>                                                           |                                       | feet                                            | meters     | above or                           | below the LAG.                    |  |
| E2.                                                                                                                      | For Building Diagrams 6–9 with permanent flood                                                                                                          | openings provide                      | ed in Section A Items                           | 8 and/or   | 9 (see pages 1-                    | -2 of Instructions).              |  |
|                                                                                                                          | the next higher floor (elevation C2.b in the diagrams) of the building is                                                                               |                                       | feet                                            | meters     |                                    | below the HAG.                    |  |
| E3.                                                                                                                      | Attached garage (top of slab) is                                                                                                                        |                                       | feet                                            | meters     |                                    | below the HAG.                    |  |
| E4.                                                                                                                      | Top of platform of machinery and/or equipment servicing the building is                                                                                 |                                       | feet                                            | meters     |                                    | below the HAG.                    |  |
| E5.                                                                                                                      | Zone AO only: If no flood depth number is available floodplain management ordinance? Yes                                                                | ole, is the top of the                |                                                 | ted in acc | ordance with th                    | e community's                     |  |
|                                                                                                                          | SECTION F - PROPERTY OW                                                                                                                                 | NER (OR OWNE                          | ER'S REPRESENTA                                 | TIVE) CE   | RTIFICATION                        |                                   |  |
| com                                                                                                                      | property owner or owner's authorized representat<br>munity-issued BFE) or Zone AO must sign here. T<br>perty Owner or Owner's Authorized Representative | he statements in                      | es Sections A, B, and E<br>Sections A, B, and E | E for Zor  | ne A (without a lect to the best o | FEMA-issued or<br>f my knowledge. |  |
| Add                                                                                                                      | ress                                                                                                                                                    |                                       | City                                            | Sta        | te                                 | ZIP Code                          |  |
| Sigr                                                                                                                     | nature                                                                                                                                                  |                                       | Date                                            | Tele       | ephone                             |                                   |  |
| Con                                                                                                                      | nments                                                                                                                                                  |                                       |                                                 |            |                                    |                                   |  |
|                                                                                                                          |                                                                                                                                                         |                                       |                                                 |            |                                    |                                   |  |
|                                                                                                                          |                                                                                                                                                         |                                       |                                                 |            |                                    |                                   |  |
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|                                                                                                                          |                                                                                                                                                         |                                       |                                                 |            |                                    |                                   |  |
|                                                                                                                          | L 4.                                                                                                                                                    |                                       |                                                 |            |                                    |                                   |  |
|                                                                                                                          |                                                                                                                                                         |                                       |                                                 |            |                                    |                                   |  |
|                                                                                                                          |                                                                                                                                                         |                                       |                                                 |            |                                    |                                   |  |
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|                                                                                                                          |                                                                                                                                                         |                                       |                                                 |            |                                    |                                   |  |
|                                                                                                                          |                                                                                                                                                         |                                       |                                                 |            |                                    |                                   |  |
|                                                                                                                          |                                                                                                                                                         |                                       |                                                 |            | Check h                            | ere if attachments.               |  |

#### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Policy Number: Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2465 WEST TUSCAN TRAIL City State ZIP Code Company NAIC Number CHINO VALLEY 86323 Arizona 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. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) 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-G10) 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 Elevation of as-built lowest floor (including basement) feet meters Datum of the building: feet meters G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_ Datum feet meters G10. Community's design flood elevation: Datum Local Official's Name Title Community Name Telephone Signature Date Comments (including type of equipment and location, per C2(e), if applicable) 1 .. 1. Check here if attachments.

#### **ELEVATION CERTIFICATE**, page 4

## **Building Photographs**

Continuation Page

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: 2465 WEST TUSCAN TRAIL City CHINO VALLEY State AZ ZIP Code 86323 Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



AND EAST END LOOKING SOUTHWEST FROM ROAD 06/07/2017



REAR AND WEST END LOOKING NORTHWEST 06/07/2017

1 .- 1.

# ELEVATION CERTIFICATE SKETCH APN 306-02-317F

SEC. 29, T16N, R2W, G & SRB & M., YAVAPAI COUNTY, ARIZONA

DATE OF SURVEY
JUNE, 2017
DRAWING SCALE
1 IN = 40 FT



NE PARCEL CORNER

N89°03'34"E 335.01'

TUSCAN TRAIL

HOME 790 SF
HAG COVER

AC PAD

BELECTRIC METER
PEDESTAL

DATUM: ERM 124 EL=4829.85' NAVD88 MANUFACTURED HOME
WITH WOOD SKIRTING
FF FLOOR EL=4780.8'
BOTTOM FRAME
ELEV= 4779.6'
SUB FLOOR EL= 4778.7'
AC PAD= 4779.4'
ELECTRIC METER PEDESTAL
ELEV= 4780.6'
LAG= 4778.3'
HAG= 4778.7'
POST ANCHOR= 4778.2'



EMPIRE SURVEYING, Inc P.O. BOX 67 PAULDEN AZ 86334 PHONE (928)-636-6992

1 .- 1.

SURVEY FOR: SUTTON

DATE DRAWN: 6-7-17

S00°26'26"E

FILE NO.: 17Y118

DRAWN BY: DEF

DRAWING: 118Y17EC