## NATIONAL FLOOD INSURANCE PROGRAM

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

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number MARCIA BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number CITY ZIP CODE PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 306-07-296 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) DIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): ( ##° - ##' - ##.##" or ##.####") □ NAD 1927
□ NAD 1983 USGS Quad Man ☐ Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1, NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME B3. STATE** AVAPAI **B4. MAP AND PANEL B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) NUMBER **B5. SUFFIX B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) 025 61340 (Zone AO, use depth of flooding) 6-6-01 6.6-01 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. UNSLADED FIS Profile ☐ FIRM Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: 
Construction Drawings\* ☐ Building Under Construction\* Finished Construction \*A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to, document the datum conversion. Conversion/Comments Elevation reference mark used a) Top of bottom floor (including basement or enclosure) .t.(m) License Number, Embossed Seal Signature, and Date b) Top of next higher floor ft.(m) c) Bottom of lowest horizontal structural member (V zones only) ft.(m) ☐ d) Attached garage (top of slab) ft.(m) e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) ft.(m) f) Lowest adjacent (finished) grade (LAG) \_. \_\_.ft.(m) g) Highest adjacent (finished) grade (HAG) ît.(m) ☐ h) No. of permanent openings (flood vents) within 1 ft. above adiacent grade . ARIZONA ☐ i) Total area of all permanent openings (flood vents) in C3.h \_\_\_\_sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME LICENSE NUMBER MICHAEL COMPANY NAME **ADDRESS** CITY

2590	COVER ONE, Suite, and/o	or Bldg. No.) OR P.O. ROUTE AND I	BOX NO.	1174 - 38 (C)-4-10	Policy Nur	nce Company Use:
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COMMENTS	readily Certificate for (1) commu	nity official, (2) insurance agent/o	company, and (3)	building owner.		
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