

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires July 31, 2002

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <b>MARK PEUGH</b>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>450 W. GOODWIN ST. SUITE 102 A</b>		Policy Number	
CITY <b>PRESCOTT</b>	STATE <b>AZ</b>	ZIP CODE <b>86303</b>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 181 QUAIL RIDGE PH1, UNIT 2</b>		APN <b>306-07-380</b>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section if necessary.) <b>RESIDENTIAL</b>			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-##.## or ##.####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type: _____) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>YAVAPAI COUNTY 040093</b>		B2. COUNTY NAME <b>YAVAPAI</b>		B3. STATE <b>AZ.</b>	
B4. MAP AND PANEL NUMBER <b>04025C1340</b>	B5. SUFFIX <b>F</b>	B6. FIRM INDEX DATE <b>6/6/01</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>6/6/01</b>	B8. FLOOD ZONE(S) <b>UNSHADEDX</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe: _____)					
B11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe: _____)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____					

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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

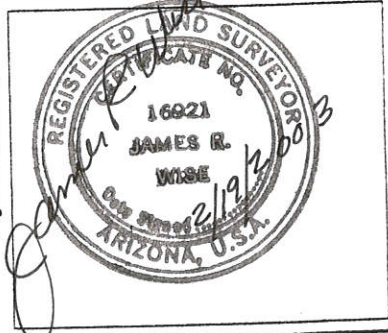
C2. Building Diagram Number \_\_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. If no diagram accurately represents the building, provide a sketch or photograph.)

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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☐ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____ ft. (m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____ ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____ ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____ sq. in. (sq. cm)
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ sq. in. (sq. cm)

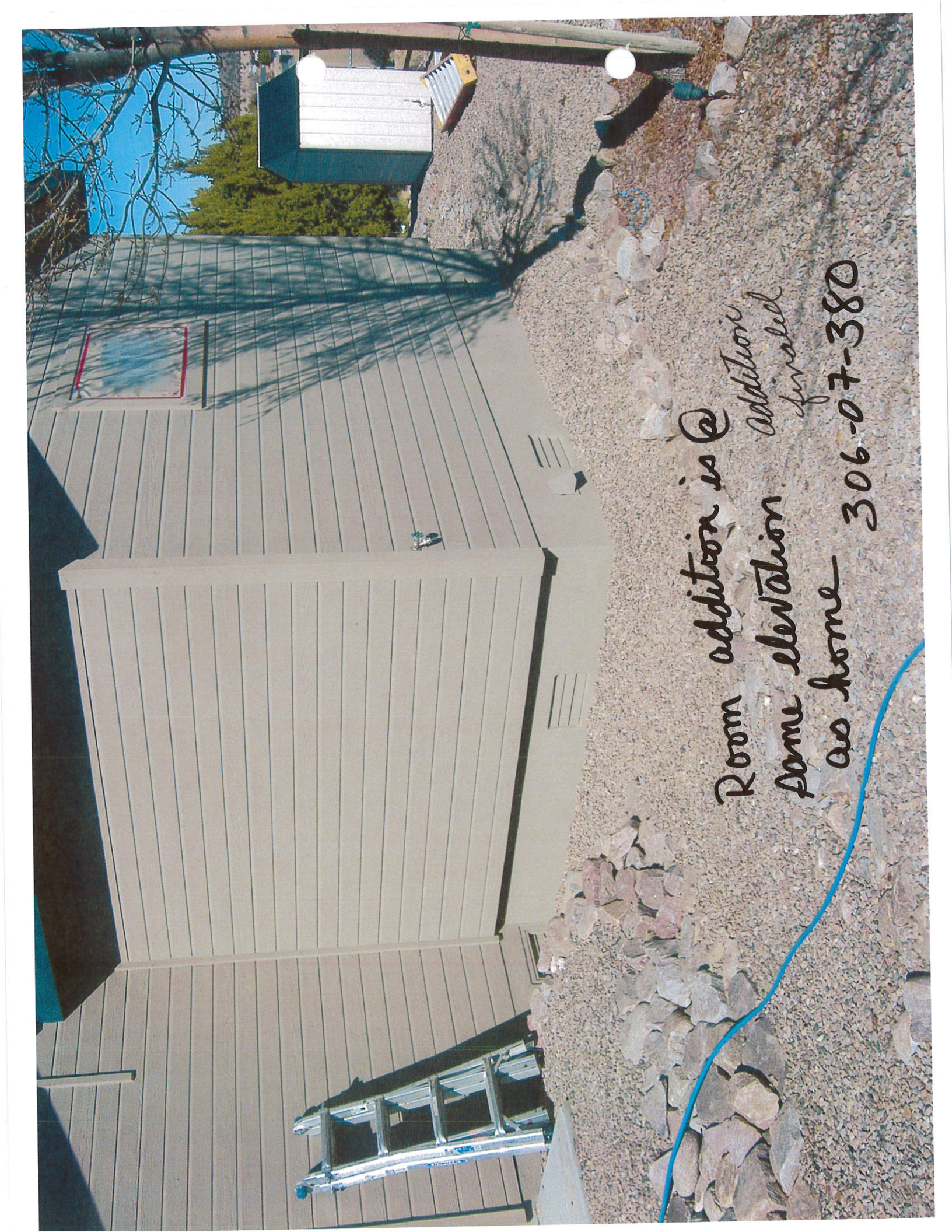


## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 <b>JAMES R. WISE</b>	LICENSE NUMBER <b>16921</b>
TITLE <b>PRINCIPAL</b>	COMPANY NAME <b>KELEY/WISE ENGINEERING INC</b>
ADDRESS <b>146 GROVE AVE</b>	CITY <b>PRESCOTT</b>
SIGNATURE <b>James R. Wise</b>	DATE <b>2/19/03</b>
	STATE <b>AZ</b>
	ZIP CODE <b>86301</b>
	TELEPHONE <b>771-1730</b>





Room addition is @  
same elevation as home  
Additional finished  
306-07-380