## NATIONAL FLOOD INSURANCE PROGRAM

Expires December 31, 2005

Important: Read the instructions on pages 1	
SECTION A - PROPERTY OWNER INFORMATION	
BUILDING OWNER'S NAME Med Klein Deuclo prient Inc	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O., ROUTE AND BOX NO.	Company NAIC Number
CITY	STATE ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Leg	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Us	e Comments area if necessary ;
	RCE:    GPS (Type): USGS Quad Map    Other:
- SECTION B - FLOOD INSURANCE RATE MAP (FIRM) I	NFORMATION
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER  WOUGHAL COUNTY NAME  182. COUNTY NAME  182. COUNTY NAME  182. COUNTY NAME	B3. STATE AZ
84. MAP AND PANEL 85. SUFFIX 86. FIRM INDEX BT. FIRM PANEL DATE EFFECTIVE/REVISED DATE	BB. FLCOD B9. BASE FLOOD ELEVATION(S) ZONES LINSTACTOR
1040 150 1340 F (0-6-01) (0-6-01)	X
310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered   FIS Profile   FIRM   Community Determined   Other (Describe)	on 89.
FIS Profile FIRM Community Determined Other (Describe)	Other (Describe):
311. Indicate the elevation datum used for the BFE in B9:  _  NGVD 1929  _  NAVD 1988   312. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherw	se Protected Area (OPA)?   Yes X No
Designation Date:	55 1 10 10 10 10 10 10 10 10 10 10 10 10 1
SECTION C - BUILDING ELEVATION INFORMATION (SU	RVEY REQUIRED)
a) Top of bottom floor (including basement or enclosure)  b) Top of next higher floor  c) Bottom of lowest honzontal structural member (V zones only)	r which this certificate is being schibleted - see otograph.)  . AR/AE, AR/A1-A30, AR/AH, AR/AO  e the datum used. If the datum is different from now field measurements and datum conversion appropriate, to document the datum conversion ark used appear on the FIRM?    Yes  N
d) Attached garage (top of slab)  e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)  f) Lowest adjacent (finished) grade (LAG)  g) Highest adjacent (finished) grade (HAG)  n) No. of permanent ocenings (flood vents) within 1 ft. acove adjacent grade  i) Total area of all permanent ocenings (flood vents) in C3.h	BLANK BLANK PRODUCT LINN OF BLANK BL
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT	ERTIFICATION.
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 re-	presents my best efforts to interpret the da
available. I understand that any false statement may be punishable by fine or impriso	iment under 18 U.S. Code, Section 1001.
CERTIFIER'S NAME LICENSE N  X. L.S  X. L.S	IMBER 26048
TITLE PRIC CONTRIBCT SO	LIEVEZING, IMC.
ACORESS CITY	STATE / EIP CODE

707

192. 80 TELEPHONE (928)-778,0656

IMPORSANT: In these s	spaces, copy the correspo	ending information from Section A.	For	Insurance Company Use	
BUILDING STREET ADDRES		d/or Bldg No ) OR PO ROUTE AND BOX NO		cy Number	
Company of the Compan	UALLEY	A STATE	ZIP CODE Com	npany NAIC Number	
	SECTION D SURVEYOR.	ENGINEER, OR ARCHITECT CERT	IFICATION (CONTI	NUED)	
Copy both sides of this	Elevation Certificate for (	1) community official, (2) insurance	e agent/company, a	nd (3) building owner.	
COMMENTS	SER	ATTIACH MIE	N		
		7cy			
	P.L.S KOUN	EGL. BLANC	•		
				Check here if attachment	
CONTRACTOR OF THE PERSON NAMED IN CONTRACTOR OF THE PERSON	THE STATE OF THE MOTION IN THE CONTRACT OF THE PARTY OF T	TION (SURVEY NOT REQUIRED) FO	CANADA SERVICIO DE LA CONTRACTOR DE LA CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE C		
	St. at the case something property and continue to	ems E1. through E4. If the Elevation	Certificate is intende	d for use as supporting	
	or LOMR-F. Section C must	be completed. Iding diagram most similar to the build	ores (or which this co	difficulty is being complete	
see pages 6 and 7 1	finder (Select the Sulfine diagram accurately rep	resents the building, provide a sketch	aing for which this ce i or photograph.)	runcate is being complete	
E2. The top of the bottom		or enclosure) of the building is   _		above or    below	
		age 7), the next higher floor or elevate	ec floor (elevation b)	of the building is	
	n (cm) above the highest ac		10		
		ipment servicing the building is  ;_ Use natural grade, if available.)	_i ft. (m)   _ in. (c	:m)    above or	
		valiable, is the top of the bottom floor	elevated in accordar	nce with the community's	
		No I Unknown. The local official n			
		NER (OR OWNER'S REPRESENTA			
		tive wno completes Sections A, B, C			
		or Zone AO must sign here. The state	ments in Sections A.	B. C. and E are correct to	
the best of my knowledge		D REPRESENTATIVE'S NAME		N.	
				710.000	
ADDRESS		CITY	STATE	ZIP CODE	
SIGNATURE		DATE	TELEPHON	E	
COMMENTS					
	SECTION	G - COMMUNITY INFORMATION (	i	Check here if attachments	
The local official who is au	and with the first production of the first control of the first production of the first section of the first secti	e to administer the community's flood		ordinance can complete	
	7.0	cate. Complete the applicable item(s)			
		other documentation that has been s	1.75	by a licensed surveyor,	
		ate or local law to certify elevation inf			
	the Comments area below;		•	(c)	
	al completed Section E for	a building located in Zone A (without	a FEMA-issued or co	ommunity-issued BFE)	
or Zone AO  33     The following infor	rmation (Items G4-G9) is or	ovided for community floodplain mana	agement purposes		
34 PERMIT NUMBER				MPLIANCE/OCCUPANCY	
7. This permit has been is	ssued for:    New Constru	iction [] Substantial Improvement			
38. Elevation of as-built lov	vation of as-built lowest floor (including basement) of the building is:ft.(m)Datum:				
39 BFE or (in Zone AC) o	epth of flooding at the build	ing site is:	ft.(n	n)Datum.	
OCAL OFFICIAL S NAME		TITLE			
COMMUNITY NAME		TELEPHONE			
IGNATURE	±	CA	TE .	Annual Control of the	
OMMENTS					
		<u>anning and an artist of the complete of the first tenter to the first of the first of the first of the complete of the comple</u>	1 10	theck here if attachments	
EMA Form 81.31 January	2007			L PREVIOUS EDITIONS	

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