NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

		u the moudeuons on pages 1-		
	SECTION A -	PROPERTY OWNER INFORM	ATION	For Insurance Company Use:
BUILDING OWNER'S NAME JAMES & DE	RABALL PA	WAN		Policy Number
BUILDING STREET ADDRESS (Including Ar	ot., Unit, Suite, and/or Bl	dg. No.) OR P.O. ROUTE AND BO	OX NO.	Company NAIC Number
CITY 13175 E PALEMO	PON	OTATE	71.	
Dewey		STATE AZ	ZIP C	ODE 6327
PROPERTY DESCRIPTION (Lot and Block N APN # 402-02-255	lumbers, Tax Parcel Nu ∕े	ımber, Legal Description, etc.)		
BUILDING USE (e.g., Residential, Non-resider	구 ntial, Addition, Accessor	v, etc. Use a Comments area, if ne	cessary.)	
RESIDENTIAL H	OUSÉ		• •	
LATITUDE/LONGITUDE (OPTIONAL) (##' - ## - ##.##' or ##.####')	HORIZON 🔼 NAD 1927	TAL DATUM: Si ☐ NAD 1983	OURCE: GPS (T) USGS (
SEC	TION B - FLOOD INS	SURANCE RATE MAP (FIRM) II	NFORMATION	
B1. NFIP COMMUNITY NAME & COMMUNITY NUMB	BFR B2	COUNTY,NAME	T	B3. STATE
YAVAPAI County 0402		VAVAPAI		AIZIZONA
B4. MAP AND PANEL NUMBER B5. SUFFIX	DC FIDM INDEVIDATE	B7. FIRM PANEL	50 51 005 5015(0)	B9. BASE FLOOD ELEVATION(S)
NUMBER B5. SUFFIX 04025C 2140 F	B6. FIRM INDEX DATE 6-6-01	EFFECTIVE/REVISED DATE 6-6-01	B8. FLOOD ZONE(S) Vushaded X	(Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation			o Maple of F	1765.07
☐ FIS Profile	☐ Community Determ	nined Other (Descri		
B11. Indicate the elevation datum used for the BFE		☐ NAVD 1988	Other (Describe):	
B12. Is the building located in a Coastal Barrier Res				Designation Date
		EVATION INFORMATION (SUR	VEY REQUIRED)	
C1. Building elevations are based on: Construct			Finished Construction	
*A new Elevation Certificate will be required wh C2. Building Diagram Number (Select the building			s boing completed	a page 6 and 7. If no diagram
accurately represents the building, provide a sk	etch or nhotograph)	the building for which this certificate is	s being completed - set	e pages o and 7. If no diagram
C3. Elevations – Zones A1-A30, AE, AH, A (with BF		BFF) AR AR/A AR/AF AR/A1-A3	O AR/AH AR/AO	
Complete Items C3a-i below according to the				from the datum used for the BFE in
Section B, convert the datum to that used for th				
Section D or Section G, as appropriate, to docu	ment the datum convers	ion.		
Datum <u>Z9</u> Conversion/Comments <u>MA</u>		_1,		
Elevation reference mark used <u>143</u> Does the			es 🗌 No	
 □ a) Top of bottom floor (including basement o □ b) Top of part binks of the control of the control	r enclosure)	4/5 <u>25</u> . <u>D_ft.(m)</u>)eal	
□ b) Top of next higher floor	-h () / h -)	<u>∕√A</u> ft.(m)	o de	C LAND
c) Bottom of lowest horizontal structural memd) Attached garage (top of slab)	nber (v zones only)	<u>MA</u> ft.(m)	Embossed Seal and Date	LE STIFICATE NO.
e) Lowest elevation of machinery and/or equ	inment	<u> </u>	Eml	(9//3 13941 7/17)
servicing the building (Describe in a Com		<u> </u>	Number, Signature,	G. MICHAEL A
☐ f) Lowest adjacent (finished) grade (LAG)	monto diody	4524,2 ft.(m)	License Number. Signature	33
g) Highest adjacent (finished) grade (HAG)		4524 9 ft.(m)	l est Si	
□ h) No. of permanent openings (flood vents) w	vithin 1 ft. above adjacen	t grade 1/A	.i.	The state of the s
i) Total area of all permanent openings (flood	l vents) in C3.h Mr so	ı. in. (sq. cm)		<u> </u>
SECTIO	ON D - SURVEYOR, E	ENGINEER, OR ARCHITECT C	ERTIFICATION	
This certification is to be signed and sealed by	a land surveyor, engine	eer, or architect authorized by law	to certify elevation inf	ormation.
I certify that the information in Sections A, B, at	nd C on this certificate	represents my best efforts to inter	pret the data available	9.
I understand that any false statement may be p CERTIFIER'S NAME	unisnable by fine or im		Section 1001. ICENSE NUMBER	
6 Michael HA	U WOON	L	AZ. R.L.	5. 13941
TITLE	7	COMPANY NAME		
MZES		MA HAYW	ood Assoc	. INC.
ADDRESS 115 & GOODWIN ,		CITY	STATE	ZIP CODE
SIGNATURE (COL)		DATE DATE	TELEPH	86301
KILWIM. I	4.	5-13-05	975	8-718-5101
The state of the s			ju	

BUILDING STREET ADDRESS (Including	ory the Contrapoliting information in	OIII SECUOII A.		For Insurance Company Use:
- inf	Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE	AND BOX NO.	7	Policy Number
CITY	ST	ATE	ZIr JUDE	Company NAIC Number
SECT	TION D - SURVEYOR, ENGINEER, OR	ARCHITECT CERT	IFICATION (CONTINI	IED)
	cate for (1) community official, (2) insurance a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
COMMENTS				
section C,	3.B 13 NOT APPLE GRADE CONSTRUCT	CABINA 1	stein time = 10	Sull-Elex
0/433	670= A-11+1		o incorrect	0174-1- 1-100K
	Construction	024		
OFOTION E. PUN DIVIS				Check here if attachmen
SECTION E - BUILDING E	LEVATION INFORMATION (SURVEY	NOT REQUIRED) F	OR ZONE AO AND Z	ONE A (WITHOUT BFE)
Section C must be completed.	complete Items E1 through E4. If the Elevatio	n Certificate is intended	for use as supporting info	ormation for a LOMA or LOMR-F,
	building disamm most similar to the building for			
represents the building, provide a sket	e building diagram most similar to the building for	orwnich this certificate is	s being completed – see pa	ages 6 and 7. If no diagram accuratel
E2. The top of the bottom floor (including t	pasement or enclosure) of the building is ft.(m) in (cm) □ above	or Delow (check on	a) the highest adjacent grade. (Llee
riaturai graue, ii avaliable).				
E3. For Building Diagrams 6-8 with opening	gs (see page 7), the next higher floor or elevat	ted floor (elevation b) of	the building is ft.(m)	in.(cm) above the highest adjacer
grado. Compicie ilento Co.n and Co.i	on none of form.			
natural grade, if available).	nd/or equipment servicing the building is $_$ ft.(r	m)in.(cm) [_] above	or Delow (check one	e) the highest adjacent grade. (Use
	umber is available, is the top of the bottom floo	or elevated in accordan	oo with the communit is a	landalala u u o
☐ Yes ☐ No ☐ Unknown. The	e local official must certify this information in S	Section G.	ce with the community's f	oodplain management ordinance?
	ON F - PROPERTY OWNER (OR OWN		ATIVE) CERTIFICATION	ON
The property owner or owner's authorized	representative who completes Sections A. B.	C (Items C3.h and C3.i	only), and F for Zone A (w	ithout a FEMA-issued or community
issued BFE) of Zone AO must sign nere.	The statements in Sections A, B, C, and E a	re correct to the best or	f my knowledge.	anode at Environment of Continuinty
PROPERTY OWNER'S OR OWNER'S	AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS		CITY	0717	
		CITY	STATE	ZIP CODE
SIGNATURE		DATE	TELEF	PHONE
COMMENTS				
				☐ Check here if attachments
	SECTION G - COMMUNITY IN	IFORMATION (OPT	IONAL)	
ne local official who is authorized by law or	ordinance to administer the community's flood	lplain management ordi	nance can complete Secti	ons A, B, C (or E), and G of this Eleva
ertificate. Complete the applicable item(s) 1. The information in Section Cares tak	and sign below.			
or local law to certify elevation infor	en from other documentation that has been sig mation. (Indicate the source and date of the e	ned and embossed by a	a licensed surveyor, engin mmente ama belew \	eer, or architect who is authorized by
2. A community official completed Sec	tion E for a building located in Zone A (without	t a FEMA-issued or con	mmunity-issued RFF) or 7	Zono AO
The following information (Items G4	-G9) is provided for community floodplain mar	nagement purposes.	Timeling losace bi Lj of z	LONG AO.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		E CERTIFICATE OF COMP	LIANCE/OCCUPANCY ISSUED
		30. 2711	L OLIVIII IOATE OF COMP	FININGS OCCUPANCY 1990FD
7. This permit has been issued for: New	Construction Substantial Improvement			
B. Elevation of as-built lowest floor (includin	ng basement) of the building is:		ft.(m)	Datum:
9. BFE or (in Zone AO) depth of flooding at	the building site is:		ft.(m)	Datum:
OCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME		TELEPHONE		
IGNATURE				
		DATE		
COMMENTS				
		,		
				☐ Check here if attachments

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

		miportant:	reduction in the	actions on pages 1		
		SECTION	A - PROPERT	Y OWNER INFORM	ATION	For Insurance Company Use:
BUILDING OWNER'S N		eBORAH 1	Cowny			Policy Number
BUILDING STREET ADD	DRESS (Including	Apt., Unit, Suite, and/	or Bldg. No.) OR	P.O. ROUTE AND BO	OX NO.	Company NAIC Number
CITY	PALEMI	2014		STATE	ZIP	CODE
- Vewey				AZ		6327
PROPERTY DESCRIPT	ION (Lot and Bloc AD	k Numbers, Tax Parce イ ザ <i>402-0</i>	el Number, Legal 2-255 (Description, etc.)		
BUILDING USE (e.g., Re	sidential, Non-residential	dential, Addition, Acce	ssory, etc. Use a	Comments area, if ne	cessary.)	
Kesider	VHIAL D	etached 6	ARAGE			
LATITUDE/LONGITUDE (##°-##-##:##° or ##	(OPTIONAL) :#####**		ZONTAL DATUN 327 🔲 NAD 19	<i>1</i> 1: S 1983	OURCE: GPS (1 USGS	Гуре): Quad Map
	Si	ECTION B - FLOOD	INSURANCE I	RATE MAP (FIRM) II	NFORMATION	
B1. NFIP COMMUNITY NAME	& COMMUNITY NU	MRED	B2. COUNTY NAM	AE .		B3. STATE
YAVA PAI COU			VAVA			AZIZONA
B4. MAP AND PANEL				. FIRM PANEL		B9. BASE FLOOD ELEVATION(S)
NUMBER 04025C Z140	B5. SUFFIX	B6. FIRM INDEX DAT	E EFFECT	IVE/REVISED DATE	B8. FLOOD ZONE(S) (Zone AO, use depth of flooding)
B10. Indicate the source of the	•				Unshaded X	4525,73
FIS Profile	FIRM	Community De		Other (Descri	ho)·	
B11. Indicate the elevation da		FE in B9: NGVD 1			Other (Describe)	
B12. Is the building located in						
				FORMATION (SUR		Doolghallon Date
C1. Building elevations are ba					Finished Construction	
			Building Under		Finished Construction	
*A new Elevation Certifica	ale will be required	when construction of tr	ne building is com	olete.		
Oz. Dullullig Diagram Number	L (Select the build	ing diagram most simil	ar to the building to	or which this certificate i	is being completed - s	ee pages 6 and 7. If no diagram
accurately represents the						
C3. Elevations – Zones A1-A3	30, AE, AH, A (with	BFE), VE, V1-V30, V	(with BFE), AR, A	R/A, AR/AE, AR/A1-A3	0, AR/AH, AR/AO	
Complete Items C3a-i be	elow according to t	he building diagram spe	ecified in Item C2.	State the datum used.	If the datum is differer	t from the datum used for the BFE in
Section B, convert the da	tum to that used to	r the BFE. Show field r	neasurements and	d datum conversion cak	culation. Use the spa	ce provided or the Comments area of
Section D or Section G, a	s appropriate, to do	ocument the datum cor	nversion.			
Datum 29 Conversio				<i>\</i>		
Elevation reference mark	used <u>777</u> Does	the elevation reference	mark used appea	aron the FIRM? 🛛 Ye		7
a) Top of bottom floor		nt or enclosure)		e. <u>P_ft.(m)</u>	eal,	
b) Top of next higher flo				<u></u> Łft.(m)	sed Seal, ate	LAND
c) Bottom of lowest hor		nember (V zones only)	NA	<u>2</u> ft.(m)	Sse	
d) Attached garage (to			NA	<u>├</u> ft.(m)	Emboss and Da	LEGIFICATE NO.
e) Lowest elevation of					 ப ம	G G MICHAEL S
servicing the building			NA	ft.(m)	nbe atur	DOOWYAH WE
f) Lowest adjacent (fini			4525	 .ft.(m)	License Number, Signature,	A Sto Simo A
☐ g) Highest adjacent (finished) grade (HAG) 4526. (_ft.(m) 2 0 V					M W W W W W W W W W W W W W W W W W W W	
h) No. of permanent or						Mar Muu
i) Total area of all perm	nanent openings (fl	ood vents) in C3.h 🏄	💤 sq. in. (sq. cm)			
	SEC	TION D - SURVEYO	R. ENGINEER.	OR ARCHITECT C	ERTIFICATION	<u> </u>
This certification is to be si						nformation
I certify that the information	in Sections A, B	, and C on this certific	cate represents r	nv best efforts to inter	pret the data availab	ole.
I understand that any false	statement may b	e punishable by fine o	or imprisonment (under 18 U.S. Code, S	Section 1001.	
CERTIFIER'S NAME		,			ICENSE NUMBER	
TITLE 6 /	MICHAEL	HAYWOOD			A2. Z	.L.S. 13941
TO .==		•		COMPANY NAME		
ADDRESS					wood Ass	oc. INC.
115 6	E Goodu	2101		PRESCOTT	STATE	ZIP CODE
SIGNATURE OF OF	L /			DATE	TELEF	
Illew /	Juni		517	3.05		-778-5101
	,			_		

	Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND			olicy Number
СЛY	<u> </u>			•
5011	STATE	Σ.,	JODE Co	ompany NAIC Number
	CTION D - SURVEYOR, ENGINEER, OR AR			
	ificate for (1) community official, (2) insurance agent	t/company, and (3) building owr	ner.	
COMMENTS				
SECTION C- 3	3B, 15 Not Appleanse de Constructions	LE Strevetor	ZE 15 311	Y/E Floor
5/AB ON GRA	de construction			
				Check here if attachments
SECTION E - BUILDING	ELEVATION INFORMATION (SURVEY NO	T REQUIRED) FOR ZONE		
For Zone AO and Zone A (without BFE),	, complete Items E1 through E4. If the Elevation Ce			
Section C must be completed.				
E1. Building Diagram Number_(Select tr	he building diagram most similar to the building for wh	hich this certificate is being comp	oleted – see pages 6 ar	nd 7. If no diagram accurately
represents the building, provide a sk	retch or photograph.)			
LZ. THE TOP OF the bottom floor (including	basement or enclosure) of the building is ft.(m) _	_in.(cm) above or bel	low (check one) the hi	ghest adjacent grade. (Use
natural grade, if available). E3. For Building Diagrams 6-8 with openi	ings (see page 7), the next higher floor or elevated f	floor (playation h) of the hullding	tie #/m\ i=/=-	a) about the highest adiases
grade. Complete items C3.h and C3	عد رصح بح <i>ود ۱)</i> , the next higher floor or elevated ۱ 3.i on front of form	noon felevation b) of the building	ın.(cn)ın.(cn	ny above the highest adjacent
	and/or equipment servicing the building is ft.(m) _	_in.(cm) ☐ above or ☐ bel	ow (check one) the hid	phest adjacent grade. (Use
natural grade, if available).				
E5. For Zone AO only: If no flood depth	number is available, is the top of the bottom floor el	levated in accordance with the	community's floodplair	n management ordinance?
Yes No Unknown. T	The local official must certify this information in Sect	tion G.		
	TION F - PROPERTY OWNER (OR OWNER			
	ed representative who completes Sections A, B, C (I			FEMA-issued or community-
	re. The statements in Sections A, B, C, and E are o	COITECT TO THE DEST OF MY KNOWK	: uge. 	
	S AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS		CITY	STATE	ZIP CODE
SIGNATURE		DATE	TELEPHONE	
			ICLEPHUNE	
COMMENTS				
			П	Check here if attachments
	SECTION G - COMMUNITY INFO	ORMATION (OPTIONAL)		
he local official who is authorized by law	or ordinance to administer the community's floodpla		complete Sections A, I	B, C (or E), and G of this Elev
Certificate. Complete the applicable item((s) and sign below.			
or local law to coefficients	taken from other documentation that has been signed formation. (Indicate the course and date of the class	ed and embossed by a licensed s	surveyor, engineer, or a	architect who is authorized by
Un local law to certify elevation into the local law to the local la	formation. (Indicate the source and date of the elev	vation data in the Comments an	ea below.)	1
i3. ☐ The following information (Items (Section E for a building located in Zone A (without a G4-G9) is provided for community floodplain manag	r ⊏ivi∧-issued or community-is nement burnoses	oueu ore) or Zone Al	J.
G4. PERMIT NUMBER			PATE OF COMPUNIO	TOCCHDANOV 1001 IED
white (TOINIDEIN	G5. DATE PERMIT ISSUED	Go. DATE CERTIFIC	UATE OF COMPLIANCE	JOCCUPANCY ISSUED
7. This permit has been issued for: N	lew Construction Substantial Improvement			
Elevation of as-built lowest floor (inclu	uding basement) of the building is:			Datum:
BFE or (in Zone AO) depth of flooding	g at the building site is:			Datum:
LOCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME		TELEPHONE		
SIGNATURE		DATE	•	
COMMENTS				
				check here if attachments