# U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

# **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.

ppy all pages of this b		ON A - PROPERTY I	The second second	The state of the s		FOR INSURA	ANCE COMPANY USE
A1. Building Owner		ONA THE LAND				Policy Number	ər:
Clark M. Thomas							
Box No.		uding Apt., Unit, Suite	, and/or	Bldg. No.) or	P.O. Route and	Company NA	IC Number:
13649 E. Quarterho	rse Ln			State		ZIP Code	
City Dewey				Arizona		86327	
	intion (Lot an	d Block Numbers, Tax	Parcel I	Number, Lega	al Description, etc	.)	
		ounty APN 402-24-12					
A4. Building Use (e	g., Resident	ial, Non-Residential, A	Addition,	Accessory, e	c.) Residentia	- Primary Dwelling	
A5. Latitude/Longit	ude: Lat. 34.	.51999	Long11	12.22590	Horizontal	Datum: NAD 19	927 X NAD 1983
		ns of the building if the					
A7. Building Diagra							
	_	pace or enclosure(s):					
a) Square foot	age of crawls	space or enclosure(s)			N/A sq ft		
b) Number of p	ermanent flo	od openings in the cra	wispace	or enclosure	(s) within 1.0 foot	above adjacent gra	de N/A
		enings in A8.b					
d) Engineered	flood opening	gs? 🗌 Yes 🗵 N	lo				
A9. For a building v	vith an attach	ed garage:					
		ed garage		N/A sq ft			
		ood openings in the att			.0 foot above adja	acent grade N/A	
		enings in A9.b					
		gs? Yes 🗵 N					
2)g							
	SE	CTION B - FLOOD I	NSURA			ORMATION	D0 01 15
		Community Number		B2. County	Name lependent City		B3. State Arizona
Town of Dewey-Hu	imboldt 040	U61		Tavapai, inc	lependent oity		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	llevation(s) e Base Flood Depth)
04025C2115	G	12-17-2020	09-03-2		AE	4536.0	
D40 Indicate the	nourse of the	Base Flood Elevation	(BEE) d	ata or base fl	ood depth entered	d in Item B9:	
		Community Deter					
B11. Indicate elev	ration datum u	used for BFE in Item E	39: 🗌 N	IGVD 1929	☑ NAVD 1988	Other/Source:	
B12. Is the buildir	ng located in a	a Coastal Barrier Reso	ources S	ystem (CBRS	) area or Otherwi	se Protected Area (	OPA)? 🗌 Yes 🔀 N
Designation			CBRS				
J	1						8
							Form Page 1

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:			
13649 E. Quarterhorse Ln		1				
City		000	Company NAIC	Number		
Dewey	ona 86327					
SECTION C - BUILDING EL	EVATION INFORMATI	ON (SURVEY RE	QUIRED)			
C1. Building elevations are based on: Construction	on Drawings* 🔲 Buildi	ing Under Construc	ction* 🛛 Finis	shed Construction		
*A new Flevation Certificate will be required when c	onstruction of the building	g is complete.		A D/A J A D/A O		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the buil	ding diagram specified in	Item Ar. III acite	AE, AR/A1–A30, Rico only, ente	meters.		
Benchmark Utilized: ERM 144 (Yavapai County)	Vertical Datum: 4					
Indicate elevation datum used for the elevations in i		<i>'</i> .				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/	Source:	=======================================				
Datum used for building elevations must be the san	ne as that used for the br	-C.		easurement used.		
a) Top of bottom floor (including basement, crawls)	pace, or enclosure floor)	4	541.1 X feet	meters		
b) Top of the next higher floor			N/A [] feet	meters		
c) Bottom of the lowest horizontal structural memb	er (V Zones only)		N/A  feet	meters		
d) Attached garage (top of slab)			N/A [] feet	meters meters		
e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Cor  e) Lowest elevation of machinery or equipment ser  (Describe type of equipment and location in Cor  e) Lowest elevation of machinery or equipment ser  (Describe type of equipment and location in Cor  e) Lowest elevation of machinery or equipment ser  (Describe type of equipment and location in Cor  e) Lowest elevation of machinery or equipment ser  (Describe type of equipment and location in Cor  e) Lowest elevation of machinery or equipment ser  (Describe type of equipment and location in Cor  e) Lowest elevation of machinery or equipment ser  (Describe type of equipment and location in Cor  e) Lowest elevation of machinery or equipment ser  (Describe type of equipment and location in Cor  e) Lowest elevation of machinery or equipment ser  (Describe type of equipment and location in Cor  e) Lowest elevation of the location of the location in Cor  e) Lowest elevation of the location of the loc	rvicing the building nments)	4	<u>1544.0</u> ⊠ feet	meters meters		
f) Lowest adjacent (finished) grade next to building		4	1540.0 ⊠ feet	meters meters		
g) Highest adjacent (finished) grade next to buildir		4	1541.0 ⊠ feet	meters		
h) Lowest adjacent grade at lowest elevation of de			15000 ET 5			
structural support			<u>1538.2</u> ⊠ feet	meters		
SECTION D – SURVEYOR						
This certification is to be signed and sealed by a land sulfacetify that the information on this Certificate represent statement may be punishable by fine or imprisonment to			y law to certify ele able. I understand	evation information. If that any false		
Were latitude and longitude in Section A provided by a			∠ Check help to the content of the content	ere if attachments.		
Certifier's Name	License Number		1/1/1			
G. Michael Haywood	AZ RLS 13941		- iVyat	DIAMETER TO		
Title Land Surveyor				ELIN A SHEET		
Company Name				13941 G. MICHAEL		
Nexus Southwest, LLC			1 11 11	HAYWOOD N		
Address				e Signed Li		
212 S. Marina St.				ZONA U.S		
City Prescott	State Arizona	ZIP Code 86303		NA,		
Signature	Qate 04-27-2021	Telephone (928) 778-5101	Ext.			
Copy all pages of this Elevation Certificate and all attachr	ments for (1) community of	fficial, (2) insurance	agent/company,	and (3) building owner.		
Comments (including type of equipment and location, p			7			
C2e at base of electric meter on Northeast side per Ph	oto 4, Page 6.					

MPORTANT: In these spaces, copy the corresponding	g information from Se	ection A.	FOR INSURANCE	COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/o	r Bldg. No.) or P.O. Ro	oute and Box No.	Policy Number:	
13649 E. Quarterhorse Ln			NAIG N	
City Sta		Code 327	Company NAIC Nu	mbei
CWCy	Lone		DECITIBED)	
SECTION E - BUILDING ELEV FOR ZONE	AO AND ZONE A (W	ITHOUT BFE)	KEQUIKED)	
For Zones AO and A (without BFE), complete Items E1–Ecomplete Sections A, B,and C. For Items E1–E4, use nat enter meters.	urai grade, ii avaliable.	. Check the measure	mone acca. m. r acca.	,,,,,,
E1. Provide elevation information for the following and change the highest adjacent grade (HAG) and the lowest adj	neck the appropriate bo jacent grade (LAG).	oxes to show whethe	er the elevation is abo	ove or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet mete	ers above or	below the HAG.
<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>	-	feet mete		below the LAG.
E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Sec	tion A Items 8 and/o		f Instructions), ] below the HAG.
E3. Attached garage (top of slab) is		feet _ mete	ers above or	below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		_	ers 🔲 above or 🗀	below the HAG.
== - AO Is a flood don'th number is available	, is the top of the botton	m floor elevated in a he local official mus	ccordance with the c t certify this information	ommunity's on in Section G.
SECTION F - PROPERTY OWNI	ER (OR OWNER'S RE	PRESENTATIVE)	ERTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's	e statements in occitor	ons A, B, and E for Z ns A, B, and E are co	Zone A (without a FEI orrect to the best of m	MA-issued or ny knowledge.
			State	ZIP Code
Address	City		olale	ZII 0000
Signature	Date	1	Telephone	
Comments				***************************************
			Check he	ere if attachments.

MPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Su	ite, and/or Bldg. No.	.) or P.O. Route and Box N	lo. Policy Number:
13649 E. Quarterhorse Ln			
City	State	ZIP Code 86327	Company NAIC Number
Dewey	Arizona		NAL)
		Y INFORMATION (OPTIOI	
engineer, or architect who is authorize	certificate. Completer meters.	nentation that has been sign	ned and sealed by a licensed surveyor, cate the source and date of the elevation
data in the Comments area below.)  A community official completed Secti			a FEMA-issued or community-issued BFE)
or Zone AO.			
G3. The following information (Items G4–	G10) is provided for	community floodplain mar	nagement purposes.
G4. Permit Number	G5. Date Permit Is	ssued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improvement	ent
G8. Elevation of as-built lowest floor (including of the building:	g basement) —		feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:		feet meters Datum
G10. Community's design flood elevation:			feet meters Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and lo	cation, per C2(e), if	applicable)	
			Check here if attachments.

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

**ELEVATION CERTIFICATE** 

IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, 13649 E. Quarterhorse Ln	Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:
City Dewey	State Arizona	ZIP Code 86327	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. 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. If submitting more photographs than will fit on this page, use the Continuation Page.

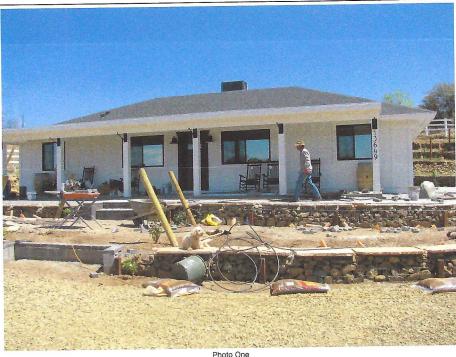


Photo One

Photo One Caption

Northwest side.

Clear Photo One



Photo Two Caption

Southwest side.

04-24-2021

Clear Photo Two

#### **ELEVATION CERTIFICATE**

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13649 E. Quarterhorse Ln			Policy Number:
City	State	ZIP Code	Company NAIC Number
Dewey	Arizona	86327	

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.



Photo Three

Photo Three Caption

Southeast side.

04-24-2021

Clear Photo Three



Photo Four

Northeast side. C2e at base of electric panel. Photo Four Caption

04-24-2021

Clear Photo Four Form Page 6 of 6

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

# **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 INSUR	ANCE COMPANY USE
A1. Building Owner's Name  Clark M. Thomas  Policy Number:						
A2. Building Street Address (in Box No. 13649 E. Quarterhorse Ln	cluding Apt., Unit, Suite	e, and/or	Bldg. No.) o	P.O. Route and	Company N	AIC Number:
City Dewey	State Arizona				ZIP Code 86327	
A3. Property Description (Lot a Lot 127, Sierra Dells - Yavapai	(4)		Number, Leg	gal Description, etc	c.)	
A4. Building Use (e.g., Resider	ntial, Non-Residential, <i>I</i>	Addition,	Accessory, 6	etc.) Garage - A	Accessory Structure	, Detached
A5. Latitude/Longitude: Lat. 34.51992 Long112.22615 Horizontal Datum: NAD 1927 X NAD 1983						
A6. Attach at least 2 photograp	hs of the building if the	Certific	ate is being u	sed to obtain floor	d insurance.	
A7. Building Diagram Number	1B					
A8. For a building with a crawls	space or enclosure(s):					
a) Square footage of craw	Ispace or enclosure(s)			N/A sq ft		
b) Number of permanent fl	ood openings in the cra	wlspace	or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net area of flood o	penings in A8.b		N/A sq in			
d) Engineered flood opening	ngs? 🗌 Yes 🗵 N	0				
A9. For a building with an attack	ned garage:					
a) Square footage of attacl	ned garage		N/A sq ft			
b) Number of permanent fl	ood openings in the atta	ached g	arage within	1.0 foot above adj	acent grade N/A	
c) Total net area of flood o	penings in A9.b		N/A sq	in		
d) Engineered flood openir	ngs? 🗌 Yes 🔀 N	0				
e	ECTION B - FLOOD II	MELIDA	NCE DATE	MAD (EIDM) INE	ORMATION	
B1. NFIP Community Name & 0		NOUNA	B2. County		ORMATION	B3. State
Town of Dewey-Humboldt 040	A.E.			dependent City		Arizona
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
04025C2115 G	12-17-2020	09-03-2		AE	4536.0	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
FIS Profile						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:						
B12. Is the building located in	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?   Yes   No					DPA)? ☐ Yes ⊠ No
Designation Date:		CBRS	☐ OPA			

INIT OILTAITT: III alooe opaces, cepy are corresponding					FOR INSURANCE COMPANY USE		
13649 E. Quarterhorse Ln					Policy Number:		
City Stat Dewey Ariz		The second secon	Compan	y NAIC N	umber		
SECTION C – BUILDING ELI	SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
<ul> <li>C1. Building elevations are based on: Construction</li> <li>*A new Elevation Certificate will be required when concern to the building of the building and the building send that the building send t</li></ul>	onstruction of the buildin VE, V1–V30, V (with BF ling diagram specified ir	F) AR AR/A AR/	AE. AR/A	 .1–A30, A	ed Construction .R/AH, AR/AO. neters.		
Indicate elevation datum used for the elevations in it	ems a) through h) below	<i>t.</i>					
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S	Source:						
Datum used for building elevations must be the sam	e as that used for the bi	- L.	Chec	k the me	asurement used.		
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor)		1537.5	✓ feet	meters meters		
b) Top of the next higher floor			N/A	feet	meters		
c) Bottom of the lowest horizontal structural member	er (V Zones only)		N/A	feet	meters		
d) Attached garage (top of slab)	•		N/A	feet	meters meters		
e) Lowest elevation of machinery or equipment ser     (Describe type of equipment and location in Com	vicing the building iments)		1537.7	⊠ feet	☐ meters		
f) Lowest adjacent (finished) grade next to building			1536.5		meters meters		
g) Highest adjacent (finished) grade next to building	g (HAG)		1537.0	✓ feet	meters meters		
h) Lowest adjacent grade at lowest elevation of dec structural support			N/A	feet	☐ meters		
SECTION D – SURVEYOR	ENGINEER, OR ARC	HITECT CERTIF	ICATION				
This certification is to be signed and sealed by a land su I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	s my nest elloris la inlen	orei irre uata avand	y law to co able. I und	ertify elev derstand t	ation information. that any false		
Were latitude and longitude in Section A provided by a li	censed land surveyor?	⊠Yes □ No	⊠C	heck her	e if attachments.		
Certifier's Name G. Michael Haywood Title	License Number AZ RLS 13941		_ \				
Land Surveyor  Company Name Nexus Southwest, LLC				G G G G G	13941 I. MICHAEL HAYWOOD		
Address 212 S. Marina St.		710.0		No.	Signed A. S.		
City Prescott	State Arizona	ZIP Code 86303					
Signature WWW	Date 04-26-2021	Telephone (928) 778-5101	Ext.	many or	od (2) building owner		
Copy all pages of this Elevation Certificate and all attachm		iiciai, (2) irisurarice	agenizco		ia (5) building owner.		
Comments (including type of equipment and location, per C2e at base of AC unit on the South side of the structure	er C2(e), if applicable) e per Photo 3 on Page 6						

				IOE OOMBANKING	
IMPORTANT: In these spaces, copy the correspon				ICE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, at 13649 E. Quarterhorse Ln	nd/or Bldg. No.) or P.O	Route and Box No.	Policy Number		
City	State	ZIP Code	Company NAIC	Number	
Dewey	Arizona	86327			
SECTION E – BUILDING E FOR ZOI	LEVATION INFORMA NE AO AND ZONE A	ATION (SURVEY N (WITHOUT BFE)	NOT REQUIRED)		
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.	natural grade, if availa	ble. Check the mea	surement used. In Pi	deno Rico only,	
<ul><li>E1. Provide elevation information for the following ar the highest adjacent grade (HAG) and the lowes</li><li>a) Top of bottom floor (including basement,</li></ul>	nd check the appropriat t adjacent grade (LAG)	e doxes to show wh			
crawlspace, or enclosure) is b) Top of bottom floor (including basement,			neters  above o	_	
crawlspace, or enclosure) is		feet n		below the LAG.	
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in	openings provided in S			-2 of Instructions), r ☐ below the HAG.	
the diagrams) of the building is  E3. Attached garage (top of slab) is				below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is		feetr	meters ☐ above o	r below the HAG.	
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?   Yes No Unknown. The local official must certify this information in Section G.					
SECTION F - PROPERTY O	WNER (OR OWNER'S	REPRESENTATIVI	E) CERTIFICATION		
The property owner or owner's authorized represents community-issued BFE) or Zone AO must sign here.	ative who completes Se	ctions A. B. and F.f.	or Zone A (without a	FEMA-issued or of my knowledge.	
Property Owner or Owner's Authorized Representative	ve's Name		A Maria		
Address	City		State	ZIP Code	
Signature	Date	÷	Telephone		
Comments					
			Check	here if attachments.	

MPORTANT: In these spaces, copy the corre	m Section A.	FOR INSURANCE COMPANY USE Policy Number:				
Building Street Address (including Apt., Unit, St 13649 E. Quarterhorse Ln						
City Dewey	State Arizona	ZIP Code 86327	Company NAIC Number			
SECTIO	ON G - COMMUNITY INFO	RMATION (OPTIONAL)				
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	n Certificate. Complete the a nter meters.	pplicable item(s) and sign	below. Check the measurement			
G1. The information in Section C was takengineer, or architect who is authorized that in the Comments area below.)	zed by law to certify elevatio	n information. (Indicate th	e source and date of the elevation			
G2. A community official completed Sect or Zone AO.						
G3.  The following information (Items G4-	-G10) is provided for commu					
G4. Permit Number	G5. Date Permit Issued	G6. I	Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction  Sul	ostantial Improvement				
G8. Elevation of as-built lowest floor (includin of the building:	feet	meters Datum				
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet				
G10. Community's design flood elevation:		fee	t			
Local Official's Name		tle				
Community Name	Τe	elephone				
Signature	Da	ate				
Comments (including type of equipment and lo	ocation, per C2(e), if applica	ble)				
			Check here if attachments.			

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

**ELEVATION CERTIFICATE** 

	2000000		
IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Un 13649 E. Quarterhorse Ln			Policy Number:
City Dewey	State Arizona	ZIP Code 86327	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. 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. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption North side. 04-24-2021

Clear Photo One



Photo Two Caption West side. 04-24-2021

Clear Photo Two

**ELEVATION CERTIFICATE** 

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt 13649 E. Quarterhorse Ln	Policy Number:		
City Dewey	State Arizona	ZIP Code 86327	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.



Photo Three Caption South side. C2e at base of AC unit, left side. 04-24-2021

Clear Photo Three



Photo Four

Photo Four Caption

East side.

04-24-2021

Clear Photo Four Form Page 6 of 6