

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name: Edward & Cheryl Modland

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 1756 N. Rustlers Trl.

City: Camp Verde State: AZ ZIP Code: 86322

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): 403-11-078

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential

A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number: 4

A8. For a building with a crawl space or enclosure(s), provide:

a) Square footage of crawl space or enclosure(s): 2000 sq ft

b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade: 4

c) Total net area of flood openings in A8.b: 207.36 sq in

A9. For a building with an attached garage, provide:

a) Square footage of attached garage: _____ sq ft

b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade: _____

c) Total net area of flood openings in A9.b: _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number: Camp Verde 040131

B2. County Name: Yavapai B3. State: AZ

B4. Map/Panel Number: 04025C 2185 B5. Suffix: F

B6. FIRM Index Date: June 6, 2001 B7. FIRM Panel Effective/Revised Date: June 6, 2001

B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (Zone AO, use base flood depth): 310.5

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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)?
 Designation Date: _____ CBRS OPA Yes No

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. 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 C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized: BM 114 3108.63 Vertical Datum: 29

Conversion/Comments: _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor): 3109.12 feet meters (Puerto Rico only)

b) Top of the next higher floor: 3110.17 feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only): N/A feet meters (Puerto Rico only)

d) Attached garage (top of slab): N/A feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments): N/A feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG): 3108.68 feet meters (Puerto Rico only)

g) Highest adjacent (finished) grade (HAG): 3108.78 feet meters (Puerto Rico only)

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 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.

Check here if comments are provided on back of form.

Certifier's Name: Dugan L. McDonald License Number: RIS 26925

Title: President Company Name: Heritage Land Survey & Mapping

Address: P.O. Box 3270 City: Camp Verde State: AZ ZIP Code: 86322

Signature: [Signature] Date: 5-17-06 Telephone: 928-967-9170



IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
Building Street Address (including Apt., Unit, S. and/or Bldg. No.) or P.O. Route and Box No. 1750 N. RUSTERS Trl.		Policy Number
City Camp Verde	State AZ	ZIP Code 86322
		Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments Detached garage has an elevation of 3109.40

Signature _____ Date _____ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or 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 OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments