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

OMB No. 1660-0008 Expiration Date: November 30, 2018

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 INSURANCE COMPANY	USE			
A1. Building Owner's Name JUMP WILLAM S Policy Number:					
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3885 W OLD STATE HIGHWAY 279 	Company NAIC Number:				
City State CAMP VERDE Arizona	ZIP Code 86322				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 403-16-001F					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON RESIDEN	ΠAL				
A5. Latitude/Longitude: Lat. 34°37'17.58"N Long. 111°55'9.56"W Horizontal Datur	m: NAD 1927 X NAD 1983	3			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	rance.				
A7. Building Diagram Number6					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) N/A sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent grade N/A				
c) Total net area of flood openings in A8.b N/A sq in					
d) Engineered flood openings?					
A9. For a building with an attached garage:		5			
a) Square footage of attached garageN/A sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A					
c) Total net area of flood openings in A9.b N/A sq in					
d) Engineered flood openings?					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMA	ATION				
B1. NFIP Community Name & Community Number B2. County Name	B3. State				
TOWN OF CAMP VERDE #040131 YAVAPAI, INDEPENDENT CITY	Arizona				
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s) B9. If the parent Panel	Base Flood Elevation(s) Zone AO, use Base Flood Depth))			
04025C2160 H 02-15-2019 10-16-2015 AE 3234.9					
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
FIS Profile X FIRM Community Determined Other/Source:					
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No					
Designation Date: CBRS OPA					

IMPORTANT: In these spaces, copy the correspondin	FOR INSURANCE COMPANY USE			
			Policy Number:	
3885 W OLD STATE HIGHWAY 279				
1 '		Code	Company NAIC Number	
	izona 863:			
SECTION C – BUILDING EI	LEVATION INFORMAT	TION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construct	ion Drawings* 🔲 Buil	ding Under Constru	ction*	
*A new Elevation Certificate will be required when		•		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE) Complete Items C2.a–h below according to the built	ilding diagram specified	in Item A7. In Puert	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.	
Benchmark Utilized: NGS VERDE		3240.5 NAV(88)		
Indicate elevation datum used for the elevations in		w.		
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other				
Datum used for building elevations must be the sar	ne as that used for the E	BFE.	Check the measurement used.	
a) Top of bottom floor (including basement, crawls	pace, or enclosure floor)3	235.7 🔀 feet 🗌 meters	
b) Top of the next higher floor		3	237.5	
c) Bottom of the lowest horizontal structural memb	per (V Zones only)		N/A feet meters	
d) Attached garage (top of slab)			N/A feet meters	
e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Co	rvicing the building mments)		N/A 🔀 feet 🗌 meters	
f) Lowest adjacent (finished) grade next to buildin	g (LAG)	3	235.6	
g) Highest adjacent (finished) grade next to buildir	ng (HAG)	3	235.7 🔀 feet 🗌 meters	
h) Lowest adjacent grade at lowest elevation of de structural support	eck or stairs, including	3	235.5 🔀 feet 🗌 meters	
SECTION D – SURVEYOR	R. ENGINEER. OR ARC	CHITECT CERTIFI	CATION	
This certification is to be signed and sealed by a land so I certify that the information on this Certificate represent statement may be punishable by fine or imprisonment up	urveyor, engineer, or arc ts my best efforts to inter	hitect authorized by	law to certify elevation information.	
Were latitude and longitude in Section A provided by a			☑ Check here if attachments.	
Certifier's Name	License Number		LANG	
CLINTON D GILLESPIE	50106		SE S	
Title REGISTERED LAND SURVEYOR			\$ 100 to	
Company Name			CLINT D. S	
HERITAGE LAND SURVEY & MAPPINC INC.			GILLESPIE 10	
Address 738 S PARKS DR			ARIZONA, U.S.A.	
City	State	ZIP Code	Expires 9.30-21	
CAMP VERDE	Arizona	86322	Exhires 1,20-1	
Signature	Date	Telephone	Ext.	
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, po AT THE TIME OF THE SURVEY THERE WAS NOTHIN		IILDING.		
S				

IMPORTANT: In these spaces, copy the corresponding	g information from S	ection A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/o 3885 W OLD STATE HIGHWAY 279	or Bldg. No.) or P.O. R	oute and Box No.	Policy Number:		
		P Code 3322	Company NAIC Number		
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMAT AO AND ZONE A (W	ION (SURVEY NOT /ITHOUT BFE)	REQUIRED)		
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,					
crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is		_			
 E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in the diagrams) of the building is E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment servicing the building is E5. Zone AO only: If no flood depth number is available. 	is the top of the botto	_	above or below the HAG.		
SECTION F - PROPERTY OWNI					
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Section	ons A. B. and E for Zo	one A (without a FEMA-issued or		
Property Owner or Owner's Authorized Representative's	Name				
Address	City	St	ate ZIP Code		
Signature	Date	Te	elephone		
Comments					
			Check here if attachments.		

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Su	Policy Number:				
3885 W OLD STATE HIGHWAY 279	Company NAIC Number				
City					
CAMP VERDE	Arizona	86322			
SECTIO	N G - COMMUNITY	INFORMATION (OPTIC	ONAL)		
The local official who is authorized by law or on Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complet	r the community's floodp e the applicable item(s) a	lain mai and sign	nagement ordinance can complete below. Check the measurement	
G1. The information in Section C was take engineer, or architect who is authoriz data in the Comments area below.)	en from other docum ed by law to certify e	entation that has been s levation information. (Inc	igned ar dicate th	nd sealed by a licensed surveyor, e source and date of the elevation	
G2. A community official completed Section Zone AO.	on E for a building lo	cated in Zone A (without	a FEM	A-issued or community-issued BFE)	
G3. The following information (Items G4–	G10) is provided for	community floodplain ma	anagem	ent purposes.	
G4. Permit Number	G5. Date Permit Is	sued		Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction	Substantial Improven	nent		
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	t meters Datum	
Local Official's Name		Title			
Community Name		Telephone			
Signature		Date		·	
Comments (including type of equipment and loan	cation, per C2(e), if a	applicable)			
				Check here if attachments.	

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

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. 3885 W OLD STATE HIGHWAY 279			Policy Number:
City CAMP VERDE	State Arizona	ZIP Code 86322	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.

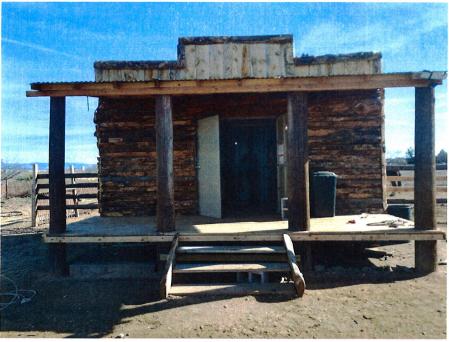


Photo One

Photo One Caption NORTH SIDE

Clear Photo One



Photo Two

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. City CAMP VERDE State Arizona Expiration Date: November 30, 2018 FOR INSURANCE COMPANY USE FOR INSURANCE COMPANY USE Policy Number: Company NAIC Number	IMPORTANT: In these spaces, copy the	Continua	tion Page	Expiration Date: November 30, 2018
CAMP VERDE State ZIP Code Company NAIC Number	Building Street Address (including Apt., L 3885 W OLD STATE HIGHWAY 279	Init, Suite, and/or Bldg. No.)	on from Section A. or P.O. Route and Box No	FOR INSURANCE COMPANY USE Policy Number:
	1 ,		0.50000 0.000 -0.00	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.

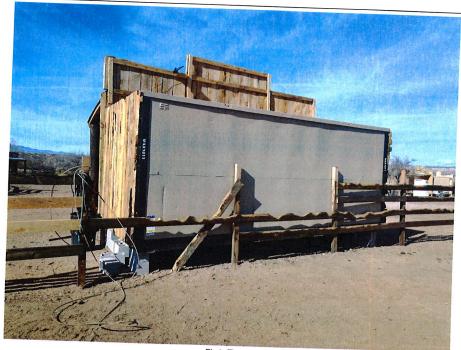


Photo Three

Photo Three Caption SOUTH SIDE

Clear Photo Three

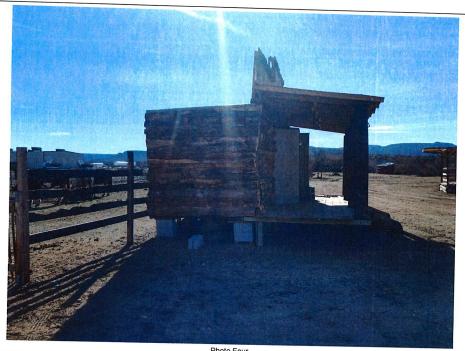


Photo Four

Photo Four Caption EAST SIDE

Clear Photo Four

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

OMB No. 1660-0008 Expiration Date: November 30, 2018

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 INSURA	ANCE COMPANY USE			
A1. Building Owner's Name JUMP WILLAM S	Policy Number	er:			
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3885 W OLD STATE HIGHWAY 279 	Company NA	AIC Number:			
City State	ZIP Code				
CAMP VERDE Arizona	86322				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 403-16-001F					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NON RESIDEN	TIAL				
A5. Latitude/Longitude: Lat. 34°37'17.58"N Long. 111°55'9.56"W Horizontal Datu	m: 🔲 NAD 19	927 🗵 NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insu	rance.				
A7. Building Diagram Number 6					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) N/A sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot abov	e adjacent grad	de <u>N/A</u>			
c) Total net area of flood openings in A8.b sq in					
d) Engineered flood openings?					
A9. For a building with an attached garage:					
a) Square footage of attached garage N/A sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent	grade N/A				
c) Total net area of flood openings in A9.b N/A sq in					
d) Engineered flood openings?					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORM	SECTION B - ELOOD INSURANCE PATE MAP (FIRM) INFORMATION				
B1. NFIP Community Name & Community Number B2. County Name		B3. State			
TOWN OF CAMP VERDE #040131 YAVAPAI, INDEPENDENT CITY		Arizona			
	Base Flood Ele (Zone AO, use	evation(s) Base Flood Depth)			
04025C2160 H 02-15-2019 10-16-2015 AE 323	4.9				
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/Source:					
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No					
Designation Date: CBRS OPA					

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. 3885 W OLD STATE HIGHWAY 279			Policy Number:	
City Sta CAMP VERDE Aria	ite ZIP zona 863	Code 22	Company NAIC Number	
SECTION C – BUILDING EL	EVATION INFORMAT	TION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construction		ding Under Constru	ction*	
*A new Elevation Certificate will be required when c				
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the built Benchmark Utilized: NGS VERDE	ding diagram specified i	n Item A7. In Puerto	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.	
		3240.5 NAV(88)		
Indicate elevation datum used for the elevations in it		W.		
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the sam				
Datam used for building elevations must be the same	ie as triat used for the B	PFE.	Check the measurement used.	
a) Top of bottom floor (including basement, crawlsp	pace, or enclosure floor)	3	231.1 X feet meters	
b) Top of the next higher floor		3	232.7 feet meters	
c) Bottom of the lowest horizontal structural member	er (V Zones only)		N/A feet meters	
d) Attached garage (top of slab)	51 (V 251165 5111y)		N/A feet meters	
e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Com	vicing the building	3.	238.4 🔀 feet 🗌 meters	
f) Lowest adjacent (finished) grade next to building	•	3	230.7 🔀 feet 🗌 meters	
g) Highest adjacent (finished) grade next to building		3	231.5 🔀 feet 🗌 meters	
h) Lowest adjacent (imished) grade flext to building h) Lowest adjacent grade at lowest elevation of dec structural support			231.3 Feet meters	
··	ENGINEED OF ARC	·		
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.				
Were latitude and longitude in Section A provided by a lic	censed land surveyor?	⊠Yes □No		
Certifier's Name CLINTON D GILLESPIE	License Number 50106			
Title			AND S	
REGISTERED LAND SURVEYOR			50106	
Company Name HERITAGE LAND SURVEY & MAPPINC INC.			CLINT D.	
Address 738 S PARKS DR			GILLESPIE ARIZONA, U.S.A.	
City CAMP VERDE	State Arizona	ZIP Code 86322	Expires <u>9.30.21</u>	
Signature	Date	Telephone	Ext.	
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, per LOWEST MACHINERY C2(e) IS A SWAMP COOLER AT		ST FACING WALL	WITH AN ELEVATION OF 3238.4	

	TANT: In these spaces, copy the corresponding information from Section A.		
Building Street Address (including Apt., Unit, Suite, and/ 3885 W OLD STATE HIGHWAY 279	et Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. STATE HIGHWAY 279		
OAMB VEDDE		IP Code 6322	Company NAIC Number
SECTION E – BUILDING ELE FOR ZONE	EVATION INFORMAT AO AND ZONE A (V	TION (SURVEY NOT VITHOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1–complete Sections A, B,and C. For Items E1–E4, use na enter meters.	-E5. If the Certificate is atural grade, if available	intended to support a e. Check the measure	a LOMA or LOMR-F request, ement used. In Puerto Rico only,
E1. Provide elevation information for the following and of the highest adjacent grade (HAG) and the lowest act a) Top of bottom floor (including basement,	check the appropriate bedjacent grade (LAG).	ooxes to show whethe	er the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		_	rs above or below the HAG.
crawlspace, or enclosure) is	enings provided in Co.	_	
E2. For Building Diagrams 6–9 with permanent flood op the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Sec	ction A items 8 and/or	- W
E3. Attached garage (top of slab) is		_	
E4. Top of platform of machinery and/or equipment servicing the building is		_ ☐ feet ☐ meter	rs 🔲 above or 🔲 below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	, is the top of the botton No Unknown. T	m floor elevated in ac he local official must	cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OWN	ER (OR OWNER'S RE	PRESENTATIVE) CI	ERTIFICATION
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Section statements in Section	ons A, B, and E for Zons A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's	Name		
Address	City	Sta	ate ZIP Code
Signature	Date	Te	lephone
Comments			
			Check here if attachments.

IMPORTANT: In these spaces, copy the corre			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 3885 W OLD STATE HIGHWAY 279			Policy Number:
CAMP VERDE	State Arizona	ZIP Code 86322	Company NAIC Number
SECTIO	ON G - COMMUNITY I	INFORMATION (OPTIONAL)	<u> </u>
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, en	i Certificate. Complete	the community's floodplain ma the applicable item(s) and sign	nagement ordinance can complete n below. Check the measurement
G1. The information in Section C was take engineer, or architect who is authoriz data in the Comments area below.)	zed by law to certify ele	evation information. (Indicate th	ne source and date of the elevation
G2. A community official completed Section Zone AO.			
G3. The following information (Items G4–	·G10) is provided for co	mmunity floodplain managem	ent purposes.
G4. Permit Number	G5. Date Permit Issu		Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:		Substantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:) basement)	feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	:he building site:		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 locations)	ation, per C2(e), if app	olicable)	
			☐ Check here if attachments.
			Officer field if attachments.

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

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. 3885 W OLD STATE HIGHWAY 279			Policy Number:
City CAMP VERDE	State Arizona	ZIP Code 86322	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

Clear Photo One



Photo Two

Photo Two Caption SOUTH AND EAST SIDE

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

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. 3885 W OLD STATE HIGHWAY 279			. Policy Number:
City . CAMP VERDE	State Arizona	ZIP Code 86322	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

Photo Three Caption WEST SIDE

Clear Photo Three



Photo Four

Photo Four Caption SOUTH SIDE

Clear Photo Four

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

OMB No. 1660-0008 Expiration Date: November 30, 2018

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.

	SEC	TION A - PROPERTY	'INFOR	MATION		FOR INSUR	ANCE COMPANY USE
A1. Building Owner's Name JUMP WILLAM S						Policy Numl	oer:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIG 3885 W OLD STATE HIGHWAY 279						AIC Number:	
City				State		ZIP Code	
CAMP VERDE Arizona 86322							
A3. Property Desc 403-16-001F	cription (Lot a	nd Block Numbers, Ta	ax Parcel	l Number, Le	gal Description, etc	c.)	
A4. Building Use	(e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) NON RES	IDENTIAL	
A5. Latitude/Long	itude: Lat. <u>3</u>	4°37'17.58"N	Long. 1	11°55'9.56"W	Horizontal	Datum: NAD 1	927 🔀 NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	e Certific	ate is being ι	ised to obtain floor	d insurance.	
A7. Building Diagr	am Number	6					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	otage of crawl	space or enclosure(s)			N/A sq ft		
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ide N/A
c) Total net a	rea of flood o	penings in A8.b		N/A sq ir	Ĺ		
d) Engineere	d flood openir	ngs? 🗌 Yes 🗵 N	10				
A9. For a building	with an attach	ned garage:					
a) Square foo	tage of attach	ned garage		N/A sq ft			
b) Number of	permanent flo	ood openings in the at	tached q	arage within	1.0 foot above adi	acent grade N/A	
		penings in A9.b		N/A sq			and the second s
d) Engineered		-					
d) Engineered	a nood openin	igo: Lites Mil	•0				
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
		Community Number		B2. County		T) (B3. State
TOWN OF CAMP	VERDE #040)131		YAVAPAI, I	NDEPENDENT CI	I Y	Arizona
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E	levation(s) e Base Flood Depth)
04025C2160	Н	02-15-2019		vised Date	AE	3234.9	
		02-10-2010	10 10 2			0204.0	
		Base Flood Elevation Community Determined	2 2			in Item B9:	
B11. Indicate elev	ration datum ι	used for BFE in Item B	9: 🔲 N	GVD 1929	☑ NAVD 1988	Other/Source:	
B12. Is the buildir	ng located in a	a Coastal Barrier Reso	urces S	ystem (CBRS) area or Otherwis	e Protected Area (C	DPA)? ☐ Yes ☒ No
Designation			CBRS	,			
•							

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or 3885 W OLD STATE HIGHWAY 279	Policy Number:					
City Sta CAMP VERDE Ariz	te ZIP zona 8632	Code 22	Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on:						
h) Lowest adjacent grade at lowest elevation of dec structural support	ck or stairs, including	3	2233.5 🔀 feet 🗌 meters			
SECTION D – SURVEYOR	, ENGINEER, OR ARG	CHITECT 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. Were latitude and longitude in Section A provided by a li	rveyor, engineer, or arc s my best efforts to intender 18 U.S. Code, Sec	hitect authorized by rpret the data availation 1001.	law to certify elevation information.			
Certifier's Name CLINTON D GILLESPIE Title	License Number 50106		REO LAND SUPERIOR DE LA COMPANIO DE			
REGISTERED LAND SURVEYOR Company Name HERITAGE LAND SURVEY & MAPPINC INC. Address 738 S PARKS DR City CAMP VERDE	State Arizona	ZIP Code 86322	CLINT D. GILLESPIE 19. ARIZONA, U.S.P. Expires 9.30-2-			
Signature	Date	Telephone	Ext.			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Copy all pages of this Elevation Certificate and all attachments (including type of equipment and location, pe AT THE TIME OF THE SURVEY THERE WAS NOTHIN	r C2(e), if applicable)		ageniroompany, and (3) building owner.			

J de opace, copj ale collection	g information from Sec	ction A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/	te and Box No.	Policy Number:			
3885 W OLD STATE HIGHWAY 279					
City	ate ZIP	Code	Company NAIC Number		
The state of the s	rizona 863	22			
SECTION E – BUILDING ELE	VATION INFORMATIO	N (SURVEY NOT	REQUIRED)		
FOR ZONE	AO AND ZONE A (WIT	THÒUT BFE)			
For Zones AO and A (without BFE), complete Items E1–complete Sections A, B,and C. For Items E1–E4, use na enter meters.	E5. If the Certificate is in tural grade, if available.	tended to support a Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,		
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, crawlspace, or enclosure) is 		☐ feet ☐ meter	s 🔲 above or 🔲 below the HAG.		
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		☐ feet ☐ meter	s 🔲 above or 🗌 below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood op	enings provided in Section	on A Items 8 and/or	9 (see pages 1–2 of Instructions),		
the next higher floor (elevation C2.b in the diagrams) of the building is	3. p. s.	☐ feet ☐ meter			
E3. Attached garage (top of slab) is		☐ feet ☐ meter			
E4. Top of platform of machinery and/or equipment servicing the building is		☐ feet ☐ mete	rs		
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	, is the top of the bottom No	floor elevated in ac e local official must	cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWN	ER (OR OWNER'S REP	RESENTATIVE) CI	ERTIFICATION		
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Section e statements in Sections	s A, B, and E for Zo A, B, and E are co	one A (without a FEMA-issued or rect to the best of my knowledge.		
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 or Owner's Authorized Representative's	Name				
Property Owner or Owner's Authorized Representative's	Name				
		Si	ate ZIP Code		
Property Owner or Owner's Authorized Representative's Address	Name City	Si	ate ZIP Code		
			ate ZIP Code		
Address	City				
Address	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				
Address Signature	City				

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St 3885 W OLD STATE HIGHWAY 279	Policy Number:						
City CAMP VERDE	State Arizona	ZIP Code 86322	310	Company NAIC Number			
SECTIO	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–G10. In Puerto Rico only, enter meters.							
G1. The information in Section C was taken engineer, or architect who is authoriz data in the Comments area below.)	en from other docu ed by law to certify	umentation that has been relevation information. (Ir	signed ar	nd sealed by a licensed surveyor, e source and date of the elevation			
G2. A community official completed Secti or Zone AO.	on E for a building	located in Zone A (withou	ut a FEMA	A-issued or community-issued BFE)			
G3. The following information (Items G4–	·G10) is provided for	or community floodplain n	nanagem	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Constructio	n 🔲 Substantial Improve	ement				
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 loc	cation, per C2(e), i	f applicable)					
				☐ Check here if attachments.			

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018 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. 3885 W OLD STATE HIGHWAY 279 Policy Number:

City CAMP VERDE

State Arizona

ZIP Code 86322

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.

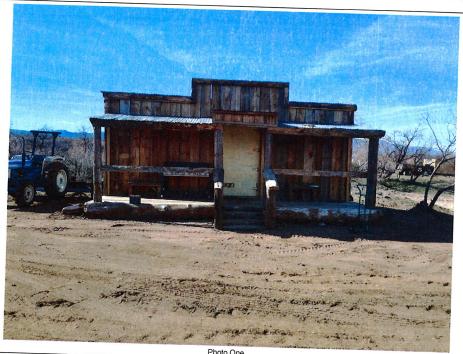


Photo One Caption EAST SIDE

Clear Photo One

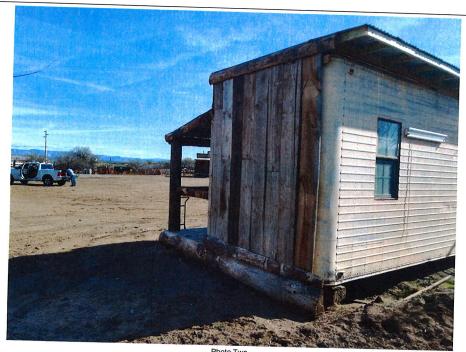


Photo Two Caption NORTH SIDE

Clear Photo Two

ELEVATION CERTIFICATE

ELEVATION CERTIFICATE	Continuation Page				
Building Street Address (including Apt., Unit, 3885 W OLD STATE HIGHWAY 279	Expiration Date: November 30, 2018 FOR INSURANCE COMPANY USE Policy Number:				
City CAMP VERDE	State Arizona	ZIP Code 86322	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.

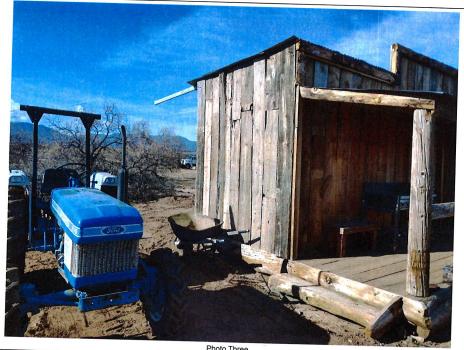


Photo Three

Photo Three Caption SOUTH SIDE

Clear Photo Three

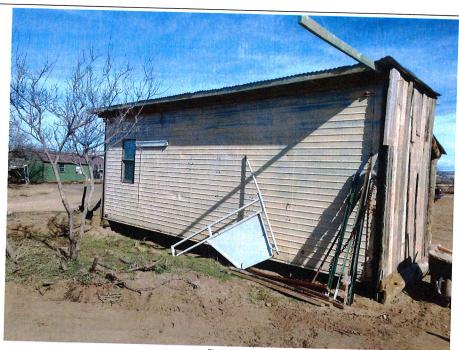


Photo Four

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

OMB No. 1660-0008 Expiration Date: November 30, 2018

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/c

SE SE	CTION A - PROPER	TY INFO	RMATION	, (-,		any, and (3) building owne URANCE COMPANY USE
A1. Building Owner's Name JUMP WILLAM S		2			Policy Nu	
A2. Building Street Address (including Apt Unit S	uito and	Von Dide. No.			
3885 W OLD STATE HIGHWA	Company	NAIC Number:				
City CAMP VERDE			State		ZIP Code	
A3. Property Description (Lot	and Block Numbers	Toy Done	Arizon	a	86322	
403-16-001F	and block Numbers,	rax Parc	ei Number, L	egal Description,	etc.)	
A4. Building Use (e.g., Reside	ential, Non-Residentia	I, Additio	n, Accessory	, etc.) NON RE	SIDENTIAL	
A5. Latitude/Longitude: Lat.	34°37'17.58"N		111°55'9.56"		tal Datum: NAD	1007 NAP 4000
A6. Attach at least 2 photogra					od incurence	1927 🔀 NAD 1983
A7. Building Diagram Number	6			doca to obtain no	od insurance.	
A8. For a building with a crawl	space or enclosure(s)) :				
 a) Square footage of craw 				N/A sq ft		
b) Number of permanent f	lood openings in the c	rawlspac	ce or enclosu	re(s) within 1.0 for	ot above adjacent gr	rada N/A
c) Total net area of flood of	penings in A8.b		N/A sq		or above adjacent gr	aue IVA
d) Engineered flood openi	ngs? 🗌 Yes 🗵	No				
A9. For a building with an attac	hed garage:					
a) Square footage of attack	hed garage		N/A sq t	ť		
b) Number of permanent flo					iggoont and de NAA	
c) Total net area of flood o	penings in A9 h				Jacent grade N/A	
d) Engineered flood opening	-	No	N/A so	Į in		
SE	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
DI. NEIP Community Name & C	ommunity Number		B2. County	Name		B3. State
TOWN OF CAMP VERDE #040	131	400	YAVAPAI, I	NDEPENDENT C	ITY	Arizona
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood El	evation(s)
04025C2160 H	02-15-2019	Rev 10-16-2	vised Date	AE		Base Flood Depth)
		10 10 2		AE	3234.9	
B10. Indicate the source of the I	Base Flood Elevation	(BFE) da	ata or base flo	ood depth entered	in Item B9	
☐ FIS Profile ☑ FIRM	Community Deterr	mined [Other/Sou	rce:		
B11. Indicate elevation datum us	sed for BFE in Item B	9: 🔲 NO	GVD 1929 [☑ NAVD 1988	Other/Source:	
B12. Is the building located in a	Coastal Barrier Resou	irces Sv	stam (CRDS)	area or Otherwis	-	
Designation Date:		CBRS		area or Otherwise	e Protected Area (O	PA)? Yes No
EMA Form 086-0-33 (7/15)	Re	nlaces a	Il previous ec	litions		

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. 3885 W OLD STATE HIGHWAY 279						Policy Number:		
City CAMP	VERDE	State Arizona	ZIP C 86322		Compar	y NAIC N	Number	
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)								
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:								
	structural support	off of deck of stairs, i	ricidaling	3	231.6	✓ feet	meters	
	SECTION D - SUR\	EYOR, ENGINEE	R, OR ARC	HITECT CERTIFI	ICATION			
l cert state	certification is to be signed and sealed by a ify that the information on this Certificate re ment may be punishable by fine or imprison latitude and longitude in Section A provide	oresents my best eff ment under 18 U.S.	orts to interp Code, Secti	itect authorized by ret the data availa on 1001. Yes \(\sum \) No	ible. I und	lerstand t	ration information. that any false e if attachments.	
CLIN Title	ier's Name TON D GILLESPIE STERED LAND SURVEYOR	License N 50106	lumber				AND SERVICE TO SERVICE	
Com HER Addre 738 S	pany Name TAGE LAND SURVEY & MAPPINC INC.	State Arizona		ZIP Code 86322		Sign City	INT D. OR	
					Evt	, , , , , ,		
Signa	ature	Date		Telephone	Ext.			
Сору	Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.							
	nents (including type of equipment and loca	2. 4 4 50 6		LDING.				

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/	or Bldg. No.) or P.O. Ro	ute and Box No.	Policy Number:		
3885 W OLD STATE HIGHWAY 279					
City		Code	Company NAIC Number		
CAMP VERDE A	rizona 863	322			
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATION AO AND ZONE A (WI	ON (SURVEY NOT THOUT BFE)	REQUIRED)		
	•		a LOMA or LOMR-F request		
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, crawlspace, or enclosure) is		☐ feet ☐ meter	rs 🔲 above or 🔲 below the HAG.		
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		☐ feet ☐ meter	rs 🔲 above or 🔲 below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood op	enings provided in Secti	on A Items 8 and/or	9 (see pages 1–2 of Instructions),		
the next higher floor (elevation C2.b in the diagrams) of the building is		feet meter			
E3. Attached garage (top of slab) is		☐ feet ☐ mete	rs 🗌 above or 🗌 below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		feet mete	rs 🔲 above or 🔲 below the HAG.		
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the bottom No	n floor elevated in ac e local official must	ccordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWN	IER (OR OWNER'S REF	PRESENTATIVE) C	ERTIFICATION		
The property owner or owner's authorized representativ community-issued BFE) or Zone AO must sign here. The	e who completes Section e statements in Sections	ns A, B, and E for Zo s A, B, and E are co	one A (without a FEMA-issued or rrect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's	s Name				
Address	City	Q ₁	tate ZIP Code		
Address	Oity		211 0000		
Signature	Date	Te	elephone		
Comments					
			Check here if attachments.		

Building Street Address spaces, copy the corre	sponding information	on from Section A.	FOR INSURANCE COMPANY US
Building Street Address (including Apt., Unit, Su 3885 W OLD STATE HIGHWAY 279	iite, and/or Bldg. No.)	or P.O. Route and Box	No. Policy Number:
City			
CAMP VERDE	State Arizona	ZIP Code 86322	Company NAIC Number
SECTIO	N G - COMMUNITY I	INFORMATION (OPTIO	NAL)
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation of used in Items G8–G10. In Puerto Rico only, enter	dinance to administer to		
G1. The information in Section C was take engineer, or architect who is authorize data in the Comments area below.)	n from other documer d by law to certify ele	ntation that has been sig vation information. (Indi	ned and sealed by a licensed surveyor, cate the source and date of the elevation
G2. A community official completed Sectio or Zone AO.	n E for a building loca	ated in Zone A (without a	a FEMA-issued or community-issued BFE)
G3. The following information (Items G4–G	310) is provided for co	mmunity floodplain mar	agement purposes.
G4. Permit Number	G5. Date Permit Issu	ed	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improveme	nt
G8. Elevation of as-built lowest floor (including to of the building:	pasement)	, , , , , , , , , , , , , , , , , , ,] feet
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
ocal Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and locati	ion, per C2(e), if appli	cable)	
			☐ Check here if attachments.

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Uni 3885 W OLD STATE HIGHWAY 279	Policy Number:		
City CAMP VERDE	State Arizona	ZIP Code 86322	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

Clear Photo One



Photo Two Caption EAST SIDE

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, comy the ac-	Continual	tion Page	Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the co Building Street Address (including Apt., Unit, 3885 W OLD STATE HIGHWAY 279	FOR INSURANCE COMPANY USE Policy Number:		
City CAMP VERDE	State Arizona	ZIP Code 86322	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.

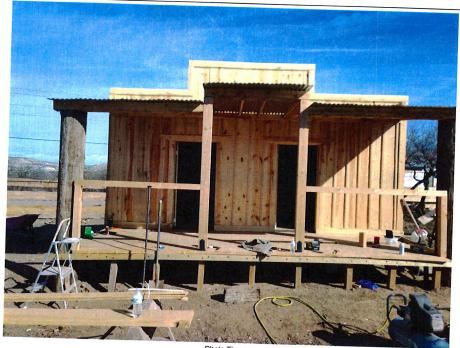


Photo Three

Photo Three Caption WEST SIDE

Clear Photo Three



Photo Four