ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Cor	ov all	pages	of this	Elevation	Certificate an	d all attachme	nts for (1) communit	v official.	(2) insurance a	agent/company	/. and (3	 building 	owner.
	- j							/	,	(-)	90.1000.1100.11	,	/	,

SECTION A – PROPERTY INFORMATION FOR INSURANCE COMPANY USE								
A1. Building Owner's Name Policy Number: HOLM KEVIN & SUSAN Policy Number:								
Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number: 1608 STAGECOACH DR Company NAIC Number:							
City	City State ZIP Code							
	CAMP VERDE Arizona 86322							
A3. Property Desc 403-19-068	ription (Lot a	nd Block Numbers, Ta	ax Parcel	l Number, Leo	gal Description, e	.tc.)		
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition	, Accessory, o	etc.) RESIDEN	NTIAL		
A5. Latitude/Longi	tude: Lat. 3	4°36'29.66"	Long. 1	11°52'51.94"	Horizonta	al Datum: 🔲 NAD [·]	1927 🔀 NAD 1983	
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	used to obtain floo	od insurance.		
A7. Building Diagra	am Number	6						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)		-	1675.00 sq ft			
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foc	ot above adjacent gr	ade 4	
c) Total net ar	ea of flood o	penings in A8.b		513.27 sq in	ı			
d) Engineered	flood openir	ngs? 🗌 Yes 🖾 N	No					
A9. For a building v	vith an attacł	ned garage:						
a) Square foot	a) Square footage of attached garage N/A sq ft							
b) Number of p	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A							
c) Total net are	c) Total net area of flood openings in A9.b N/A sq in							
d) Engineered	d) Engineered flood openings? Yes X No							
^	SE	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INI	FORMATION		
B1. NFIP Commun		Community Number		B2. County		 CHE M, ANDREAM MARKET To Low House The Annual Control of Control	B3. State	
Town of Camp Ver	de #040131			YAVAPAI, II	ndependent City		Arizona	
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, us	Elevation(s) e Base Flood Depth)	
04025C2157	D4025C2157 H 02-15-2019 Revised Date 10-16-2015 AE 3128.5							
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
B11. Indicate eleva	B11. Indicate elevation datum used for BFE in Item B9: 🗌 NGVD 1929 🔀 NAVD 1988 🔲 Other/Source:							
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🔀 No							
Designation [Designation Date:							
_		_						

ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November 30, 2018					
IMPORTANT: In these spaces, copy the corresponding	information from Se	ection A.	FOR INSURANCE COMPANY	USE		
Building Street Address (including Apt., Unit, Suite, and/or 1608 STAGECOACH DR			Policy Number:	002		
City Sta	te ZI	P Code	Company NAIC Number			
CAMP VERDE Ariz	zona 86	322				
SECTION C – BUILDING EL	EVATION INFORMA	TION (SURVEY R	EQUIRED)			
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when c		iilding Under Constru ding is complete.	uction* 🛛 Finished Construct	ion		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the buil	to Rico only, enter meters.	D.				
Benchmark Utilized: <u>#96</u>		n: <u>3135.83 NAVD 88</u>)			
Indicate elevation datum used for the elevations in i		OW.				
Datum used for building elevations must be the sam		BFE.				
·) The office floor floor floor have been as here a low			Check the measurement us 125.51 X feet meters	ed.		
a) Top of bottom floor (including basement, crawlsp	bace, or enclosure floc					
b) Top of the next higher floor			<u>128.03</u>			
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			
 e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con 	vicing the building nments)	31	126.00 🗙 feet 🗌 meters			
f) Lowest adjacent (finished) grade next to building	(LAG)	31	125.65 X feet meters			
g) Highest adjacent (finished) grade next to building	g (HAG)	31	126.11 X feet meters			
 h) Lowest adjacent grade at lowest elevation of dec structural support 	ck or stairs, including	31	125.86 🗌 feet 🗌 meters			
SECTION D – SURVEYOR	ENGINEER, OR AF	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 ur	s my best efforts to inte	erpret the data availa	y law to certify elevation informat able. I understand that any false	ion.		
Were latitude and longitude in Section A provided by a li	censed land surveyor	? 🛛 Yes 🗌 No	⊠ Check here if attachmen	nts.		
Certifier's Name DUGAN L. McDONALD	License Number 26925		I LAND ST			
Title REGISTERED LICENSED SURVEYOR			Deepe			
Company Name HERITAGE LAND SURVEYING & MAPPING INC			DUGAN L. O MEDONALD, 1	B		
Address 738 S PARKS DR			In the second se			
City CAMP VERDE	State Arizona	ZIP Code 86322	Expires 3 31-20	2		
Signature	Date 01-14-2020	Telephone (928) 567-9170	Ext.			
Copy all pages of this Elevation Certificate and all attachme	ents for (1) community	official, (2) insurance	agent/company, and (3) building o	owner.		
Comments (including type of equipment and location, pe C2E IS AN A/C PAD WITH AN ELEVATION OF 3126.00 FLOOR ELEVATION OF 3126.11		DETACHED LAUND	RY ROOM WITH A FINISHED			
FEMA Form 086-0-33 (7/15) Rep	laces all previous edit	ions.	Form Page	e 2 of 6		

ELEVATION CERTIFICATE		Ε.		OMB No. 1660 Expiration Dat	0-0008 e: November 30, 2018
IMPORTANT: In these spaces, copy the corresp	oonding informatio	n from Section A.		FOR INSURA	NCE COMPANY USE
Building Street Address (including Apt., Unit, Suite 1608 STAGECOACH DR	, and/or Bldg. No.) o	r P.O. Route and E	Box No.	Policy Numbe	er:
City	State	ZIP Code		Company NA	IC Number
CAMP VERDE	Arizona	86322			
SECTION E – BUILDING FOR 2	G ELEVATION INF ZONE AO AND ZO			REQUIRED)	
For Zones AO and A (without BFE), complete Item complete Sections A, B,and C. For Items E1–E4, a enter meters.	ns E1–E5. If the Cerl use natural grade, if	ificate is intended ta available. Check th	o support a le measure	LOMA or LOM ment used. In F	IR-F request, Puerto Rico only,
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the lowa) Top of bottom floor (including basement,			_		
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet	t 🔄 meter	s 🗌 above o	or 🗌 below the HAG.
crawlspace, or enclosure) is		feet	t 🗌 meter	s 🗌 above d	or 🗌 below the LAG.
E2. For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in	ood openings provide	ed in Section A Item	_		
the diagrams) of the building is			t 🗌 meter	s 🗌 above o	or Delow the HAG.
E3. Attached garage (top of slab) is			t 🗌 meter	s 🗌 above o	or below the HAG.
E4. Top of platform of machinery and/or equipme servicing the building is	nt	feet	t 🗌 meter	s 🗌 above (or Delow the HAG.
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance?					the community's mation in Section G.
SECTION F – PROPERTY	OWNER (OR OWN	ER'S REPRESENT	FATIVE) CE	RTIFICATION	l
The property owner or owner's authorized represe community-issued BFE) or Zone AO must sign he	ntative who complet re. The statements i	es Sections A, B, a n Sections A, B, an	nd E for Zo d E are cor	ne A (without a rect to the best	a FEMA-issued or t of my knowledge.
Property Owner or Owner's Authorized Represent	ative's Name				
Address		City	Sta	ate	ZIP Code
Signature		Date	Те	lephone	
Comments					
I					
					< here if attachments.

ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November 30, 2018					
IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St 1608 STAGECOACH DR						
City CAMP VERDE	State ZIP Code Arizona 86322	Company NAIC Number				
SECTIO	N G - COMMUNITY INFORMATION (C	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, en	Certificate. Complete the applicable iter	oodplain management ordinance can complete n(s) and sign below. Check the measurement				
G1. The information in Section C was take engineer, or architect who is authoriz data in the Comments area below.)	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation					
G2. A community official completed Section or Zone AO.	on E for a building located in Zone A (wi	thout a FEMA-issued or community-issued BFE)				
G3. The following information (Items G4–	G10) is provided for community floodpla	in management purposes.				
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:] New Construction 🗌 Substantial Impr	ovement				
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:	_ 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), if applicable)					
		Check here if attachments.				

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 1608 STAGECOACH DR	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 NORTH AND WEST

Clear Photo One

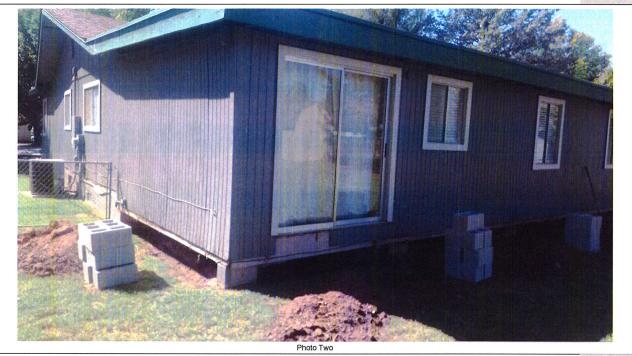


Photo Two Caption NORTH AND EAST

FEMA Form 086-0-33 (7/15)

Replaces all previous editions.

Clear Photo Two

Form Page 5 of 6

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

	-						
IMPORTANT: In these spaces, copy the corresponding information from Section A.							
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1608 STAGECOACH DR							
State Arizona	ZIP Code 86322	Company NAIC Number					
	nit, Suite, and/or Bldg. No.) State	nit, Suite, and/or Bldg. No.) or P.O. Route and Box No State ZIP Code					

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.

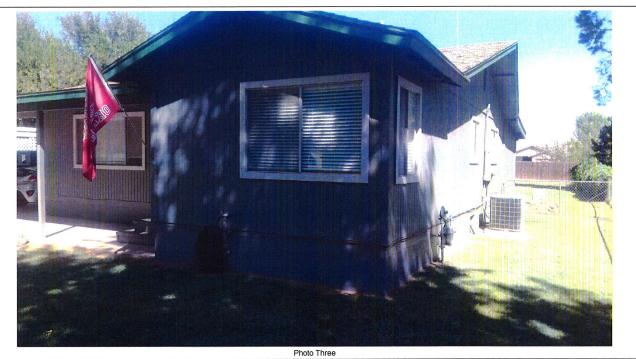


Photo Three Caption SOUTH AND EAST

Clear Photo Three



Photo Four Caption SOUTH AND WEST

Replaces all previous editions.

Clear Photo Four

FEMA Form 086-0-33 (7/15)