

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 CHARLES M. JACKSON				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1450 MAYBELLE LN				Company NAIC Number:	
City CAMP VERDE		State Arizona		ZIP Code 86322	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 404-01-052S					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL (GUEST HOUSE)</u>					
A5. Latitude/Longitude: Lat. <u>34°32'54.4 N</u> Long. <u>111°51'33.1 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>N/A</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number TOWN OF CAMP VERDE #040131			B2. County Name YAVAPAI, INDEPENDENT CITY		B3. State Arizona
B4. Map/Panel Number 04025C2186	B5. Suffix H	B6. FIRM Index Date 08-24-2021	B7. FIRM Panel Effective/ Revised Date 10-16-2015	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 3071.8
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

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

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. 1450 MAYBELLE LN			Policy Number:
City CAMP VERDE	State Arizona	ZIP Code 86322	Company NAIC Number

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–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ERM 121A Vertical Datum: 3090.35 (NAVD 88)

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|---|---------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>3073.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>3072.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>3071.7</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>3072.7</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

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 licensed land surveyor? Yes No Check here if attachments.

Certifier's Name CLINT GILLESPIE	License Number 50106		
Title REGISTERED LAND SURVEYOR			
Company Name HERITAGE LAND SURVEYING			
Address PO BOX 3270			
City CAMP VERDE	State Florida		ZIP Code 86322
Signature 	Date 07-15-2022	Telephone (928) 567-9170	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 C2(e), if applicable)

LOWEST MACHINERY SERVICING RESIDENCE IS AN A/C UNIT SET AT GROUND LEVEL ON PAD AS SHOWN IN PICTURES BELOW.

ELEVATION CERTIFICATE

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

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. 1450 MAYBELLE LN			Policy Number:
City CAMP VERDE	State Arizona	ZIP Code 86322	Company NAIC Number

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, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section 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 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 or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

ELEVATION CERTIFICATE

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

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. 1450 MAYBELLE LN			Policy Number:
City CAMP VERDE	State Arizona	ZIP Code 86322	Company NAIC Number

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 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–G10) 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 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 location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

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

ELEVATION CERTIFICATE

See Instructions for Item A6.

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. 1450 MAYBELLE LN			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 EAST SIDE

Clear Photo Two

BUILDING PHOTOGRAPHS

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

ELEVATION CERTIFICATE

Continuation Page

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. 1450 MAYBELLE LN			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

Photo Four Caption WEST SIDE

Clear Photo Four

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name MAYBELLE ROCKING	Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1450 MAYBELLE LN.	Company NAIC Number	
City CAMP VERDE State AZ ZIP Code 86322		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 404-01-052N		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____ RESIDENTIAL		
A5. Latitude/Longitude: Lat. 34°32'54" Long 111°51'33"		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 8		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 3392 sq ft	a) Square footage of attached garage 700 sq ft	b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 29	c) Total net area of flood openings in A9.b N/A sq in	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c) Total net area of flood openings in A8.b 3497.40 sq in		
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number TOWN OF CAMP VERDE 040131		B2. County Name YAVAPAI		B3. State AZ	
B4. Map/Panel Number 04025C 2190	B5. Suffix G	B6. FIRM Index Date SEPT. 3 2010	B7. FIRM Panel Effective/Revised Date SEPT. 3 2010	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 3071.30

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)? Yes No
 Designation Date _____ CBRS OPA

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-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
 Benchmark Utilized **132** Vertical Datum **1929**
 Conversion/Comments **CONVERTED TO 1988**



Check the measurement used.

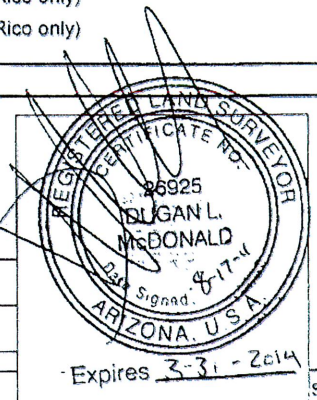
- | | | |
|---|--|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 3068.33 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor 3071.84 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) 3070.79 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 3070.04 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade next to building (LAG) 3068.54 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade next to building (HAG) 3070.61 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 3068.80 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> 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. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name **DUGAN L. MCDONALD** License Number **26925**
 Title **PRESIDENT** Company Name **HERITAGE LAND SURVEY AND MAPPING INC**



Expires **3-31-2014**

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Address PO BOX 3270 City CAMP VERDE State AZ ZIP Code 86322

Signature _____ Date _____ Telephone _____

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. 1450 MAYBELLE LN. For Insurance Company Use: 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 C2-E IS AN AC PAD

Signature  Date 8-17-11

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, crawlspace, or enclosure) is _____ feet meters above or below the HAG
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2 For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 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 _____
-------------------------	------------------------------	---

- 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 _____
- G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME CARL & Colleen Mills		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Company NAIC Number
CITY CAMP Verde, Arizona	STATE 86322	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN # 404-01-052N		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ##.#####°)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER YAVAPAI 040093		B2. COUNTY NAME YAVAPAI	B3. STATE ARIZONA
B4. MAP AND PANEL NUMBER 04025C2215	B5. SUFFIX F	B6. FIRM INDEX DATE 6-6-01	B7. FIRM PANEL EFFECTIVE/REVISED DATE June 6, 2001
B8. FLOOD ZONE(S) AE		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3068.9	

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

B11. Indicate the elevation datum used for the BFE in 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)? Yes No Designation Date _____

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. Building Diagram Number **8** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

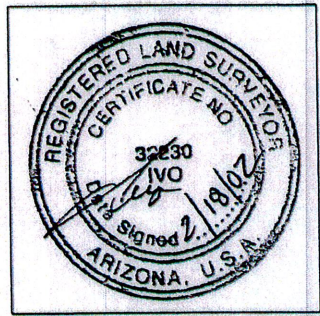
Datum **NGVD 29** Conversion/Comments **Rm - 1095-10**

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) **3071.22 ft.(m)**
- b) Top of next higher floor **N/A ft.(m)**
- c) Bottom of lowest horizontal structural member (V zones only) **N/A ft.(m)**
- d) Attached garage (top of slab) **3070.07 ft.(m)**
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **3069.50 ft.(m) SEE NOTE IN SECTION D**
- f) Lowest adjacent (finished) grade (LAG) **3077.81 ft.(m)**
- g) Highest adjacent (finished) grade (HAG) **3069.75 ft.(m)**
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **21**
- i) Total area of all permanent openings (flood vents) in C3.h **2,604** sq. in. (sq. cm)

Rural 3/31/11

License Number, Embossed Seal, Signature, and Date



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 in Sections A, B, and C 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.

CERTIFIER'S NAME **IVO WASHINGTON Buddeke III** LICENSE NUMBER **32230**

TITLE **owner / President** COMPANY NAME **Rimrock LAND SURVEYS**

ADDRESS **5280 Bentley Drive** CITY **Rimrock** STATE **Arizona** ZIP CODE **86335**

SIGNATURE *[Signature]* DATE **2/19/02** TELEPHONE **928-567-1414**

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	
CITY CAMP Verde	STATE ARIZONA	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

THIS IS A HOME BUILT ON A STEM WALL WITH A ATTACHED GARAGE, 21 PERMANENT OPENINGS WHICH TOTALS 2,004 SQ IN. ALSO, THEIR ARE 2 MACHINERY PADS (AS SHOWN IN SECTION "C").

added Revision 3/3/11 Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. For 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, C (Items C3.h and C3.i only), 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, C, 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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME CARL & Colleen Mills		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1450 MAYBELLE LANE		Company NAIC Number
CITY CAMP Verde	STATE ARIZONA	ZIP CODE 86322
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN # 404-01-050N		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ##.#####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CAMP VERDE 040131		B2. COUNTY NAME YAVAPAI	B3. STATE ARIZONA
B4. MAP AND PANEL NUMBER 04025 C 2215	B5. SUFFIX F	B6. FIRM INDEX DATE 6-6-01	B7. FIRM PANEL EFFECTIVE/REVISED DATE June 6, 2001
B8. FLOOD ZONE(S) AE		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3068.9	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

- FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in 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)? Yes No Designation Date _____

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. Building Diagram Number **8** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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

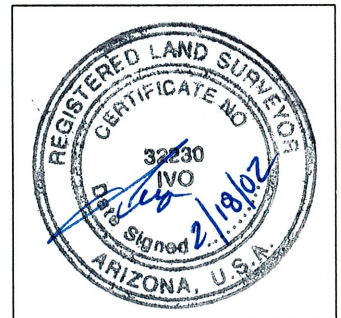
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum **NGVD 29** Conversion/Comments

Elevation reference mark used **RM-1095-10** Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) **3071.22** ft.(m)
- b) Top of next higher floor **N/A** ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) **N/A** ft.(m)
- d) Attached garage (top of slab) **3070.09** ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **3069.50** ft.(m) **SEE NOTE IN SECTION D**
- f) Lowest adjacent (finished) grade (LAG) **3067.81** ft.(m)
- g) Highest adjacent (finished) grade (HAG) **3069.75** ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **21**
- i) Total area of all permanent openings (flood vents) in C3.h **21604** sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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 in Sections A, B, and C 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.

CERTIFIER'S NAME IVO WASHINGTON Buddke III	LICENSE NUMBER 32230
TITLE owner / President	COMPANY NAME Rimrock LAND SURVEYS
ADDRESS 5280 Bentley Drive	CITY Rimrock
SIGNATURE <i>Ivo</i>	STATE ARIZONA
DATE 2/19/02	ZIP CODE 86335
	TELEPHONE 928-567-1414

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY CAMP Verde	STATE ARIZONA	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

THIS IS A HOME BUILT ON A STEM WALL WITH A ATTACHED GARAGE, 21 PERMANENT OPENINGS WHICH TOTALS 2,004 SQ. IN. ALSO, THEIR ARE 2 MACHINERY PADS (AS SHOWN IN SECTION "C").

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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.

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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 is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME _____	TITLE _____
COMMUNITY NAME _____	TELEPHONE _____
SIGNATURE _____	DATE _____
COMMENTS _____	

Check here if attachments