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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

# ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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: JERRY & WENDY DAULTON	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 1050 EAST AMBER WAY	Company NAIC Number:					
City: CAMP VERDE State: AZ	ZIP Code: 86322					
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nur LOT 8 PEBBLE ROCK APN 404-02-139, YAVAPAI COUNTY, ARIZONA	mber:					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL						
A5. Latitude/Longitude; Lat. N34D33'14.383" Long. W111D50'481" Horizontal Datum:	IAD 1927  □ NAD 1983  ☑ WGS 84					
A6. Attach at least two and when possible four clear photographs (one for each side) of the building						
A7. Building Diagram Number:9						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s): 2,146.00 sq. ft.						
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	Yes No N/A					
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings:						
d) Total net open area of non-engineered flood openings in A8.c: 2,228.00 sq. in.						
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): 0.00 sq. ft.						
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 2,228.00 sq. ft.						
A9. For a building with an attached garage:						
a) Square footage of attached garage: 1,050.00 sq. ft.						
b) Is there at least one permanent flood opening on two different sides of the attached garage? ☑ Yes ☐ No ☐ N/A						
<ul> <li>c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjusted in the strategy of the strategy</li></ul>						
d) Total net open area of non-engineered flood openings in A9.c: 1,187.00 sq. in.						
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instruction	ons): 0.00 sq. ft.					
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions):1,187.00 sq. ft.						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFO	RMATION					
B1.a. NFIP Community Name: TOWN OF CAMP VERDE B1.b. NFIP Community Ide	ntification Number: 040131					
B2. County Name: YAVAPAI, INDEPENDENT CT B3. State: AZ B4. Map/Panel No.:	04025C2186 B5. Suffix: H					
B6. FIRM Index Date: 08/24/2021 B7. FIRM Panel Effective/Revised Date: 10/16/20	15					
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use I	Base Flood Depth): 3078.40					
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:  ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:						
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 Prot Designation Date:	ected Area (OPA)? Yes No					
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No					

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19** 

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR	INSURA	NCE C	OMPANY US	3E	
1050 EAST AMBER WAY		Policy Number:				
City: CAMP VERDE State: AZ ZIP Code: 86322	Comp	any NAIG	Numb	рег:		
SECTION C - BUILDING ELEVATION INFORMATION (SURVE	Y REQU	IRED)				
C1. Building elevations are based on: Construction Drawings* Building Under Construction *A new Elevation Certificate will be required when construction of the building is complete.	uction* [	Finish	ed Con	struction		
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. Benchmark Utilized: NGS U 30 PIDES0461 (3154.59) Vertical Datum: NAVD88						
Indicate elevation datum used for the elevations in items a) through h) below.					_	
Datum used for building elevations must be the same as that used for the BFE. Conversion facto If Yes, describe the source of the conversion factor in the Section D Comments area.	r used?	☐ Yes	_	No asurement us	sed:	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	,074.91	⊠ fee		meters		
b) Top of the next higher floor (see Instructions):	,081.27	⊠ fee	t 🔲	meters		
c) Bottom of the lowest horizontal structural member (see Instructions):	0	fee	t 🔲	meters		
d) Attached garage (top of slab):	,076.91	⊠ fee	t 🔲	meters		
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):  3	,081.80		t 🗀	meters		
f) Lowest Adjacent Grade (LAG) next to building: Natural X Finished	,076.12	⊠ fee	t 🔲	meters		
g) Highest Adjacent Grade (HAG) next to building: Natural X Finished	,077.28	⊠ fee	t 🔲	meters		
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	,075.21	⊠ fee	t 🗆	meters		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CEI	RTIFICAT	TION		A STATE OF THE PARTY OF		
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized information. I certify that the information on this Certificate represents my best efforts to interpret false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	by state la the data a	w to certi vailable.	fy eleva under	ation stand that an	y	
Were latitude and longitude in Section A provided by a licensed land surveyor? ⊠ Yes ☐ No						
Check here if attachments and describe in the Comments area.						
Certifier's Name: Thomas A. Liuzzo License Number: AZ RLS 33861						
Title: Principal Surveyor						
Company Name: Granite Basin Engineering, Inc.						
Address: 1981 Commerce Center Circle Suite B						
City: Prescott State: AZ ZIP Code: 86301						
Signature: Date: 02/12/2024						
Telephone: (928) 117-1711 Ext.: 104 Email: tom@granitebasinengineering.com	<u>n</u> _	Pla	less.	Here	$\Box$	
Copy all pages of this Eevation Certificate and all attachments for (1) community official, (2) insurance	e agent/co	трапу, а	nd (3) t	ouilding owne	r.	
Comments (including source of conversion factor in C2; type of equipment and location per C2.e;	and desc	ription of	any att	achments):		
The flood vents common to the house and garage were counted toward the house only as vented. The lowest elevation of machinery is for the AC unit on the left side of the but	ilding loo	king forr	n the s	street. The	u	
crawlspace floor is level and below the LAG. The owner is also the builder and his mate	erial are s	stored or	ı site.	The rear		

photo shows construction material owned by him

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE				
1050 EAST AMBER WAY	Policy Number:				
City: CAMP VERDE State: AZ ZIP Code: 86322	Company NAIC Number:				
SECTION E - BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)					
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.					
Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.					
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the a measurement is above or below the natural HAG and the LAG.	ppropriate boxes to show whether the				
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	above or below the HAG.				
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	above or below the LAG.				
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/o next higher floor (C2.b in applicable  Building Diagram) of the building is:	r 9 (see pages 1–2 of Instructions), the  above or below the HAG.				
E3. Attached garage (top of slab) is:	above or below the HAG.				
E4. Top of platform of machinery and/or equipment servicing the building is:	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 a floodplain management ordinance?   Yes No Unknown The local official multiple of the bottom floor elevated in a floodplain management ordinance?	ccordance with the community's ust certify this information in Section G.				
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN	ITATIVE) CERTIFICATION				
The property owner or owner's authorized representative who completes Sections A, B, and E for Z sign here. The statements in Sections A, B, and E are correct to the best of my knowledge	one A (without BFE) or Zone AO must				
Check here if attachments and describe in the Comments area.					
Property Owner or Owner's Authorized Representative Name:					
Address:	<del></del>				
City: State:	ZIP Code:				
Signature: Date:					
Telephone: Ext.: Email:					
Comments:					

IMPORTANT: MUST FOLLOW THE	INSTRUCTIONS ON PAGES 9-19				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or F 1050 EAST AMBER WAY	P.O. Route and Box No.:  FOR INSURANCE COMPANY USE  Policy Number:				
City: CAMP VERDE State: AZ	ZIP Code: 86322 Company NAIC Number:				
SECTION G - COMMUNITY INFORMATION (RECOMM	MENDED FOR COMMUNITY OFFICIAL COMPLETION)				
The local official who is authorized by law or ordinance to administer to Section A, B, C, E, G, or H of this Elevation Certificate. Complete the	applicable item(s) and sign below when:				
engineer, or architect who is authorized by state law to celevation data in the Comments area below.)	entation that has been signed and sealed by a licensed surveyor, rtify elevation information. (Indicate the source and date of the				
G2.a. A local official completed Section E for a building located in E5 is completed for a building located in Zone AO.	in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item				
G2.b. 🔀 A local official completed Section H for insurance purpose	s.				
G3. In the Comments area of Section G, the local official desc	ribes specific corrections to the information in Sections A, B, E and H.				
G4. The following information (Items G5–G11) is provided for	community floodplain management purposes.				
G5. Permit Number: FLC22-002050 G6. Date Per	mit Issued: 01/03/2023				
G7. Date Certificate of Compliance/Occupancy Issued: 4/15/2	024				
G8. This permit has been issued for: 🗵 New Construction 🗌 S	Substantial Improvement				
G9.a. Elevation of as-built lowest floor (including basement) of the building:	3074.91				
G9.b. Elevation of bottom of as-built lowest horizontal structural member:	0 feet meters Datum:				
G10.a. BFE (or depth in Zone AO) of flooding at the building site:					
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:	3079.4				
G11. Variance issued? ☐ Yes ☐ No If yes, attach documer	ntation and describe in the Comments area.				
The local official who provides information in Section G must sign here. I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.  Local Official's Name:  NFIP Community Name:  Telephone: 928) 239-0361 Ext.:  Email:   Email:   To a correct to the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.  Title:   Title:   Title:   Title:   Title:   Telephone: 928) 239-0361 Ext.:  Email:   Telephone:   Telephone:					
Address: 395 5. Main St.					
City: Camp Verde State: AZ ZIP Code: 86322					
Signature:	Date: 3.5.24				
Comments (including type of equipment and location, per C2.e; descriptions A.R.D. E. or H):					
Sections A, B, D, E, or H): Site Visits determined that wood that					
is not flood resistant is out of the floodplain RFE					
and I'minimum above B	FE= 3078.4.				

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  1050 EAST AMBER WAY		FOR IN	FOR INSURANCE COMPANY USE		
		Policy N	Policy Number:		
City: CAMP VERDE	State: <u>A</u> 2	ZIP Code: 8632	22	Compar	ny NAIC Number:
A CONTRACTOR OF THE PROPERTY O	BUILDING'S FIRST FLO /EY NOT REQUIRED) (				ZONES
The property owner, owner's authorize to determine the building's first floor hearest tenth of a foot (nearest tenth of Instructions) and the appropriate B	eight for insurance purpos of a meter in Puerto Rico).	es. Sections A, B, and Reference the Found	l I must als <i>dation Typ</i>	o be complet be Diagrams	ed. Enter heights to the (at the end of Section H
H1. Provide the height of the top of the	ne floor (as indicated in Fo	undation Type Diagran	ns) above	the Lowest A	djacent Grade (LAG):
<ul> <li>a) For Building Diagrams 1A, 1 floor (include above-grade floors subgrade crawlspaces or enclosus</li> </ul>	only for buildings with	om	feet	meters	above the LAG
<ul> <li>b) For Building Diagrams 2A, 2 higher floor (i.e., the floor above the enclosure floor) is:</li> </ul>		t	feet	meters	above the LAG
H2. Is all Machinery and Equipment s H2 arrow (shown in the Foundatio					
SECTION I - PROPERT	Y OWNER (OR OWNE	R'S AUTHORIZED F	REPRESE	ENTATIVE)	CERTIFICATION
The property owner or owner's author A, B, and H are correct to the best of I indicate in Item G2.b and sign Section	my knowledge. Note: If the				
Check here if attachments are prov	vided (including required p	hotos) and describe ea	ach attachi	ment in the C	comments area.
Property Owner or Owner's Authorized	d Representative Name: _				
Address:	74-67-0- Tuesday				
City:			State:	ZIP	Code:
Signature:		Date:			
Telephone:	Ext.: Email:				
Comments:					

## IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:		FOR INSURANCE COMPANY USE
1050 EAST AMBER WAY		Policy Number:
City: CAMP VERDE	State: AZ ZIP Code: <u>86322</u>	Company NAIC Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: FRONT LOOKING FROM STREET

Clear Photo One



Photo Two

Photo Two Caption: REAR LOOKING TOWARD STREET (owner is also the contractor he owns debris)

Clear Photo Two

## IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

### **BUILDING PHOTOGRAPHS**

**Continuation Page** 

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:		FOR INSURANCE COMPANY USE		
1050 EAST AMBER WAY City: CAMP VERDE	_ State: _	AZ	ZIP Code: 86322	Policy Number: Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: LEFT SIDE LOOKING FROM STREET

Clear Photo Three



**Photo Four** 

Photo Four Caption: RIGHT SIDE LOOKING FROM STREET

Clear Photo Four