ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy	all pages of this Elevation Certificate and all attachments for	or (1) communit	v official.	insurance a	pent/company	i, and (building 	a owner.

SECTION A – PROPERTY INFORMATION FOR INSURANCE COMPANY USE							
A1. Building Owner's Name							ber:
STILES FAMILY TRUST							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Numbe							AIC Number:
545 WEST FIR STREET							
City CAMP VERDE			State Arizona		ZIP Code 86322		
		nd Block Numbers. Ta	ax Parcel		al Description, e		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 404-03-017T							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTAIL							
A5. Latitude/Longi	tude: Lat. 34	4 32 2.0	Long. 1	11 51 49.9	Horizonta	al Datum: 🛄 NAD 1	1927 🕅 NAD 1983
A6. Attach at least	2 photograp	hs of the building if th	e Certific	ate is being u	used to obtain floo	od insurance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)	ł		N/A sq ft		
b) Number of (permanent flo	ood openings in the cr	awlspace	e or enclosur	e(s) within 1.0 foc	t above adjacent gra	ade N/A
c) Total net an	ea of flood o	penings in A8.b		N/A sqir	1		
d) Engineered							
A9. For a building v			10				
-		ed garage		672.00 so fi			
,		ood openings in the at	_	_		jacent grade U	
c) Total net an	ea of flood op	penings in A9.b		<u> </u>	in		
d) Engineered flood openings? 🔲 Yes 🖂 No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Commun	ity Name & C	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	Effe	1 RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
04025C2186	H	12-17-2020	10-16-2		AE	3055.8	
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:							

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2022				
IMPORTANT: In these spaces, copy the corres	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suit 545 WEST FIR STREET	te, and/or Bidg. No.) or P.(D. Route and Box No.	Policy Number:				
City	Company NAIC Number						
CAMP VERDE	Arizona	86322					
SECTION C - BUILI	DING ELEVATION INFO	RMATION (SURVEY R	EQUIRED)				
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: 130A Vertical Datum: 3060.36 (NAVD88)							
Indicate elevation datum used for the eleva	Indicate elevation datum used for the elevations in items a) through h) below.						
□ NGVD 1929 ⊠ NAVD 1988 □							
Datum used for building elevations must be	e the same as that used to	r the BFE.	Check the measurement used.				
a) Top of bottom floor (including basemen	t, crawlspace, or enclosur	e floor)	3057.2 X feet meters				
b) Top of the next higher floor			N/A 🗌 feet 📋 meters				
c) Bottom of the lowest horizontal structure	al member (V Zones oniv)		N/A feet meters				
d) Attached garage (top of slab)			3056.8 🛛 feet 🗌 meters				
 e) Lowest elevation of machinery or equip (Describe type of equipment and location) 		9	3058.5 🛛 feet 🗌 meters				
f) Lowest adjacent (finished) grade next to	-		3056.0 🔀 feet 🔲 meters				
g) Highest adjacent (finished) grade next t	• • •	<u></u>	3056.2 🔀 feet 🗌 meters				
h) Lowest adjacent grade at lowest elevati			ke-aad ke-sord				
structural support			N/A feet 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 provide			Check here if attachments.				
Certifier's Name TIMOTHY L. HAMMES	License Numb L.S. 29263	êr	the second second				
Title PRESIDENT			DISSI C				
Company Name HAMMES SURVEYING LLC							
Address 2100 VIA SILVERADO			The latero				
City CAMP VERDE	State Arizona	ZIP Code 86322	1/04/2026				
Signature	Date 01-04-2021	Telephone (928) 567-2833	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 ELEVATION FOR MACHINERY SERVICING THE BUILDING IS FOR A HOT WATER HEATER IN THE GARAGE.							

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ELEVATION CERTIFICATE	BUILDING PHOTOGRAPHS FION CERTIFICATE See Instructions for Item A6.		
IMPORTANT: In these spaces, copy the c	orresponding informatio	on from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit	-		Policy Number:
City	State	ZIP Code	Company NAIC Number
If using the Elevation Certificate to obta instructions for Item A6. Identify all photog "Left Side View." When applicable, photo vents, as indicated in Section A8. If submit	raphs with date taken; "Fr graphs must show the fo	ont View" and "Rear View"; a oundation with representative	nd, if required, "Right Side View" and e examples of the flood openings or
	Photo	One	
Photo One Caption			
	Photo	Тжо	

BUILDING PHOTOGRAPHS

Photo Two Caption

ELEVATION CERTIFICATE	CERTIFICATE Continuation Page		OMB No. 1660-0008 Expiration Date: November 30, 2022		
IMPORTANT: In these spaces, copy the co	orresponding information	on 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	State	ZIP Code	Company NAIC Number		
If submitting more photographs than will f with: date taken; "Front View" and "Rea photographs must show the foundation with	ar View"; and, if require	ed, "Right Side View" and	"Left Side View." When applicable,		
	Photo	Three			
Photo Three Caption					
		_			
	Photo	Four			

BUILDING PHOTOGRAPHS

FEMA Form 086-0-33 (12/19)