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

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

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1-9.

For Insurance Purposes.

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 INSU	RANCE COMPANY USE		
A1. Building Owner's Name CLEAN HARVEST REVOC LIVING TRUST Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.393 W. GRIPPEN RD.	Company N	IAIC Number:		
City State CAMP VERDE Arizona	ZIP Code 86322			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 404-03-022J				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL				
A5. Latitude/Longitude: Lat. 34°31'59.3" N Long. 111°51'42.1" W Horizontal Datu	ım: NAD 1	1927 × NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insu	ırance.			
A7. Building Diagram Number1A				
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 gra	ade <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 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) INFORM	ATION			
B1. NFIP Community Name & Community Number TOWN OF CAMP VERDE #040131 B2. County Name YAVAPAI, INDEPENDENT CITY		B3. State Arizona		
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s)	Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)		
04025C2186 H 08-24-2021 10-16-2015 AE 305	4.5			
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 X NAVD 1988 Other/Source:				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Pro	tected Area (C	PA)? ☐ Yes ※ No		
Designation Date: CBRS DPA				

Building Street Address (including Apt., Uni			Policy Number:
393 W. GRIPPEN RD.	064	0.1	, NAIO N
City CAMP VERDE	State ZIP Arizona 863	Code 22	Company NAIC Number
SECTION C - E	BUILDING ELEVATION INFORMAT	TION (SURVEY RE	EQUIRED)
*A new Elevation Certificate will be re C2. Elevations – Zones A1–A30, AE, AH, Complete Items C2.a–h below accord	quired when construction of the buildi A (with BFE), VE, V1–V30, V (with B ding to the building diagram specified	FE), AR, AR/A, AR/ n Item A7. In Puerto	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.
Benchmark Utilized: NGS W2		3098.12 (NAVD 88	3)
Indicate elevation datum used for the		W.	
☐ NGVD 1929 ☒ NAVD 198 Datum used for building elevations mu	leaded .	.FF	
Datam deed for Building Clevatione in	dot be the same as that used for the b	, L.	Check the measurement used.
 a) Top of bottom floor (including base 	ement, crawlspace, or enclosure floor)	3	6046.4 \times feet \square meters
b) Top of the next higher floor			N/A feet meters
c) Bottom of the lowest horizontal stru	uctural member (V Zones only)		N/A feet meters
d) Attached garage (top of slab)			N/A feet meters
 e) Lowest elevation of machinery or e (Describe type of equipment and lowest elevation) 	equipment servicing the building ocation in Comments)	3	046.4 X feet meters
f) Lowest adjacent (finished) grade n	next to building (LAG)	3	045.9 X feet meters
g) Highest adjacent (finished) grade i	next to building (HAG)	3	046.3 X feet meters
h) Lowest adjacent grade at lowest e structural support	levation of deck or stairs, including		N/A feet meters
SECTION D -	SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFI	CATION
This certification is to be signed and sealed I certify that the information on this Certific statement may be punishable by fine or im	ate represents my best efforts to inter	pret the data availa	law to certify elevation information. ble. I understand that any false
Were latitude and longitude in Section A pr			★ Check here if attachments.
Certifier's Name	License Number		to LAND
Title REGISTERED LAND SURVEYOR	50106		50106 5010
Company Name HERITAGE LAND SURVEYING			CLINT D.C
Address PO BOX 3270			ARIZONA, U.S.N
City CAMP VERDE	State Arizona	ZIP Code 86322	Expires 9.30.24
Signature Late Carl	Date 12-23-2021	Telephone (928) 567-9170	Ext.
Copy all pages of this Elevation Certificate ar	nd all attachments for (1) community of	icial, (2) insurance a	agent/company, and (3) building owne
Comments (including type of equipment an LOWEST MACHINERY SERVICING RESI	d location, per C2(e), if applicable) DENCE IS AN A/C UNIT SET FLUSH	ON GROUND ON	NORTH SIDE OF HOUSE.
k ·			

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/o 393 W. GRIPPEN RD.	or Bldg. No.) or P.O. Rou	ute and Box No.	Policy Number:		
	ate ZIP izona 863	Code 22	Company NAIC Number		
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATIO AO AND ZONE A (WIT	ON (SURVEY NOT THOUT 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	jacent grado (E/10).	☐ feet ☐ meter	rs □ above or □ below the HAG.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet meter			
E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Section	on A Items 8 and/or	_		
E3. Attached garage (top of slab) is		☐ feet ☐ meter	rs above or below the HAG.		
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 I	is the top of the bottom No	floor elevated in access local official must contain	cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWNE	R (OR OWNER'S REP	RESENTATIVE) CE	ERTIFICATION		
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sections statements in Sections	s A, B, and E for Zo A, B, and E are con	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	Tel	lephone		
Comments					
			*		
			*		
			_		
			Check here if attachments.		

IMPORTANT: In these spaces, copy the corre		FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, St. 393 W. GRIPPEN RD.	Policy Number:					
City CAMP VERDE	State Arizona	ZIP Code 86322		Company NAIC Number		
SECTIO	N G - COMMUNITY IN	FORMATION (OPTIO	NAL)			
Sections A, B, C (or E), and G of this Elevation	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 take engineer, or architect who is authorized data in the Comments area below.)	en from other document ed by law to certify elev	tation that has been sig ation information. (Indi	ned an	d sealed by a licensed surveyor, e source and date of the elevation		
G2. A community official completed Section or Zone AO.	on E for a building locat	ted in Zone A (without a	a FEMA	-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for cor	mmunity floodplain mar	nageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issue	ed		ate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	Substantial Improvement	ent			
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	ation, per C2(e), if appli	icable)				
				☐ Check here if attachments.		

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:
393 W. GRIPPEN RD.			
City	State	ZIP Code	Company NAIC Number
CAMP VERDE	Arizona	86322	

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 SIDE OF RESIDENCE

Clear Photo One

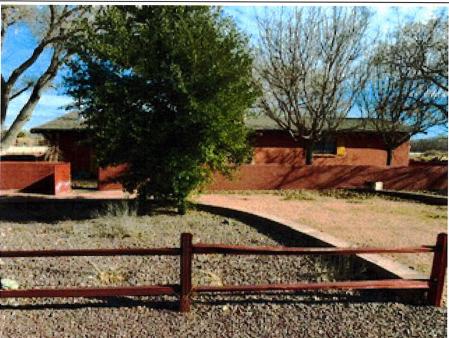


Photo Two Caption WEST SIDE OF RESIDENCE

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 393 W. GRIPPEN RD.			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.

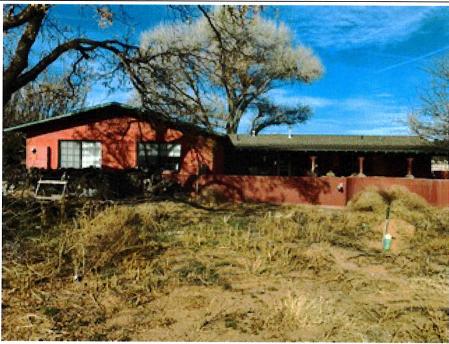


Photo Three

Photo Three Caption SOUTH SIDE OF RESIDENCE

Clear Photo Three

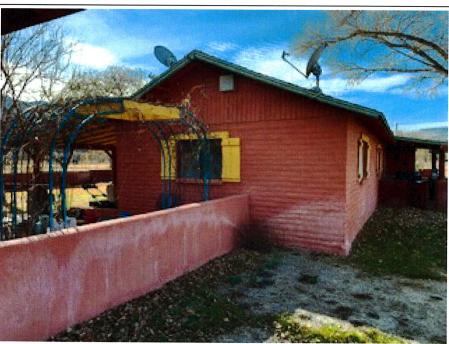


Photo Four

Photo Four Caption EAST SIDE OF RESIDENCE

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, 2022

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 INSUF	RANCE COMPANY USE				
A1. Building Owner's Name CLEAN HARVEST REVOC LIVING TRUST Policy Number:						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 393 W. GRIPPEN RD. Company NAIC Number:						
City State CAMP VERDE Arizona						
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 404-03-022J						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)ACCESSORY, I	DETACHED (GARAGE				
A5. Latitude/Longitude: Lat. 34°31'59.2" N Long. 111°51'41.3" W Horizontal Datu	m: NAD 1	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 Number1A						
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 gra	ade 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:						
a) Square footage of attached garage 595.82 sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent	grade 16					
c) Total net area of flood openings in A9.b 483.84 sq in						
d) Engineered flood openings? ☐ Yes ⊠ No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMA	ATION					
B1. NFIP Community Name & Community Number B2. County Name	····oit	B3. State				
TOWN OF CAMP VERDE #040131 YAVAPAI, INDEPENDENT CITY		Arizona				
	Base Flood El Zone AO, use	evation(s) Base Flood Depth)				
04025C2186 H 08-24-2021 10-16-2015 AE 3054	1.5					
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 X 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						

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/o 393 W. GRIPPEN RD.	Policy Number:				
		P Code 322	Company NAIC Number		
SECTION C – BUILDING EI	EVATION INFORMA	ATION (SURVEY RI	EQUIRED)		
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:					
 h) Lowest adjacent grade at lowest elevation of de structural support 	ck or stairs, including		N/A feet meters		
SECTION D – SURVEYOR	, ENGINEER, OR AF	CHITECT CERTIFI	CATION		
This certification is to be signed and sealed by a land su I certify that the information on this Certificate represent statement may be punishable by fine or imprisonment u Were latitude and longitude in Section A provided by a I	s my best efforts to int nder 18 U.S. Code, Se	erpret the data availa ection_1001	law to certify elevation information. ble. I understand that any false Check here if attachments.		
Certifier's Name CLINT GILLESPIE Title REGISTERED LAND SURVEYOR Company Name HERITAGE LAND SURVEYING Address PO BOX 3270 City CAMP VERDE	State Arizona	ZIP Code 86322	SUPPLIED LAND STATE SUPPLIED SUPPL		
Copy all pages of this Elevation Certificate and all attachm	Date 12-23-2021 ents for (1) community (Telephone (928) 567-9170 official. (2) insurance a	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) STRUCTURE IS A DETACHED GARAGE OF RESIDENCE WITH A SLAB ON GRADE FOUNDATION AND 16 - 5" X 6" FLOOD OPENINGS WITHIN 1' OF ADJACENT GROUND. LOWEST MACHINERY SERVICING GARAGE IS AN APS METER BOX LOCATED ON SOUTH EXTERIOR WALL OF STRUCTURE AS SHOWN IN PICTURE BELOW.					

IMPORTANT: In these spaces, copy the correspondi	ng information from Sec	ction A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and 393 W. GRIPPEN RD.	or Bldg. No.) or P.O. Rou	ute and Box No.	Policy Number:		
	itate ZIP krizona 863	Code 22	Company NAIC Number		
SECTION E – BUILDING ELE FOR ZONE	EVATION INFORMATION AND ZONE A (WIT		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 the highest adjacent grade (HAG) and the lowest at	check the appropriate box djacent grade (LAG).	kes to show whethe	r the elevation is above or below		
a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement)		☐ 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 the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided in Section		_		
E3. Attached garage (top of slab) is		☐ feet ☐ meter			
E4. Top of platform of machinery and/or equipment					
servicing the building is E5. Zone AO only: If no flood depth number is available	e is the top of the bottom	floor elevated in acc	ACC STREET, CONTROL CO		
	No Unknown. The	local official must o	certify this information in Section G.		
SECTION F - PROPERTY OWN	ER (OR OWNER'S REP	RESENTATIVE) CE	RTIFICATION		
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Sections e statements in Sections	s A, B, and E for Zo A, B, and E are cor	ne 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	Tel	lephone		
Comments					

IMPORTANT: In these spaces, copy the correspondent	onding inform	ation from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite,	and/or Bldg. N	lo.) or P.O. Route and Be	ox No.	Policy Number:
393 W. GRIPPEN RD.				
City	State	ZIP Code		Company NAIC Number
CAMP VERDE	Arizona	86322		•
SECTION C	3 – COMMUNI	TY INFORMATION (OP	ΓΙΟΝΑL)	
The local official who is authorized by law or ordina	ance to adminis	ster the community's floor	dolain mar	nagement ordinance can complete
Sections A, B, C (or E), and G of this Elevation Celused in Items G8–G10. In Puerto Rico only, enter r	rtificate. Compl	ete the applicable item(s) and sign	below. Check the measurement
G1. The information in Section C was taken f engineer, or architect who is authorized to data in the Comments area below.)	rom other docu by law to certify	mentation that has been elevation information. (I	signed ar ndicate the	nd sealed by a licensed surveyor, e source and date of the elevation
G2. A community official completed Section E or Zone AO.	Ē for a building	located in Zone A (witho	ut a FEMA	A-issued or community-issued BFE)
G3. The following information (Items G4–G10	0) is provided fo	or community floodplain i	manageme	ent purposes.
G4. Permit Number G5	5. Date Permit	Issued		ate Certificate of ompliance/Occupancy Issued
G7. This permit has been issued for:	ew Construction	n 🗌 Substantial Improve	ement	·
G8. Elevation of as-built lowest floor (including ba of the building:	sement)		feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at the b	ouilding 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	n ner C2(e) if	annlicable)		
commente (motating type of equipment and location	m, per 02(e), n	аррії савіс)		
				•
				Check here if attachments.

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 393 W. GRIPPEN RD.			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 SOUTH AND EAST SIDE OF DETACHED GARAGE

Clear Photo One



Photo Two Caption NORTH AND WEST SIDE OF DETACHED GARAGE

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, ar 393 W. GRIPPEN RD.	nd/or Bldg. No.) or P.	O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
CAMP VERDE	Arizona	86322	Company NAIC Number
O, WHI TELLDE	ANZONA	00022	
If submitting more photographs than will fit on the with: date taken; "Front View" and "Rear View"; photographs must show the foundation with represer	and, if required, "I	Right Side View" and "L	eft Side View." When applicable,
Photo Three Caption	Photo Three		
Frioto Tillee Caption			Clear Photo Three
	96-93 89 9573		
Photo Four Caption	Photo Four		
Filoto Four Gaption			Clear Photo Four

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

economic de la company de la c	SECT	FOR INSURA	FOR INSURANCE COMPANY USE							
A1.	Building Owner's Name Brad J. Davis, Catherine	Policy Number:								
A2.	Building Street Address (including Apt., Unit, Suite, and 393 W Grippen Lane	Company NAI								
	^{City} Camp Verde		State	AZ		ZIP Code 86	322			
АЗ,	Property Description (Lot and Block Numbers, Tax Parce 404-03-022J	and the same of th								
A4. A5. A6. A7. A8.	Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Electric to Green House Latitude/Longitude: Lat. 34 31 59 32855 Long111 51 39 49571 Horizontal Datum: NAD 1927 NAD 1983 Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.									
	a) Square footage of crawlspace or enclosure(s) b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade o sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade o within 1.0 foot above adjacent grade									
	c) Total net area of flood openings in A8.b d) Engineered flood openings? ☐ Yes ☒ No	0	sq in		Total net area of floo Engineered flood op		n A9.b <u>O</u> sq in ☐ Yes ⊠ No			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION										
	NFIP Community Name & Community Number Town of Camp Verde 040131		B2. County Name Yavapai				B3. State AZ			
	Map/Panel Number B5. Suffix B6. FIRM Index D4025C 2190G G 09/03/20		B7. FIRM Panel E Revised Date 09/03/20		B8. Flood Zone(se Flood Elevation(s) (Zone use base flood depth) 3053.28			
B10	Indicate the source of the Base Flood Elevation (BFE) d		A 100 A	ered in It	em B9:	12 12				
☐ 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										
nustrajo antona		CAN THE CONTRACTOR OF THE CONT		ATION	CIIDVEV DEGIII	DEN)				
C1.	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.	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: RM 116 (VM-BM 109) Vertical Datum: 3058.08 NAVD88									
	Indicate elevation datum used for the elevations in item Datum used for building elevations must be the same a			NGVD 19		Other/Someasurement				
	a) Top of bottom floor (including basement, crawlspace	, or enclo		44 . 27	fee					
	b) Top of the next higher floor	170000		<u> </u>	[fee	1				
	c) Bottom of the lowest horizontal structural member (*)d) Attached garage (top of slab)	Zones	5,113)	VA .	☐ fee	-				
	d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) NA									
	f) Lowest adjacent (finished) grade next to building (LA	G)		43 . 45	Gandi					
	g) Highest adjacent (finished) grade next to building (HAG) 3043 . 71						rs			
	 h) Lowest adjacent grade at lowest elevation of deck o structural support 	r stairs, i	ncluding!	<u>va</u>	fee	t meter	rs			
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. IX Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a										
Certi	fier's Name ne Michael Nauert			· · · · · · · · · · · · · · · · · · ·	Number		SHANE M.			
Title Company Name Registered Land Surveyor Shane Michael Nauert						NAUERT (
Address State ZIP Code State State State SASS State SASS SCAND SCAND STATE STA						SIGNED OF				
Sign	ature	Date 0%	100/2013	Telephon (928) 4	e 51-2493		10/res 17 1014			

ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the co	rresponding information from Sec	tion A.		FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Uni 393 W Grippen Lane	t, Suite, and/or Bldg. No.) or P.O. F	oute and Box No.		Policy Number:					
City Camp Verde	State AZ	ZIP Code 86322		Company NAIC Number:					
SECTION D -	- SURVEYOR, ENGINEER, OR	ARCHITECT CE	RTIFICATION (C	ONTINUED)					
Copy both sides of this Elevation Certificate	e for (1) community official, (2) ins	urance agent/comp	any, and (3) building	g owner.					
Comments Certification for Green house only on above referenced Parcel. Lowest Elevation of machinery is the bottom of the Electric panel servicing green house.									
2/	1		<u> </u>						
Signature		Date 090	00 2013	3					
SECTION E - BUILDING ELEVAT	ION INFORMATION (SURVEY	NOT REQUIRED) FOR ZONE AO	AND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE), complete For Items E1–E4, use natural grade, if avail				F request, complete Sections A, B, and C.					
E1. Provide elevation information for the fol grade (HAG) and the lowest adjacent gr		boxes to show whet	her the elevation is	above or below the highest adjacent					
a) Top of bottom floor (including basem	ent, crawlspace, or enclosure) is		feet mete	10000					
b) Top of bottom floor (including basem	LE COME DE LA COMPTENDE CONTRACTOR DE LA COMPTENDE DE LA COMPT		☐ feet ☐ mete						
E2. For Building Diagrams 6–9 with perman	the control and the first the control to the contro	ction A Items 8 and,	2 2 2	1000 Maria 2000 Control (1000					
the next higher floor (elevation C2.b in	the diagrams) of the building is		☐ feet ☐ mete	THE RESIDENCE OF THE PROPERTY					
E3. Attached garage (top of slab) is			☐ feet ☐ mete						
E4. Top of platform of machinery and/or eq E5. Zone AO only: If no flood depth number ordinance? ☐ Yes ☐ No ☐ Unkn									
SECTION F -	PROPERTY OWNER (OR OV	VNER'S REPRES	ENTATIVE) CERT	TIFICATION					
The property owner or owner's authorized ro Zone AO must sign here. The statements in	epresentative who completes Sect	ions A, B, and E for	Zone A (without a F						
Property Owner or Owner's Authorized Repr	esentative's Name	The control of the co							
Address		City	Sta	ate ZIP Code					
Signature		Date	ongovernye ana sove-moder de antimoste valents in Ordanis on America de la sure de sinus de la constanti	lephone					
Comments									
				Check here if attachments.					
	SECTION G - COMMUNIT	Y INFORMATION	(OPTIONAL)						
The local official who is authorized by law or G of this Elevation Certificate. Complete the									
G1. The information in Section C was who is authorized by law to certify	elevation information. (Indicate t	the source and date	of the elevation da	ata in the Comments area below.)					
G2. ☐ A community official completed Se G3. ☐ The following information (Items C		STREET, STREET		inity-issued BFE) or Zone AO.					
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate Of	Compliance/Occupancy Issued					
		ntial Improvement	- A STATE OF THE PROPERTY OF T						
G8. Elevation of as-built lowest floor (inclu			☐ feet ☐ mete						
G9. BFE or (in Zone AO) depth of flooding	at the building site:		☐ feet ☐ mete						
G10. Community's design flood elevation:			☐ feet ☐ mete	ers Datum					
Local Official's Name		Title							
Community Name		Telephone							
Signature		Date							
Comments									
				, <u> </u>					
				Check here if attachments.					
FFMA Form 086-0-33 (Revised 7/12)				Replaces all previous editions.					

See Instructions for Item A6.

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.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number:

City

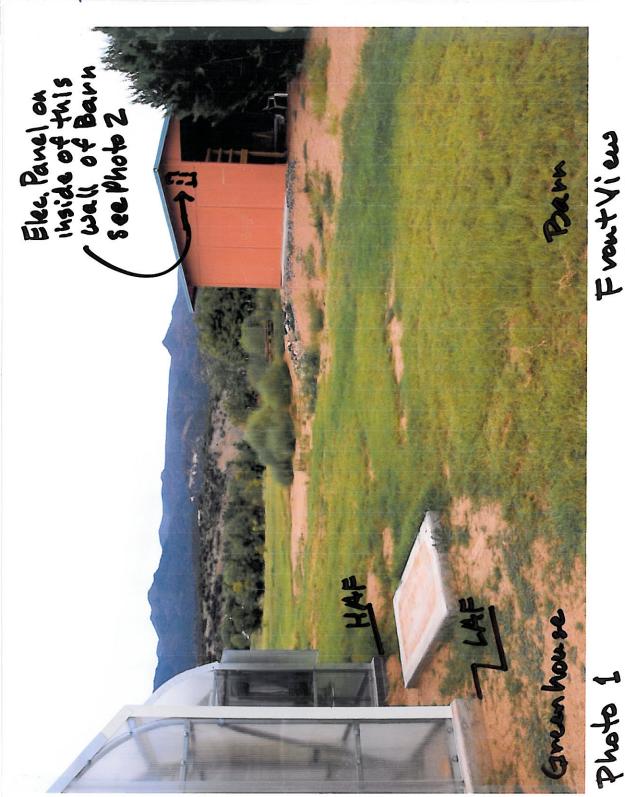
Camp Verde

State

State

ZIP Code

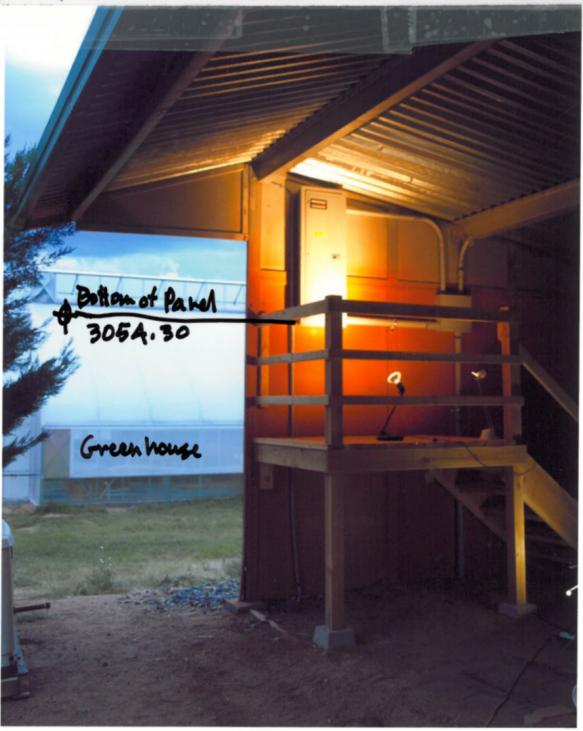
Company NAIC Number:



Frantkian 18/13

Continuation Page

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, \$ 393 West Orippen	ox No. Policy Number:	
City Caus Verde	, State ZIP Code	



Elec. Pavel

Barn

Photo 2

51 de View B/22/13