

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

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

Insurance

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: <u>PATTY JOHNSTON & GREGORY JOHNSTON</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>457 E. QUARTERHORSE LANE</u>	Company NAIC Number: _____
City: <u>CAMP VERDE</u> State: <u>AZ</u> ZIP Code: <u>86322-6805</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>404-06-002T</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>34° 31' 52.8"</u> Long. <u>111° 50' 46.6</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>8</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>1,660.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>20</u> Engineered flood openings: <u>0</u> d) Total net open area of non-engineered flood openings in A8.c: <u>480.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0.00</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>480.00</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>640.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0.00</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>Town of Camp Verde</u>	B1.b. NFIP Community Identification Number: <u>040131</u>
B2. County Name: <u>Yavapai</u>	B3. State: <u>AZ</u> B4. Map/Panel No.: <u>04025C2186</u> B5. Suffix: <u>H</u>
B6. FIRM Index Date: <u>02/08/2024</u>	B7. FIRM Panel Effective/Revised Date: <u>10/16/2015</u>
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>3045.6</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
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	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ELEVATION CERTIFICATE

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.:

457 E. QUARTERHORSE LANE

City: CAMP VERDE

State: AZ

ZIP Code: 86322-6805

FOR INSURANCE COMPANY USE

Policy Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ERM 128A

Vertical Datum: _____

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

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: _____

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

☐ Yes ☒ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):

3,046.70

☒ feet ☐ meters

b) Top of the next higher floor (see Instructions):

0.00

☒ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions):

0.00

☒ feet ☐ meters

d) Attached garage (top of slab):

3,044.30

☒ feet ☐ 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):

3,044.30

☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☒ Natural ☐ Finished

3,043.10

☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☒ Natural ☐ Finished

3,043.90

☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:

3,043.30

☒ 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 state 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 and describe in the Comments area.

Certifier's Name: TIMOTHY L. HAMMES

License Number: L.S. 29263

Title: PRESIDENT

Company Name: HAMMES SURVEYING LLC

Address: 2100 VIA SILVERADO9

City: CAMP VERDE

State: AZ

ZIP Code: 86322

Signature: TIM HAMMES

Digitally signed by TIM HAMMES

Date: 2024.05.21 08:50:02 -07'00'

Date: 05/21/2024

Telephone: (928) 567-2833

Ext.: _____

Email: t.ham@live.com



Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

Elevation of lowest machinery is for a hot water heater in home.

ELEVATION CERTIFICATE
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.:
457 E. QUARTERHORSE LANE

City: **CAMP VERDE** State: **AZ** ZIP Code: **86322-6805**

FOR INSURANCE COMPANY USE

Policy Number: _____

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**

Clear Photo One



Photo Two

Photo Two Caption: **RIGHT SIDE**

Clear Photo Two

ELEVATION CERTIFICATE
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.:

457 E. QUARTERHORSE LANE

City: CAMP VERDE

State: AZ

ZIP Code: 86322-6805

FOR INSURANCE COMPANY USE

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: REAR SIDE

Clear Photo Three



Photo Four

Photo Four Caption:

Clear Photo Four

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

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SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>PATTY JOHNSTON & GREGORY JOHNSTON</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>487 E QUARTERHORSE LANE</u>	Company NAIC Number: _____
City: <u>CAMP VERDE</u> State: <u>AZ</u> ZIP Code: <u>86322-6805</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>404-06-002T</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>ACCESSORY</u>	
A5. Latitude/Longitude: Lat. <u>34° 31' 52.8"</u> Long. <u>111° 50' 47.8"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1A</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u> d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0.00</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u> d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0.00</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>Town of Camp Verde</u>	B1.b. NFIP Community Identification Number: <u>040131</u>
B2. County Name: <u>Yavapai</u>	B3. State: <u>AZ</u> B4. Map/Panel No.: <u>04025C2186</u> B5. Suffix: <u>H</u>
B6. FIRM Index Date: <u>02/08/2024</u>	B7. FIRM Panel Effective/Revised Date: <u>10/16/2015</u>
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>3045.7</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
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	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ELEVATION CERTIFICATE

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.:

487 E QUARTERHORSE LANE

City: CAMP VERDE

State: AZ

ZIP Code: 86322-6805

FOR INSURANCE COMPANY USE

Policy Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ERM 128A

Vertical Datum: _____

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

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: _____

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

☐ Yes ☒ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):

3,043.90

☐ feet ☐ meters

b) Top of the next higher floor (see Instructions):

0.00

☒ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions):

0.00

☒ feet ☐ meters

d) Attached garage (top of slab):

0.00

☒ feet ☐ 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):

3,045.20

☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished

3,044.40

☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished

3,044.50

☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:

0.00

☒ 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 state 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 and describe in the Comments area.

Certifier's Name: TIMOTHY L. HAMMES

License Number: L.S. 29263

Title: PRESIDENT

Company Name: HAMMES SURVEYING LLC

Address: 2100 VIA SILVERADO

City: CAMP VERDE

State: AZ

ZIP Code: 86322

Signature: TIM HAMMES

Digitally signed by TIM HAMMES

Date: 2024.05.21 08:55:58 -07'00'

Date: _____

Telephone: (928) 567-8233

Ext.: _____

Email: t.ham@live.com



Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

Lowest elevation of machinery servicing building is for 2 outside A/C's.

ELEVATION CERTIFICATE
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.:
487 E QUARTERHORSE LANE

City: **CAMP VERDE** State: **AZ** ZIP Code: **86322-6805**

FOR INSURANCE COMPANY USE

Policy Number: _____

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

Clear Photo One



Photo Two

Photo Two Caption: RIGHT SIDE

Clear Photo Two

ELEVATION CERTIFICATE
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.:
487 E QUARTERHORSE LANE

City: **CAMP VERDE** State: **AZ** ZIP Code: **86322-6805**

FOR INSURANCE COMPANY USE

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: REAR SIDE

Clear Photo Three



Photo Four

Photo Four Caption: LEFT SIDE

Clear Photo Four