### 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 For Insurance Purposes Only.

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 COMP					RANCE COMPANY USE		
A1. Building Owner's Name  TODD RICKY EARL  Policy Number:							
Box No.	4191 E CREEK VIEW DR						AIC Number:
City CAMP VERDE	City State ZIP Code CAMP VERDE Arizona 86322						
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 404-12-032							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Long	A5. Latitude/Longitude: Lat. N34°31'04.88" Long. W111°46'49.45" Horizontal Datum: NAD 1927 NAD 1983						
A6. Attach at leas	t 2 photograp	hs of the building if the	e Certific	ate is being ι	used to obtain floo	od insurance.	
A7. Building Diagr	am Number	1A					,
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	otage of crawl	space or enclosure(s)			N/A sq ft		
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent gra	ade N/A
c) Total net a	rea of flood o	penings in A8.b		N/A sq in	<u>I</u>		
d) Engineere	d flood openir	ngs? 🗌 Yes 🗵 N	No				
A9. For a building	A9. For a building with an attached garage:						
a) Square foo	a) Square footage of attached garage 437.00 sq ft						
b) Number of	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A						
c) Total net a	rea of flood or	penings in A9.b		N/A sq	in		
d) Engineered	c) Total net area of flood openings in A9.b N/A sq in  d) Engineered flood openings? Yes X No						
	SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
D4 NEID O			INSUKA			-ORIVIATION	DO Otata
	B1. NFIP Community Name & Community Number B2. County Name B3. State YAVAPAI, INDEPENDENT CITY Arizona						1200 45 SWEETSCHOOLS
B4. Map/Panel Number	Number Date Effective/ Zone(s) (Zone AO, use Base Flood Depth)						
04025C2195 G 02-15-2019 Revised Date 09-03-2010 AE 3180.2							
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 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							

### **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or 4191 E CREEK VIEW DR	Policy Number:				
City State ZIP Code CAMP VERDE Arizona 86322			Company NAIC Number		
	300 VIII VIII VIII VIII VIII VIII VIII V				
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Construction Drawings* Building Under Construction*					
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: PID ES0689 Vertical Datum: 3216.27 (NAVD 88)					
Indicate elevation datum used for the elevations in ite					
☐ NGVD 1929 区 NAVD 1988 ☐ Other/S					
Datum used for building elevations must be the same	as that used for the B	FE.	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspa	ace, or enclosure floor)	3	3181.9   ★   feet   ☐ meters		
b) Top of the next higher floor	,		N/A  feet  meters		
c) Bottom of the lowest horizontal structural member	· (V Zones only)		N/A ☐ feet ☐ meters		
d) Attached garage (top of slab)	(* Zones only)	3	181.5 ⊠ feet ☐ meters		
e) Lowest elevation of machinery or equipment serv     (Describe type of equipment and location in Comr	icing the building ments)	3	183.3 × feet meters		
f) Lowest adjacent (finished) grade next to building	•	3	181.2 × feet meters		
g) Highest adjacent (finished) grade next to building		3	181.6 ⋉ feet ☐ meters		
h) Lowest adjacent grade at lowest elevation of deck			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 provided by a licensed land surveyor? Yes \(\sigma\) No \(\sigma\) Check here if attachments.					
Certifier's Name CLINTON D. GILLESPIE	License Number RLS 50106		TANO		
Title REGISTERED SURVEYOR			FICATE		
Company Name HERITAGE LAND SURVEY & MAPPING INC.			CLINT D.		
Address					
738 S PARKS DR			and the same		
City CAMP VERDE	State Arizona	ZIP Code 86322	Expires 9:30:24		
Signature 1	Date 12-03-2020	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 C2(e) IS A HOT WATER HEATER LOCATED IN THE GARAGE WITH AN ELEVATION OF 3183.3					

## **ELEVATION CERTIFICATE**

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

MPORTANT: In these spaces, copy the corresponding info	mation nom occuent	١.		CE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg	g. No.) or P.O. Route and	Box No.	Policy Number:	,	
City 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 complete Sections A, B,and C. For Items E1–E4, use natural center meters.	grade, il avallable. Officol	the measure			
<ul> <li>E1. Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adjacen</li> <li>a) Top of bottom floor (including basement,</li> </ul>	the appropriate boxes to it grade (LAG).	show whethe			
crawlspace, or enclosure) is	f	eet 🗌 mete	ers 🗌 above or	below the HAG.	
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		eet 🗌 mete	_	below the LAG.	
E2. For Building Diagrams 6–9 with permanent flood opening	s provided in Section A I	tems 8 and/c	r 9 (see pages 1-	2 of Instructions),	
the next higher floor (elevation C2.b in the diagrams) of the building is		eet 🗌 mete		below the HAG.	
E3. Attached garage (top of slab) is		eet 🗌 met	ers 🔲 above or	below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is		eet 🗌 met	_	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 (C	OR OWNER'S REPRESI	NTATIVE)	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 Nam	ne			710.0	
Address	City		State	ZIP Code	
			Telephone		
Signature	Date		relephone		
Signature Comments	Date		Тогорионо		
-	Date				
	Date		Теперионе		
	Date				
	Date				
-	Date				
	Date				
	Date				
•	Date				
	Date				
•	Date				
•	Date				
-	Date				

### **ELEVATION CERTIFICATE**

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

IPORTANT: In these spaces, copy the corres	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suit 1191 E CREEK VIEW DR			
ity AMP VERDE	State Arizona	ZIP Code 86322	Company NAIC Number
	G - COMMUNITY IN	FORMATION (OPTION	AL)
The local official who is authorized by law or ordi Sections A, B, C (or E), and G of this Elevation C used in Items G8–G10. In Puerto Rico only, ente	nance to administer the Certificate. Complete the reters.	e community's floodplai e applicable item(s) and	n management ordinance can complete d sign below. Check the measurement
A community official completed Section or Zone AO.	n E for a building locat	ed in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Items G4–G	610) is provided for cor		
G4. Permit Number	G5. Date Permit Issue	ed	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improveme	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	cation, per C2(e), if app	olicable)	
			☐ Check here if attachments

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 4191 E CREEK VIEW DR	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

NORTH SIDE Photo One Caption

Clear Photo One



Photo Two Caption SOUTH SIDE Clear Photo Two

### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

Continuation Page

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. 4191 E CREEK VIEW DR			Policy Number:
City	State	ZIP Code	Company NAIC Number
CAMP VERDE	Arizona	86322	

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 WEST SIDE

Clear Photo Three



Photo Four

Photo Four Caption EAST SIDE

Clear Photo Four