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.

| copy an pages of this t | | | | (1) community only | | 90 | ,, | |
|--|---------------------|---------------------------|----------|------------------------|----------------------------------|-------------------|---|--|
| SECTION A – PROPERTY INFORMATION | | | | | the second descent of the second | RANCE COMPANY USE | | |
| A1. Building Owner's Name VALDEZ JESUS ACUNA | | | | | Policy Num | ber: | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3588 E RIPPLE RD | | | | | Company N | AIC Number: | | |
| City | | | | State | | ZIP Code | | |
| CAMP VERDE Arizona 86322 | | | | | | | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 404-16-344 | | | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)RESIDENTIAL | | | | | | | | |
| A5. Latitude/Longit | ude: Lat. 34 | ° 31' 13.31" N | Long. 1 | 11° 47' 29.61"W | Horizontal Datur | m: 🗌 NAD 1 | 1927 🛛 NAD 1983 | |
| A6. Attach at least | 2 photograph | ns of the building if the | Certific | ate is being used to | o obtain flood insur | ance. | | |
| A7. Building Diagra | m Number | 6 | | | | | | |
| A8. For a building v | - vith a crawlsp | bace or enclosure(s): | | | | | | |
| - | | pace or enclosure(s) | | N/A sq ft | | | | |
| b) Number of r | permanent flo | od openings in the cra | wlspac | e or enclosure(s) w | ithin 1.0 foot abov | e adjacent gr | ade N/A | |
| | | enings in A8.b N/ | | sq in | | | | |
| d) Engineered | | | | - 1 | | | | |
| A9. For a building v | vith an attach | ed garage. | | | | | | |
| - | | | | og ft | | | | |
| a) Square footage of attached garage <u>N/A</u> sq ft | | | | | | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent gradeN/A | | | | | | | | |
| | | | | | | | | |
| d) Engineered | nood opening | gs? 🗌 Yes 🔀 N | 0 | | | | | |
| | SE | CTION B – FLOOD I | NSURA | NCE RATE MAP | (FIRM) INFORM | ATION | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & 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 | E | IRM Panel ffective/ | B8. Flood Zone(s | (Zo | se Flood Elevation(s) ne AO, use Base od Depth) | |
| 04025C2195 | G | 02/15/2019 | | evised Date 8/2010 | AE | 3137.3 | | |
| 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 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: | | | | | | | | |
| | | | | | | | | |

| ELEVATION CERTIFICATE | | | OMB No. 1660-0008 Expiration Date: November 30, 2018 |
|--|---|--|---|
| IMPORTANT: In these spaces, copy the corre | sponding information | from Section A. | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt., Unit, Su 3588 E RIPPLE RD | | | Policy Number: |
| City | State | ZIP Code | Company NAIC Number |
| CAMP VERDE | Arizona | 86322 | |
| SECTION C – BUIL | DING ELEVATION IN | FORMATION (SURVEY | REQUIRED) |
| C1. Building elevations are based on: C1. A new Elevation Certificate will be require | Construction Drawings* ed when construction of | Building Under Cons the building is complete. | struction* 🛛 Finished Construction |
| C2. Elevations – Zones A1–A30, AE, AH, A (v Complete Items C2.a–h below according | to the building diagram | specified in Item A7. In Pu | uerto Rico only, enter meters. |
| Benchmark Utilized: RM# 156 | | al Datum: <u>3143.78 (NAVE</u> | D 88) |
| Indicate elevation datum used for the elev | | gh h) below. | |
| 🗌 NGVD 1929 🖂 NAVD 1988 | | d for the DEE | |
| Datum used for building elevations must b | be the same as that use | a for the BFE. | Check the measurement used. |
| a) Top of bottom floor (including baseme | nt, crawlspace, or enclo | sure floor)3141. 93 | 3 X feet meters |
| b) Top of the next higher floor | | <u> </u> | x feet meters |
| c) Bottom of the lowest horizontal structu | ral member (V Zones o | nlv)N/A | x feet meters |
| d) Attached garage (top of slab) | | N/A | X feet meters |
| e) Lowest elevation of machinery or equi (Describe type of equipment and locat | pment servicing the buil ion in Comments) | Iding 3141. 93 | |
| f) Lowest adjacent (finished) grade next | | <u>3137</u> . <u>8</u> | 7 🗙 feet 🗌 meters |
| g) Highest adjacent (finished) grade next | | 3139, 3 | 5 x feet meters |
| h) Lowest adjacent grade at lowest eleva | | | |
| structural support | | | |
| SECTION D – SU | RVEYOR, ENGINEER | R, OR ARCHITECT CER | TIFICATION |
| This certification is to be signed and sealed by I certify that the information on this Certificate statement may be punishable by fine or impris | represents my best effo | orts to interpret the data av | d by law to certify elevation information. vailable. I understand that any false |
| Were latitude and longitude in Section A provi | | | lo \boxtimes Check here if attachments. |
| Certifier's Name | License Nu | umber | |
| CLINTON D GILLESPIE | 50106 | | Hato LAND |
| Title REGISTERED LAND SURVEYOR | | | St St St St St St St |
| Company Name HERITAGE LAND SURVEY | | | |
| Address 738 S PARKS DR | | | Signed 1. 12 |
| City CAMP VERDE | State Arizona | ZIP Code 86322 | Expires 9-30-24 |
| Signature | Date 22 Jan 20 | Telephone | 547-9170 |
| Copy all pages of this Elevation Certificate and a | all attachments for (1) co | mmunity official, (2) insura | nce agent/company, and (3) building owner. |
| Comments (including type of equipment and lo LOWEST MACHINERY (C2e) IS A HOT WAT STRUCTURE AS SHOWN IN PHOTO 2 ON F ELEVATION OF LOWEST STRUCTURAL FR | ER HEATER AT FINIS PAGE 6 WITH AN ELEV | HED FLOOR LOCATED (| ON THE SOUTH SIDE OF THE |
| | | | |
| FEMA Form 086-0-33 (7/15) | Replaces all prev | vious editions. | Form Page 2 of 6 |

| ELEVATION CERTIFICATE | | | | OMB No. 166 Expiration Dat | 0-0008 e: November 30, 2018 |
|--|---|---|----------------------------|-------------------------------------|--|
| IMPORTANT: In these spaces, copy the correspo | onding informatio | n from Section A. | | FOR INSURA | NCE COMPANY USE |
| Building Street Address (including Apt., Unit, Suite, 3588 E RIPPLE RD | | | ox No. | Policy Number | er: |
| City CAMP VERDE | State Arizona | ZIP Code 86322 | | Company NA | IC Number |
| SECTION E – BUILDING | ELEVATION INF | ORMATION (SUR | | REQUIRED) | |
| For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters. | E1_E5 If the Cer | tificate is intended to | o support a | a LOMA or LOM ment used. In I | /IR-F request, Puerto Rico only, |
| E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement, | and check the app est adjacent grade | ropriate boxes to sh (LAG). | ow whethe | | |
| crawlspace, or enclosure) is b) Top of bottom floor (including basement, | · · · | feet | mete | rs 🔄 above | or below the HAG. |
| crawlspace, or enclosure) is | | feet | | | or below the LAG. |
| E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is | d openings provid | led in Section A Item | | | |
| E3. Attached garage (top of slab) is | | feet | t 🗌 mete | rs 🗌 above | or below the HAG. |
| E4. Top of platform of machinery and/or equipmen servicing the building is | t | feet | mete | rs 🗌 above | or below the HAG. |
| E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? | ilable, is the top of | the bottom floor ele nown. The local of | vated in ac ficial must | ccordance with certify this info | the community's rmation in Section G. |
| SECTION F – PROPERTY | | NER'S REPRESENT | TATIVE) C | ERTIFICATION | l l |
| The property owner or owner's authorized represer community-issued BFE) or Zone AO must sign here | itative who comple e. The statements | etes Sections A, B, a in Sections A, B, an | nd E for Z d E are co | one A (without rrect to the bes | a FEMA-issued or t of my kncwledge. |
| Property Owner or Owner's Authorized Representa | tive's Name | | | | |
| Address | | City | | tate vrizona | ZIP Code |
| Signature | | Date | T | elephone | |
| Comments | | | | | |
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| | | | | | k here if attachments. |
| | | | | | ck nere ir attachments. |

| ELEVATION CERTIFICATE | | OMB No. 1660-0008 Expiration Date: November 30, 2018 | | | | | |
|--|--|---|--|--|--|--|--|
| IMPORTANT: In these spaces, copy the corre | FOR INSURANCE COMPANY USE | | | | | | |
| Building Street Address (including Apt., Unit, St 3588 E RIPPLE RD | | | | | | | |
| City | Company NAIC Number | | | | | | |
| CAMP VERDE | | | | | | | |
| SECTIO | ON G – COMMUNITY INFORMATION (OPTIC | DNAL) | | | | | |
| The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en | Certificate. Complete the applicable item(s) a | lain management ordinance can complete and sign below. Check the measurement | | | | | |
| G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) | | | | | | | |
| G2. A community official completed Section or Zone AO. | on E for a building located in Zone A (without | a FEMA-issued or community-issued BFE) | | | | | |
| G3. The following information (Items G4– | G10) is provided for community floodplain ma | anagement purposes. | | | | | |
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate of Compliance/Occupancy Issued | | | | | |
| TOWN OF CAMP VERDE BP20180176 | 05/14/2018 | | | | | | |
| G7. This permit has been issued for: | | | | | | | |
| G8. Elevation of as-built lowest floor (including of the building: | g basement) | ifeet imeters Datum | | | | | |
| G9. BFE or (in Zone AO) depth of flooding at | ifeet imeters Datum | | | | | | |
| G10. Community's design flood elevation: | ifeet imeters Datum | | | | | | |
| Local Official's Name | Title | | | | | | |
| Community Name | Telephone | - | | | | | |
| Signature | Date | | | | | | |
| Comments (including type of equipment and lo | cation, per C2(e), if applicable) | | | | | | |
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| | | Check here if attachments. | | | | | |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

| 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. 3588 E RIPPLE RD | | | Policy Number: |
| 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.

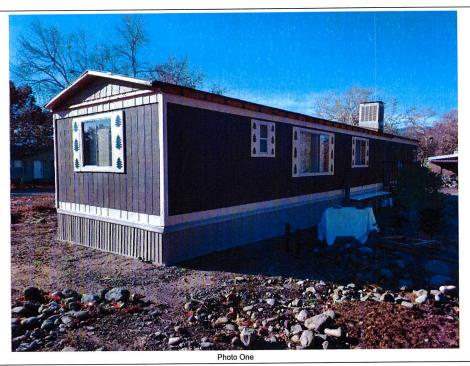


Photo One Caption NORTH AND EAST SIDE

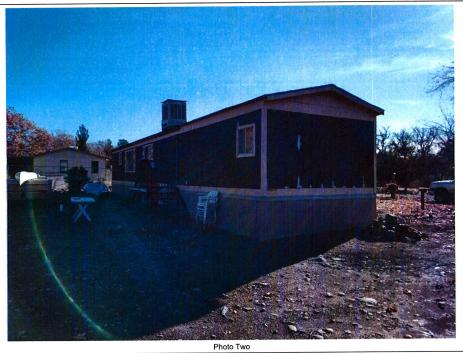


Photo Two Caption NORTH AND WEST SIDE

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corresponding information 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. 3588 E RIPPLE 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.

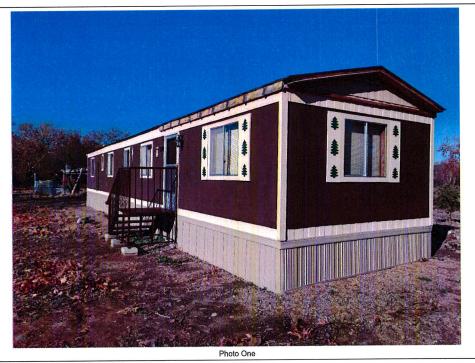


Photo One Caption SOUTH AND EAST SIDE

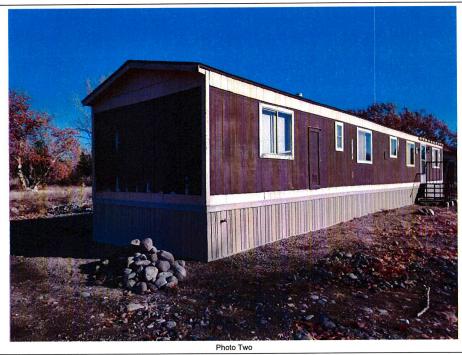


Photo Two Caption SOUTH AND WEST SIDE