

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1 & 9.

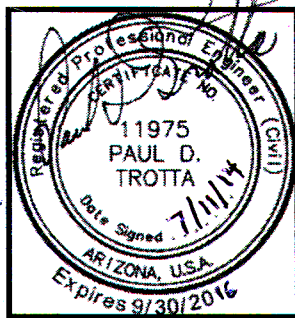
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A <input type="checkbox"/> PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name MERRITT SHUMARD		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 193 KACHINA LN		Company NAIC Number:
City CAMP VERDE	State AZ	ZIP Code 86322
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 404-19-007D		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/ Longitude: Lat. 34.580914 Long. -111.858078 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 8		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 620 sq ft		a) Square footage of attached garage 0 sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 2		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b 2 * 24 * 20 = 960 sq in		c) Total net area of flood openings in A9.b 0 sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B <input type="checkbox"/> FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFP Community Name & Community Number TOWN OF CAMP VERDE INDEPENDENT CITY # 40131		B2. County Name YAVAPAI		B3. State AZ	
B4. Map/ Panel Number 04025 C2180	B5. Suffix G	B6. FIRM Index Date 9-3-2010	B7. FIRM Panel Effective/ Revised Date 9-3-2010	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone A0, use base flood depth) 3097.8
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other/ Source: _____					
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					

SECTION C <input type="checkbox"/> BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction * A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations <input type="checkbox"/> 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: AS PER L.S. PLACED NAIL ON POLE Vertical Datum: 3096.17	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/ Source: _____ Datum used for building elevations must be the same as that used for the BFE. CONVERTED FROM 24-88 Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 3095.150	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor (FIRST & ONLY FLOOR) 3099.270	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) N.A.	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) NO GARAGE N.A.	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 3098.160	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 3095.065	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 3095.145	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 3094.950	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
GUEST HOUSE 3'-4" ABOVE FINISH FLOOR OF MAIN HOUSE (.28')	

SECTION D <input type="checkbox"/> SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION			
This certificate 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Check here if attachments. PAGES 1, 2 & 3 ONLY			
Certifier's Name PAUL D. TROTTA	License Number CIVIL 11975		
Title P.E.	Company Name WATER ENGINEERING & TECHNOLOGIES		
Address 2160 SOUTH LINMAR CT	City FLAGSTAFF	State AZ	ZIP Code 86001
Signature	Date 7/10/14	Telephone 928-6064069	



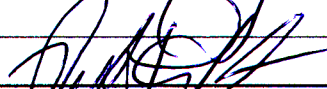
ELEVATION CERTIFICATE, page 2

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 R.O. Route and Box No. 193 KACHINA LN			Policy Number:	
City CAMP VERDE	State AZ	ZIP Code 86322	Company NAIC Number:	

SECTION D SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments **AIR CONDITIONER COMPRESSOR & CONDENSOR SUPPORT MOUNTED AT 3098.16' > BFE @ 3097.8'**

Signature  Date **7/10/14**

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 the Certificate is intended to support a LOMA or LOMRF 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 _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/ or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/ or equipment servicing the building is _____ feet meters above or 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 (OR OWNER'S REPRESENTATIVE) 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 Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

Comments _____ Check here if attachments.

SECTION G COMMUNITY INFORMATION (OPTIONAL)

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 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 E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G10) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/ Occupancy Issued _____
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the 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 _____

_____ Check here if attachments.

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. 193 KACHINA LN			Policy Number:
City CAMP VERDE	State AZ	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.

Side View (with flood vent)
South Side of house



Side View (with flood vent)
North side of house



Flood Openings

Front View
West Side of House



Back View (showing Air Conditioner Compressor)
East Side of House

