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

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

| Copy all pages of this Elevation Certificate and all attachments for | (1) | ) community offi | ficial. | (2) insurance agent/company, and (3) building own | er. |
|--|-----|------------------|---------|---|-----|
|  |     |                  |         |   |     |

|   | SEC   | TION A - PROPERTY         | INFOR      | MATION                            |                       | FOR INSUF                         | ANCE COMPANY USE                   |  |
|---|---|---------------------------|------------|-----------------------------------|-----------------------|-----------------------------------|------------------------------------|--|
| A1. Building Owner's Name<br>WAYNE KOCISKO  |   |                           |            |                                   |                       |                                   | ber:                               |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and<br>Box No.<br>1000 N. W.D. LANE |   |                           |            |                                   |                       |                                   |                                    |  |
| City<br>CAMP VERDE  |   |                           |            |                                   |                       |                                   |                                    |  |
| A3. Property Descrip<br>404-20-002E   | A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>404-20-002E |                           |            |                                   |                       |                                   |                                    |  |
| A4. Building Use (e.g   | g., Residen   | tial, Non-Residential,    | Addition,  | Accessory, e                      | etc.) Addition to ex  | kisting residential               |                                    |  |
| A5. Latitude/Longitud   | de: Lat. <u>34</u>  | l°35'1.56"                | Long. 1    | 11°51'7.51"                       | Horizontal            | Datum: 🔲 NAD 1                    | 927 🛛 NAD 1983                     |  |
| A6. Attach at least 2   | photograp   | hs of the building if the | e Certific | ate is being u                    | sed to obtain flood   | insurance.                        |                                    |  |
| A7. Building Diagram  | Number  | 1B                        |            |                                   |                       |                                   |                                    |  |
| A8. For a building wi   | th a crawls   | pace or enclosure(s):     |            |                                   |                       |                                   |                                    |  |
| a) Square footag  | ge of crawl   | space or enclosure(s)     | 1          | C 1                               | N/A sq ft             |                                   |                                    |  |
| b) Number of pe   | rmanent flo   | ood openings in the cra   | awlspace   | e or enclosure                    | e(s) within 1.0 foot  | above adjacent gra                | ide N/A                            |  |
| c) Total net area   | of flood op   | penings in A8.b           |            | N/A sq in                         |                       |                                   |                                    |  |
| d) Engineered fl  | ood openin  | igs? 🗌 Yes 🗵 N            | lo         |                                   |                       |                                   |                                    |  |
| A9. For a building wit  | h an attach   | ed garage:                |            |                                   |                       |                                   |                                    |  |
| a) Square footag  | e of attach   | ed garage                 | 9          | 09.00 sq ft                       |                       |                                   |                                    |  |
| b) Number of pe   | rmanent flo   | ood openings in the at    | ached g    | arage within                      | 1.0 foot above adja   | cent grade 8                      |                                    |  |
| c) Total net area   | of flood op   | enings in A9.b            |            | 1080.00 sq                        | in                    |                                   |                                    |  |
| d) Engineered flo   | ood openin  | gs? 🗌 Yes 🗙 N             | lo         | _                                 |                       |                                   |                                    |  |
|   | SE  | CTION B - FLOOD I         | NSURA      | NCE RATE                          | MAP (FIRM) INFO       | ORMATION                          |                                    |  |
| B1. NFIP Community<br>CAMP VERDE #040   |   | community Number          | _          | B2. County<br>YAVAPAI, I          | Name<br>NDEPENDENT CI | ΓY                                | B3. State<br>Arizona               |  |
| B4. Map/Panel I<br>Number   | 35. Suffix  | B6. FIRM Index<br>Date    | Effe       | RM Panel<br>ective/<br>vised Date | B8. Flood<br>Zone(s)  | B9. Base Flood E<br>(Zone AO, use | levation(s)<br>e Base Flood Depth) |  |
| 04025C2178 H  | H   | 02-15-2019                | 10-16-2    |                                   | AE                    | 3099.1                            |                                    |  |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:                       |   |                           |            |                                   |                       |                                   |                                    |  |
| 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 Da  | Designation Date:   |                           |            |                                   |                       |                                   |                                    |  |
|   |   |                           |            |                                   |                       |                                   |                                    |  |
| FEMA Form 086-0-33 (  | 7/15)   | R                         | eplaces    | all previous e                    | ditions.              |                                   | Form Page 1 of 6                   |  |

| ELEVATION CERTIFICATE  |  |                             | OMB No. 1660-0008<br>Expiration Date: November 30, 2018                     |  |  |  |
|--|--|-----------------------------|---|--|--|--|
| IMPORTANT: In these spaces, copy the corresponding in  | FOR INSURANCE COMPANY USE  |                             |   |  |  |  |
| Building Street Address (including Apt., Unit, Suite, and/or Blo<br>1000 N. W.D. LANE  | Policy Number:   |                             |   |  |  |  |
| City State<br>CAMP VERDE Arizona   | ZIP C<br>a 86322   | (ALCANA)                    | Company NAIC Number   |  |  |  |
| SECTION C – BUILDING ELEV  | ATION INFORMATI  | ON (SURVEY RE               | EQUIRED)  |  |  |  |
| C1. Building elevations are based on:  | Drawings* 🔲 Build  | ing Under Constru           | ction* IX Finished Construction   |  |  |  |
| *A new Elevation Certificate will be required when cons  | truction of the buildin  | g is complete.              |   |  |  |  |
| C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE<br>Complete Items C2.a–h below according to the building<br>Benchmark Utilized: <u>ERM 121</u>   | diagram specified in   |                             | o Rico only, enter meters.  |  |  |  |
| Indicate elevation datum used for the elevations in item   | s a) through h) below  |                             |   |  |  |  |
| 🗌 NGVD 1929 🔀 NAVD 1988 🔲 Other/Sou  | 6-hadden and a state of the second state of th |                             |   |  |  |  |
| Datum used for building elevations must be the same a  | s that used for the BF   | E.                          | Check the measurement used.   |  |  |  |
| a) Top of bottom floor (including basement, crawlspace   | e, or enclosure floor)   | 3                           | 100.8 🗙 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)   |  | 3                           | 097.6 🗙 feet 🗌 meters   |  |  |  |
| <ul> <li>e) Lowest elevation of machinery or equipment servicin<br/>(Describe type of equipment and location in Comme</li> </ul>   | ng the building<br>ents)   | 3                           | 102.9 🗵 feet 🗌 meters   |  |  |  |
| f) Lowest adjacent (finished) grade next to building (La   | 095.3 🗙 feet 🗌 meters  |                             |   |  |  |  |
| g) Highest adjacent (finished) grade next to building (H   | 102.1 🗙 feet 🗌 meters  |                             |   |  |  |  |
| <ul> <li>h) Lowest adjacent grade at lowest elevation of deck or<br/>structural support</li> </ul>   | or stairs, including   | 3                           | 097.2 🗙 feet 🗌 meters   |  |  |  |
| SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION   |  |                             |   |  |  |  |
| This certification is to be signed and sealed by a land survey<br>I certify that the information on this Certificate represents my<br>statement may be punishable by fine or imprisonment under  | v best efforts to intern   | ret the data availa         | / law to certify elevation information.<br>ble. I understand that any false |  |  |  |
| Were latitude and longitude in Section A provided by a licen   | sed land surveyor?   | ⊠Yes □No                    | ⊠ Check here if attachments.  |  |  |  |
| CLINT GILLESPIE 5  | icense Number<br>60106   |                             | ALCILAND SUN  |  |  |  |
| Title<br>REGISTERED LAND SURVEYOR  |  |                             |   |  |  |  |
| Company Name<br>HERITAGE LAND SURVEYING  |  |                             | Gillespie   |  |  |  |
| Address<br>PO BOX 3270   |  |                             | ARIZONA, U.S.N.   |  |  |  |
|  | State<br>Arizona   | ZIP Code<br>86322           | Expires 9.30.21   |  |  |  |
|  | Date<br>08-19-2020   | Telephone<br>(928) 567-9170 | Ext.  |  |  |  |
| Copy all pages of this Elevation Certificate and all attachments   | for (1) community offi   | cial, (2) insurance         | agent/company, and (3) building owner.                                      |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)<br>Elevation of machinery servicing new addition of residence is an A/C unit with an elevation of 3102.9' at top of pad.<br>All electrical outlets in the garage are 4.75 feet above the finished floor of the garage with an elevation of 3102.36 (the outlets were<br>measured to the bottom of the outlet). The total flow through of vents is 1080 sq. in. 360 sq. in total in vents on West side of garage,<br>360 sq. in total in vents on North side of garage and 360 sq. in total in vents on South side of garage. |  |                             |   |  |  |  |
|  |  |                             |   |  |  |  |

| ELEVATION CERTIFICATE  | OMB No. 1660-0008<br>Expiration Date: November 30, 2018 |   |  |  |  |  |
|--|---|---|--|--|--|--|
| IMPORTANT: In these spaces, copy the correspon   | nding information                                       | from Section A.   | FOR INSURANCE COMPANY USE  |  |  |  |
| Building Street Address (including Apt., Unit, Suite, a 1000 N. W.D. LANE  | and/or Bldg. No.) o                                     | P.O. Route and Box No.                                  | Policy Number:   |  |  |  |
| City<br>CAMP VERDE   | State<br>Arizona  | ZIP Code<br>86322                                       | Company NAIC Number  |  |  |  |
| SECTION E – BUILDING E<br>FOR ZO   | ELEVATION INFO  | DRMATION (SURVEY NO<br>NE A (WITHOUT BFE)               | DT 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.         |   |   |  |  |  |  |
| <ul> <li>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).</li> <li>a) Top of bottom floor (including basement,</li> </ul> |   |   |  |  |  |  |
| crawlspace, or enclosure) is<br>b) Top of bottom floor (including basement,  |   | [] feet [] me   |  |  |  |  |
| crawlspace, or enclosure) is<br>E2. For Building Diagrams 6–9 with permanent flood   | d openings provide                                      | feet me   |  |  |  |  |
| the next higher floor (elevation C2.b in<br>the diagrams) of the building is   |   | [] feet [] me   |  |  |  |  |
| E3. Attached garage (top of slab) is   |   | feet 🗌 me   | eters above or below the HAG.  |  |  |  |
| E4. Top of platform of machinery and/or equipment<br>servicing the building is   |   | feet me   | eters above or below the HAG.  |  |  |  |
| E5. Zone AO only: If no flood depth number is availa floodplain management ordinance?  | able, is the top of t                                   | he bottom floor elevated in own. The local official mu  | accordance with the community's<br>st certify this information in Section G. |  |  |  |
| SECTION F – PROPERTY O   | WNER (OR OWN  | ER'S REPRESENTATIVE)                                    | CERTIFICATION  |  |  |  |
| The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here.  | ative who complete<br>. The statements ir               | es Sections A, B, and E for<br>Sections A, B, and E are | Zone A (without a FEMA-issued or correct to the best of my knowledge.        |  |  |  |
| Property Owner or Owner's Authorized Representati  | ive's Name  |   |  |  |  |  |
| Address  |   | City  | State ZIP Code   |  |  |  |
| Signature  |   | Date  | Telephone  |  |  |  |
| 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.       Policy Number:         1000 N. W.D. LANE       City       State       ZIP Code       Company NAIC Number         City       State       ZIP Code       Company NAIC Number         CAMP VERDE       Arizona       86322       Company NAIC Number         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 |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.       Policy Number:         1000 N. W.D. LANE       City       State       ZIP Code       Company NAIC Number         CAMP VERDE       Arizona       86322       Company NAIC Number         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,  |  |  |  |  |  |  |  |
| CAMP VERDE       Arizona       86322         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,  |  |  |  |  |  |  |  |
| 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.   |  |  |  |  |  |  |  |
| 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 not internet of the sauthorized 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   |  |  |  |  |  |  |  |
| G7. This permit has been issued for:   |  |  |  |  |  |  |  |
| G8. Elevation of as-built lowest floor (including basement) of the building:   |  |  |  |  |  |  |  |
| G9. BFE or (in Zone AO) depth of flooding at the building site: feet feet meters   |  |  |  |  |  |  |  |
| G10. Community's design flood elevation:   |  |  |  |  |  |  |  |
| Local Official's Name Title  |  |  |  |  |  |  |  |
| Community Name Telephone   |  |  |  |  |  |  |  |
| Signature Date   |  |  |  |  |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Check here if attachments.   |  |  |  |  |  |  |  |

.

## **BUILDING PHOTOGRAPHS**

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., | Policy Number:            |          |                     |
| 1000 N. W.D. LANE                        |                           |          |                     |
| 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.

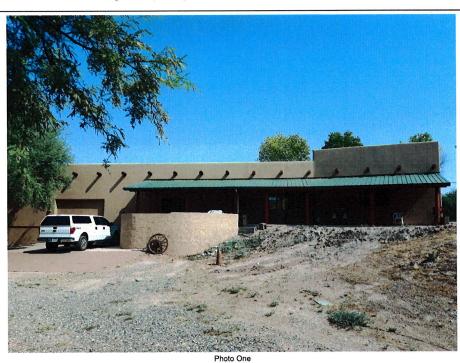


Photo One Caption Front view (South side) of residence

#### Clear Photo One

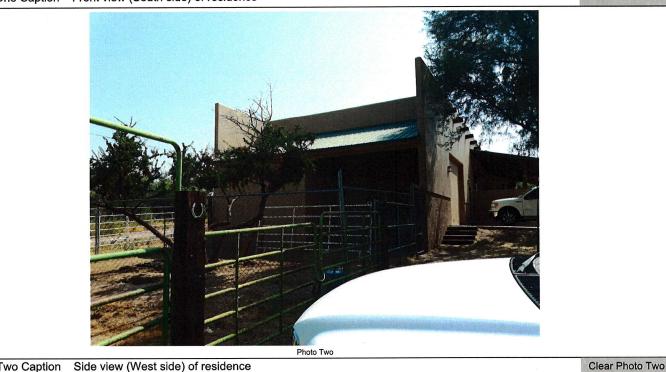


Photo Two Caption Side view (West side) of residence

Replaces all previous editions.

## **BUILDING PHOTOGRAPHS**

**Continuation Page** 

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

| IMPORTANT: In these spaces, copy the       | FOR INSURANCE COMPANY USE |          |                     |
|--|---------------------------|----------|---------------------|
| Building Street Address (including Apt., U | Policy Number:            |          |                     |
| 1000 N. W.D. LANE                          |                           |          |                     |
| 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.

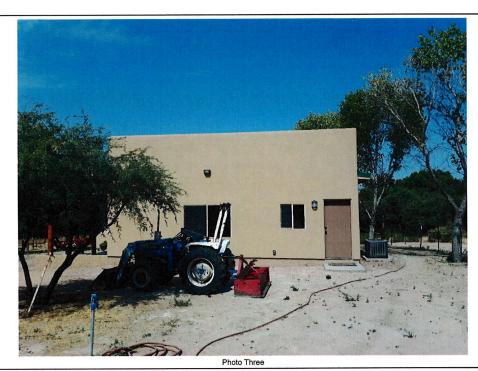


Photo Three Caption Side view (East side) of residence

**Clear Photo Three** 

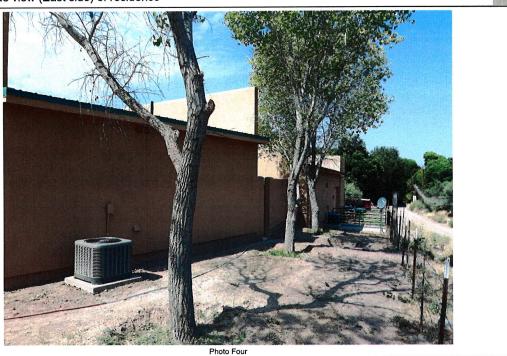


Photo Four Caption Rear view (North side) of residence

Replaces all previous editions.

Important: Follow the instructions on pages 1–9.

| Copy | / all pages | of this | Elevation | Certificate and | all attachmer | ts for (1 | ) communit | v official. | (2) insurance a | agent/compan | v. and ( | 3) building | owner. |
|------|-------------|---------|-----------|-----------------|---------------|-----------|------------|-------------|-----------------|--------------|----------|-------------|--------|
|      |             |         |           |                 |               |           |            |             |                 |              |          |             |        |

|  |                 | A – PROPERTY       |            |                     | <b>, , , , , , , , , ,</b> |                                  | RANCE COMPANY USE                  |
|--|-----------------|--------------------|------------|---------------------|----------------------------|----------------------------------|------------------------------------|
| A1. Building Owner's Name  |                 |                    |            |                     |                            |                                  | ber:                               |
| WAYNE KOCISKO  |                 |                    |            |                     |                            |                                  |                                    |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:           |                 |                    |            |                     |                            |                                  | IAIC Number:                       |
| Box No.<br>1000 N. W.D. LANE   |                 |                    |            |                     |                            |                                  |                                    |
| City   |                 |                    |            | State               |                            | ZIP Code                         |                                    |
| CAMP VERDE   |                 |                    |            | Arizona             |                            | 86322                            | -                                  |
| A3. Property Descriptio<br>404-20-002E   | on (Lot and Blo | ock Numbers, Ta    | ax Parcel  | Number, Leg         | gal Description, et        | tc.)                             |                                    |
| A4. Building Use (e.g.,  | Residential, N  | on-Residential,    | Addition,  | Accessory, e        | etc.) RESIDEN              | ITIAL                            |                                    |
| A5. Latitude/Longitude:  | Lat. 34°35'1    | .56"               | Long. 1    | 11°51'7.51"         | Horizonta                  | al Datum: 🔲 NAD 1                | 1927 🗙 NAD 1983                    |
| A6. Attach at least 2 ph   | notographs of t | he building if the | e Certific | ate is being u      | used to obtain floo        | d insurance.                     |                                    |
| A7. Building Diagram N   | lumber 1        | В                  |            |                     |                            |                                  |                                    |
| 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 perm  | anent flood op  | enings in the cr   | awlspace   | e or enclosure      | e(s) within 1.0 foo        | t above adjacent gra             | ade N/A                            |
| c) Total net area of   | f flood opening | ıs in A8.b         |            | N/A sq in           | (                          |                                  |                                    |
| d) Engineered floo   | d openings?     | Yes 🛛 N            | 10         |                     |                            |                                  |                                    |
| A9. For a building with a  | n attached as   | rago:              |            |                     |                            |                                  |                                    |
|  | _               | -                  |            | 909.00 sq ft        |                            |                                  |                                    |
| a) Square footage  |                 | ·                  |            |                     |                            |                                  |                                    |
| b) Number of perm  | anent flood op  | enings in the at   | tached g   | arage within        | 1.0 foot above ad          | jacent grade 8                   |                                    |
| <ul><li>c) Total net area of</li></ul>   | flood opening   | s in A9.b          |            | 940.00 sq           | in                         |                                  |                                    |
| d) Engineered flood  | d openings?     | X Yes 🗌 N          | 10         |                     |                            |                                  |                                    |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION  |                 |                    |            |                     |                            |                                  |                                    |
| B1. NFIP Community N   |                 | unity Number       |            | B2. County          |                            |                                  | B3. State                          |
| CAMP VERDE #040131   | 1               |                    |            | YAVAPAI, I          | NDEPENDENT C               | ITY                              | Arizona                            |
| B4. Map/Panel B5.<br>Number  |                 | FIRM Index<br>Date | Effe       | RM Panel<br>ective/ | B8. Flood<br>Zone(s)       | B9. Base Flood E<br>(Zone AO, us | levation(s)<br>e Base Flood Depth) |
| 04025C2178 H   | 02-1            | 5-2019             | 10-16-2    | vised Date<br>2015  | AE                         | 3099.1                           |                                    |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:                      |                 |                    |            |                     |                            |                                  |                                    |
| 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       |                     |                            |                                  |                                    |
|  |                 |                    |            |                     |                            |                                  |                                    |

| ELEVATION CERTIFICATE  |   |  | OMB No. 1660-0008<br>Expiration Date: November 30, 2018                      |  |  |
|--|---|--|--|--|--|
| IMPORTANT: In these spaces, copy the corresponding   | FOR INSURANCE COMPANY USE                                   |  |  |  |  |
| Building Street Address (including Apt., Unit, Suite, and/<br>1000 N. W.D. LANE  | Policy Number:  |  |  |  |  |
| - 3  |   | IP Code<br>6322                          | Company NAIC Number  |  |  |
| SECTION C – BUILDING E   | ELEVATION INFORM  | ATION (SURVEY R                          | EQUIRED)   |  |  |
| <ul> <li>C1. Building elevations are based on: Construct *A new Elevation Certificate will be required when</li> <li>C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the building tot the building tot the</li></ul> | construction of the bui<br>), VE, V1–V30, V (with           | BFE), AR, AR/A, AR                       | /AE, AR/A1–A30, AR/AH, AR/AO.  |  |  |
| Benchmark Utilized: ERM 121  |   | m: <u>3097.33 (NAVD 88</u>               |  |  |  |
| Indicate elevation datum used for the elevations in  |   | elow.                                    |  |  |  |
| □ NGVD 1929  |   | o RFF                                    |  |  |  |
| <ul> <li>a) Top of bottom floor (including basement, crawl</li> <li>b) Top of the next higher floor</li> </ul>   |   |  | Check the measurement used.<br>3100.8  |  |  |
| c) Bottom of the lowest horizontal structural mem  | ber (V Zones only)  |  | N/A 🗌 feet 🗌 meters  |  |  |
| d) Attached garage (top of slab)   |   | :  | 3097.6 🗙 feet 🗌 meters   |  |  |
| <ul> <li>e) Lowest elevation of machinery or equipment so<br/>(Describe type of equipment and location in Co</li> </ul>  | ervicing the building omments)                              | ;  | 3100.8 🗙 feet 🗌 meters   |  |  |
| f) Lowest adjacent (finished) grade next to building   | 3095.3 🗙 feet 🗌 meters                                      |  |  |  |  |
| g) Highest adjacent (finished) grade next to build   | g) Highest adjacent (finished) grade next to building (HAG) |  |  |  |  |
| <ul> <li>h) Lowest adjacent grade at lowest elevation of d<br/>structural support</li> </ul>   | leck or stairs, including                                   |  | 3097.2 🗙 feet 🗌 meters   |  |  |
| SECTION D – SURVEYO  | R, ENGINEER, OR A   | RCHITECT CERTIF                          | ICATION  |  |  |
| This certification is to be signed and sealed by a land s<br>I certify that the information on this Certificate represer<br>statement may be punishable by fine or imprisonment  | nts my best efforts to in<br>under 18 U.S. Code, S          | nterpret the data avail<br>Section 1001. | y law to certify elevation information.<br>able. I understand that any false |  |  |
| Were latitude and longitude in Section A provided by a   |   | r? ⊠Yes □No                              | Check here if attachments.   |  |  |
| Certifier's Name<br>CLINT GILLESPIE  | License Number<br>50106                                     |  | ARED LAND S  |  |  |
| Title<br>REGISTERED LAND SURVEYOR  |   |  | CONTRACTOR   |  |  |
| Company Name<br>HERITAGE LAND SURVEYING  |   |  |  |  |  |
| Address<br>PO BOX 3270   | 211   |  | ARIZONA, U.S.N.  |  |  |
| City<br>CAMP VERDE   | State<br>Arizona  | ZIP Code<br>86322                        | Expires 9.30 . 2.1   |  |  |
| Signature  | Date<br>01-22-2020  | Telephone<br>(928) 567-9170              | Ext.   |  |  |
| Copy all pages of this Elevation Certificate and all attach  | ments for (1) community                                     | y official, (2) insurance                | agent/company, and (3) building owner.                                       |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)<br>Lowest machinery (C2e) is a hot water heater located in the garage on a platform with an elevation of 3100.76 (as shown in below<br>picture). All electrical outlets in the garage are 4.75 feet above the finished floor of the garage with an elevation of 3102.36 (the outlets<br>were measured to the bottom of the outlet). The total flow through of vents is 1080 sq. in. 360 sq. in total in vents on West side of<br>garage, 360 sq. in total in vents on North side of garage and 360 sq. in total in vents on South side of garage.  |   |  |  |  |  |
|  |   |  |  |  |  |

| ELEVATION CERTIFICATE   |  |   | OMB No. 1660-0008<br>Expiration Date: November 30, 2018                 |
|---|--|---|---|
| IMPORTANT: In these spaces, copy the correspondin   | FOR INSURANCE COMPANY USE                        |   |   |
| Building Street Address (including Apt., Unit, Suite, and/o<br>1000 N. W.D. LANE  | Policy Number:                                   |   |   |
|   | ate ZIP (  |   | Company NAIC Number   |
|   | izona 8632                                       |   |   |
| SECTION E – BUILDING ELE<br>FOR ZONE  | VATION INFORMATION<br>AO AND ZONE A (WIT         | N (SURVEY NOT<br>HOUT BFE)                | REQUIRED)   |
| For Zones AO and A (without BFE), complete Items E1–<br>complete Sections A, B,and C. For Items E1–E4, use nat<br>enter meters.   |  |   |   |
| <ul> <li>E1. Provide elevation information for the following and c<br/>the highest adjacent grade (HAG) and the lowest ad</li> <li>a) Top of bottom floor (including basement,</li> </ul> | heck the appropriate boxe<br>jacent grade (LAG). | es to show whethe                         | r the elevation is above or below                                       |
| crawlspace, or enclosure) is<br>b) Top of bottom floor (including basement,   |  | feet meter                                | s 🗌 above or 🗌 below the HAG.   |
| crawlspace, or enclosure) is  |  | 🗌 feet 🗌 meter                            | s above or below the LAG.   |
| E2. For Building Diagrams 6–9 with permanent flood ope<br>the next higher floor (elevation C2.b in  | enings provided in Section                       | n A Items 8 and/or                        | 9 (see pages 1–2 of Instructions),                                      |
| the diagrams) of the building is  |  | feet meter                                |   |
| E3. Attached garage (top of slab) is  |  | feet meter                                | s above or below the HAG.   |
| E4. Top of platform of machinery and/or equipment<br>servicing the building is  |  | ifeet imeter                              | s 🔲 above or 🗌 below the HAG.   |
| E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes   |  |   | cordance with the community's<br>certify this information in Section G. |
| SECTION F – PROPERTY OWNE   | ER (OR OWNER'S REPR                              | ESENTATIVE) 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 A  | A, B, and E for Zo<br>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   | St  | ate ZIP Code  |
| Signature   | Date   | Те  | lephone   |
| Comments  |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   | Check here if attachments.  |

| ELEVATION CERTIFICATE  | OMB No. 1660-0008<br>Expiration Date: November 30, 2018 |                       |  |  |  |  |  |
|--|---|-----------------------|--|--|--|--|--|
| IMPORTANT: In these spaces, copy the corre   | FOR INSURANCE COMPANY USE                               |                       |  |  |  |  |  |
| Building Street Address (including Apt., Unit, St<br>1000 N. W.D. LANE   |   |                       |  |  |  |  |  |
| City<br>CAMP VERDE   | Company NAIC Number                                     |                       |  |  |  |  |  |
| SECTIO   | N G - COMMUNITY IN                                      | FORMATION (OPTIC      | NAL)   |  |  |  |  |
| 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.<br>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.)  |   |                       | a FEMA-issued or community-issued BFE)                 |  |  |  |  |
| G3.  The following information (Items G4–  | G10) is provided for cor                                | mmunity floodplain ma | nagement purposes.                                     |  |  |  |  |
| G4. Permit Number  | G5. Date Permit Issue                                   | ed                    | G6. Date Certificate of<br>Compliance/Occupancy Issued |  |  |  |  |
| <ul><li>G7. This permit has been issued for:</li><li>G8. Elevation of as-built lowest floor (including of the building:</li></ul>  | ent<br>] 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 appl                               | licable)              |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       |  |  |  |  |  |
|  |   |                       | Check here if attachments.                             |  |  |  |  |

## **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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. 1000 N. W.D. LANE |                  |                   | Policy Number:            |
| City<br>CAMP VERDE  | State<br>Arizona | ZIP Code<br>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.

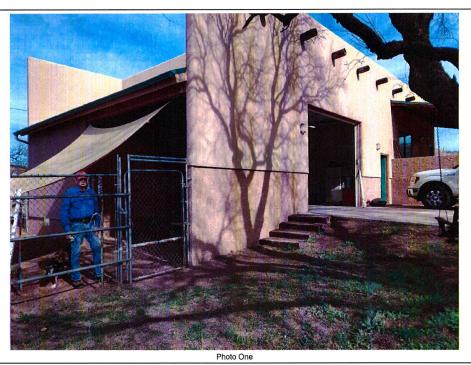


Photo One Caption West and South side of residence

#### Clear Photo One

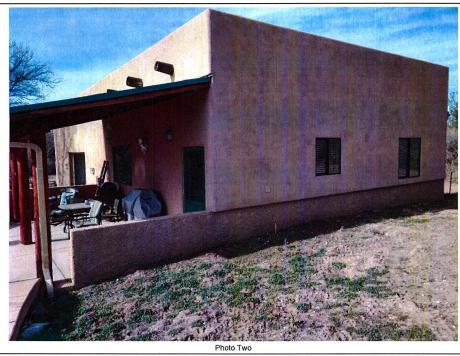


Photo Two Caption East and South side of residence

# **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. 1000 N. W.D. LANE |                  |                   | Policy Number:            |
| City<br>CAMP VERDE  | State<br>Arizona | ZIP Code<br>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 Caption Garage (water heater and stairs into living area)

### **Clear Photo Three**



Photo Four Caption Vents on South side of garage

# **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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. |       | Policy Number: |                           |
| City  | State | ZIP Code       | 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.

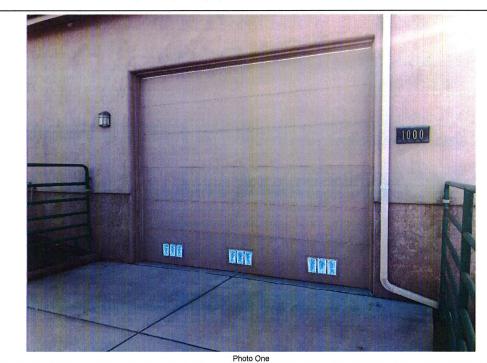


Photo One Caption Vents on North side of garage

Clear Photo One

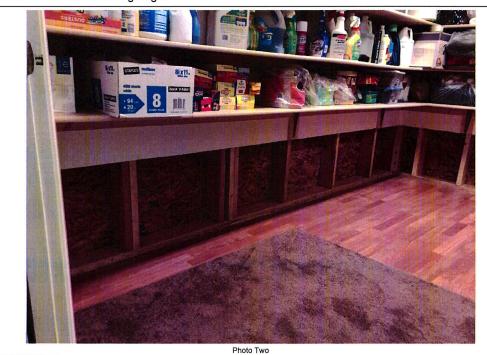


Photo Two Caption Removed drywall inside storage area

## **BUILDING PHOTOGRAPHS**

**Continuation Page** 

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. |                           |          | Policy Number:      |
| City  | State                     | ZIP Code | 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 Caption Removed drywall inside storage area

**Clear Photo Three** 

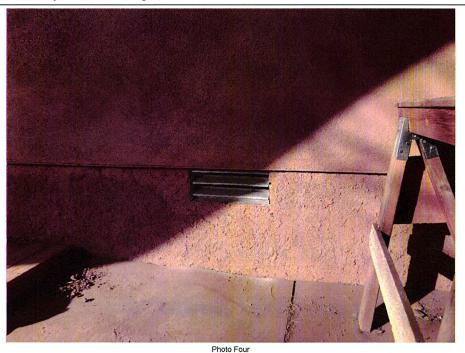


Photo Four Caption Vent on West side of garage

# **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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. |       |          | Policy Number:            |
| City  | State | ZIP Code | 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.

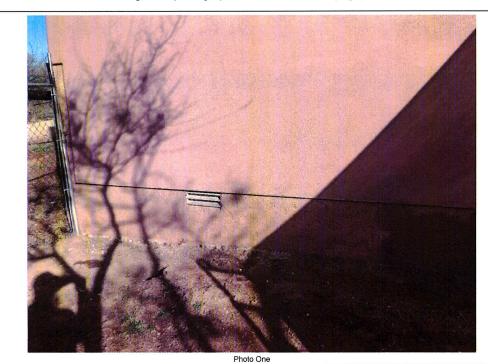


Photo One Caption Vent on South side of garage

Clear Photo One

Photo Two

Photo Two Caption

Photo Two

Clear Photo Two

FEMA Form 086-0-33 (7/15)