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 WAYNE KOCISKO							ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1000 N. W.D. LANE								
City CAMP VERDE								
A3. Property Descrip 404-20-002E	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 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 CAMP VERDE #040		community Number	_	B2. County YAVAPAI, I	Name NDEPENDENT CI	ΓY	B3. State Arizona	
B4. Map/Panel I Number	35. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) 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 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 1000 N. W.D. LANE	Policy Number:					
City State CAMP VERDE Arizona	ZIP C 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 Complete Items C2.a–h below according to the building 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			
 e) Lowest elevation of machinery or equipment servicin (Describe type of equipment and location in Comme 	ng the building 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					
 h) Lowest adjacent grade at lowest elevation of deck or structural support 	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 I certify that the information on this Certificate represents my statement may be punishable by fine or imprisonment under	v best efforts to intern	ret the data availa	/ law to certify elevation information. 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 60106		ALCILAND SUN			
Title REGISTERED LAND SURVEYOR						
Company Name HERITAGE LAND SURVEYING			Gillespie			
Address PO BOX 3270			ARIZONA, U.S.N.			
	State Arizona	ZIP Code 86322	Expires 9.30.21			
	Date 08-19-2020	Telephone (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) Elevation of machinery servicing new addition of residence is an A/C unit with an elevation of 3102.9' at top of pad. 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 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, 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 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 CAMP VERDE	State Arizona	ZIP Code 86322	Company NAIC Number			
SECTION E – BUILDING E FOR ZO	ELEVATION INFO	DRMATION (SURVEY NO 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.						
 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 b) Top of bottom floor (including basement,		[] feet [] me				
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood	d openings provide	feet me				
the next higher floor (elevation C2.b in 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 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 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 . The statements ir	es Sections A, B, and E for 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.							

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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.

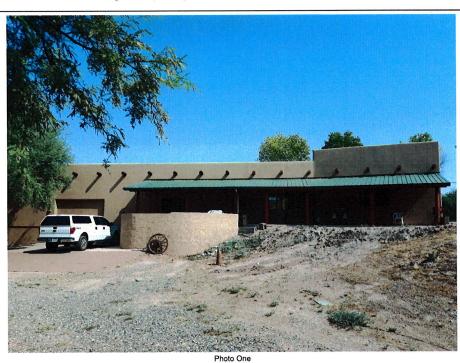


Photo One Caption Front view (South side) of residence

Clear Photo One

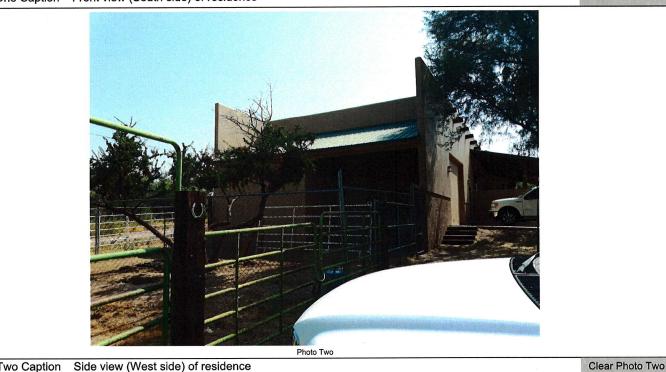


Photo Two Caption Side view (West side) of residence

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

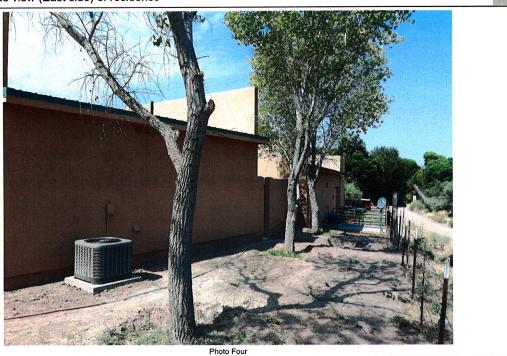


Photo Four Caption Rear view (North side) of residence

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			, , , , , , , , , ,		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. 1000 N. W.D. LANE							
City				State		ZIP Code	
CAMP VERDE				Arizona		86322	-
A3. Property Descriptio 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	
c) Total net area of	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. Number		FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
04025C2178 H	02-1	5-2019	10-16-2	vised Date 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 Expiration Date: November 30, 2018		
IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/ 1000 N. W.D. LANE	Policy Number:				
- 3		IP Code 6322	Company NAIC Number		
SECTION C – BUILDING E	ELEVATION INFORM	ATION (SURVEY R	EQUIRED)		
 C1. Building elevations are based on: Construct *A new Elevation Certificate will be required when 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	construction of the bui), 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			
 a) Top of bottom floor (including basement, crawl b) Top of the next higher floor 			Check the measurement used. 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		
 e) Lowest elevation of machinery or equipment so (Describe type of equipment and location in Co 	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)				
 h) Lowest adjacent grade at lowest elevation of d structural support 	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 I certify that the information on this Certificate represer statement may be punishable by fine or imprisonment	nts my best efforts to in under 18 U.S. Code, S	nterpret the data avail Section 1001.	y law to certify elevation information. 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 CLINT GILLESPIE	License Number 50106		ARED LAND S		
Title REGISTERED LAND SURVEYOR			CONTRACTOR		
Company Name HERITAGE LAND SURVEYING					
Address PO BOX 3270	211		ARIZONA, U.S.N.		
City CAMP VERDE	State Arizona	ZIP Code 86322	Expires 9.30 . 2.1		
Signature	Date 01-22-2020	Telephone (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) 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 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 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 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 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 1000 N. W.D. LANE	Policy Number:		
	ate ZIP (Company NAIC Number
	izona 8632		
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATION AO AND ZONE A (WIT	N (SURVEY NOT HOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1– complete Sections A, B,and C. For Items E1–E4, use nat enter meters.			
 E1. Provide elevation information for the following and c the highest adjacent grade (HAG) and the lowest ad a) Top of bottom floor (including basement, 	heck the appropriate boxe jacent grade (LAG).	es to show whethe	r the elevation is above or below
crawlspace, or enclosure) is 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 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 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 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 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 Expiration Date: November 30, 2018						
IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St 1000 N. W.D. LANE							
City 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. 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 Compliance/Occupancy Issued				
G7. This permit has been issued for:G8. Elevation of as-built lowest floor (including of the building:	ent] 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 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.

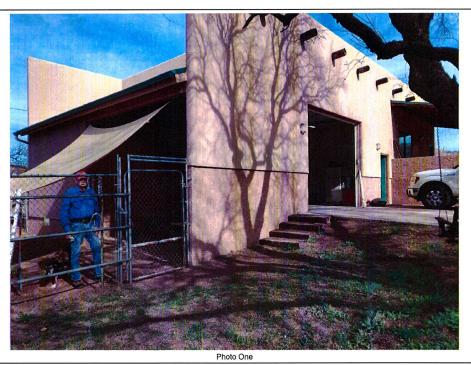


Photo One Caption West and South side of residence

Clear Photo One

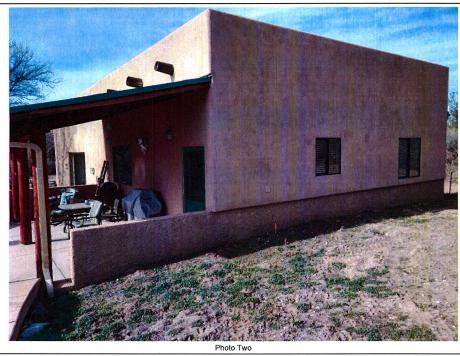


Photo Two Caption East and South side of residence

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 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 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.

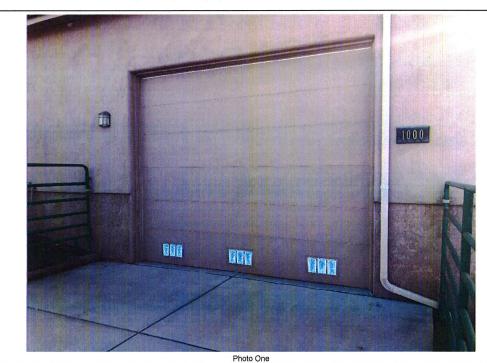


Photo One Caption Vents on North side of garage

Clear Photo One

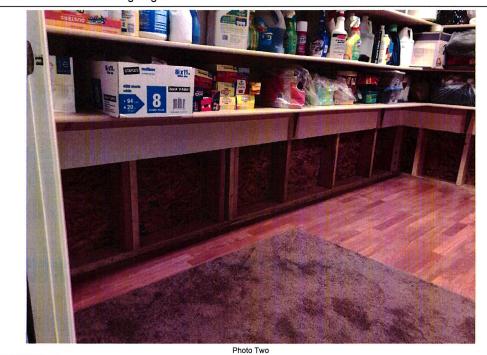


Photo Two Caption Removed drywall inside storage area

BUILDING PHOTOGRAPHS

Continuation Page

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

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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

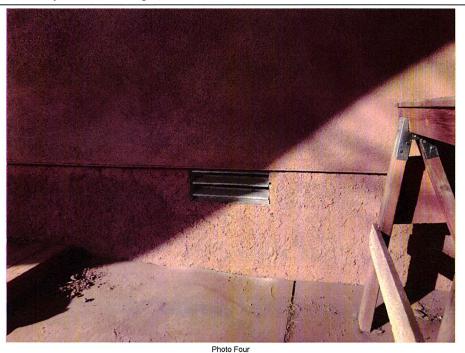


Photo Four Caption Vent on West side of garage

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.

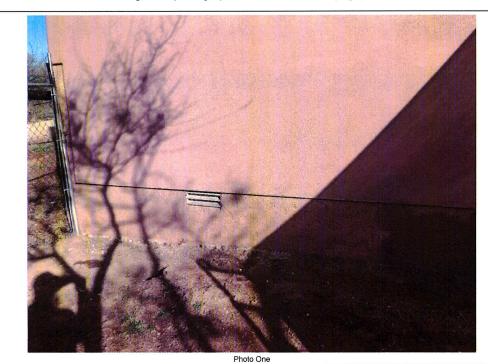


Photo One Caption Vent on South side of garage

Clear Photo One

Photo Two

Photo Two Caption

Photo Two

Clear Photo Two

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