ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

\sim	A ALL MANAGE	of this Flourstian	Contificate and al	I attack manufa far		(official (O) include	manaa aaaatlaamaaan	and (3) building owner.
ເທດ	v all bades (or mis Flevation	Centricate and at	ranacoments for	I) COMMUNIN	/ omciai (Z) insu	rance ageni/company	and (3) building owner

SECTION A – PROPERTY INFORMATION							
A1. Building Owner's Name	FOR INSURANCE COMPANY USE Policy Number:						
Lee Roy White II							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:							
133 North Black Bridge Road							
City State Camp Verde Arizona	ZIP Code 86322						
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Yavapai County APN: 404-20-037 being the easterly shed							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Non-Residential							
A5. Latitude/Longitude: Lat. <u>34°34'17.03"N</u> Long. <u>111°51'13.63"W</u> Horizontal Datur	m: 🗌 NAD 1	927 🛛 NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	ance.						
A7. Building Diagram Number 1B							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s) o sq ft							
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent gra	ade0					
c) Total net area of flood openings in A8.b sq in							
d) Engineered flood openings? 🗌 Yes 🗵 No							
A9. For a building with an attached garage:							
a) Square footage of attached garage 0 sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent							
c) Total net area of flood openings in A9.b 0 sq in							
d) Engineered flood openings?							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORM	ATION	i					
B1. NFIP Community Name & Community Number B2. County Name		B3. State					
Camp Verde,Town of # 040131 Yavapai County, Independent City		Arizona					
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Baviand Date B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base					
04025C2178 H 02/15/2019 Revised Date 10/16/2015 AE Flood Depth) 3092.71							
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
FIS Profile FIRM Community Determined Other/Source: FEMA GIS DATA(At Stream Station 62213.77)							
B11. Indicate elevation datum used for BFE in Item B9: 🗌 NGVD 1929 🛛 NAVD 1988 🔲 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🖂 No							
Designation Date: CBRS OPA							

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the cor	rresponding information fro	m Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, 5 133 North Black Bridge Road	Suite, and/or Bldg. No.) or P.(O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Camp Verde	Arizona	86322	
SECTION C - BU	JILDING ELEVATION INFO	RMATION (SURVEY R	EQUIRED)
*A new Elevation Certificate will be requ C2. Elevations – Zones A1–A30, AE, AH, A	uired when construction of the (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR	
Complete Items C2.a–h below accordin Benchmark Utilized: U 30 / PID: ES046		cified in Item A7. In Puer Datum: NAVD 1988	to Rico only, enter meters.
Indicate elevation datum used for the ele NGVD 1929 X NAVD 1988	Other/Source:		
Datum used for building elevations mus	t be the same as that used to	r the BFE.	Check the measurement used.
a) Top of bottom floor (including basem	nent, crawlspace, or enclosure	e floor) <u>3091</u> _20	X feet T meters
b) Top of the next higher floor	й н	N/A	x feet meters
c) Bottom of the lowest horizontal struc	tural member (V Zones only)	N/A	X feet meters
d) Attached garage (top of slab)		N/A	X feet ☐ meters
 e) Lowest elevation of machinery or eq (Describe type of equipment and loc) 	uipment servicing the building ation in Comments)		X feet meters
f) Lowest adjacent (finished) grade nex	ACT STOLED CONTRACTOR OF -	3090 57	X feet 🔲 meters
g) Highest adjacent (finished) grade ne	ext to building (HAG)	3091_10	x feet meters
 h) Lowest adjacent grade at lowest elevent structural support 		ling <u>N/A</u>	X feet meters
SECTION D - S	URVEYOR, ENGINEER, OI	R ARCHITECT CERTIF	ICATION
This certification is to be signed and sealed to I certify that the information on this Certification statement may be punishable by fine or impr	e represents my best efforts t	to interpret the data availa	y law to certify elevation information. able. I understand that any false
Were latitude and longitude in Section A pro-			Check here if attachments.
Certifier's Name Gevinda Krishan Ginige	License Numbe AZ PE 49109	er	A comparison
Title PE / President			49109 TO
Company Name SEC, Inc.			GEVARGA KDS Schalige 2, Here
Address 825 Cove Parkway			esonad
City Cottonwood	State Arizona	ZIP Code 86326	WARRAN AND
Signature	Date 01/03/2020	Telephone (928) 634-5889	
Copy all pages of this Elevation Certificate and			agent/company, and (3) building owner.
Comments (including type of equipment and The elevation shown on C2(e) is the bottom of The elevation of the lowest electrical outlet is The elevation of the bottom of the electrical p	location, per C2(e), if applical of two refrigerators. ; 3,094.35.		

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

ELEVATION CERTIFICATE	Expiration Date: November 30, 2018		
IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, a 133 North Black Bridge Road	nd/or Bldg. No.) (or P.O. Route and Box No.	Policy Number:
City Camp Verde	State Arizona	ZIP Code 86322	Company NAIC Number
SECTION E – BUILDING E FOR ZOI		ORMATION (SURVEY N DNE A (WITHOUT BFE)	OT REQUIRED)
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.	E1–E5. If the Cer natural grade, if	tificate is intended to suppo available. Check the meas	rt a LOMA or LOMR-F request, urement used. In Puerto Rico only,
E1. Provide elevation information for the following ar the highest adjacent grade (HAG) and the lowesa) Top of bottom floor (including basement,			ther the elevation is above or below
crawlspace, or enclosure) is		feet 🗌 m	eters 🗌 above or 🗌 below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	· -	feet m	eters above or below the LAG.
E2. For Building Diagrams 6-9 with permanent flood	openings provid	ed in Section A Items 8 and	l/or 9 (see pages 1–2 of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is	• .	feet [] m	eters above or below the HAG.
E3. Attached garage (top of slab) is	<u> </u>	feet 🗌 m	eters above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		feet 🗌 m	eters above or below the HAG.
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes			accordance with the community's ust certify this information in Section G.
SECTION F – PROPERTY OV	NNER (OR OWN	IER'S REPRESENTATIVE	CERTIFICATION
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	itive who comple The statements i	tes Sections A, B, and E fo in 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 Representativ	/e's Name		
Address		City	State ZIP Code
Signature		Date	Telephone
Comments			
			Check here if attachments.

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

ELEVATION CERTIFICATE	Expiration Date: November 30, 2018		
IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St 133 North Black Bridge Road	Io. Policy Number:		
City Camp Verde	State Arizona	ZIP Code 86322	Company NAIC Number
SECTIO	ON G – COMMUNITY	INFORMATION (OPTION	NAL)
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 ter meters.	the applicable item(s) an	d sign below. Check the measurement
			ned and sealed by a licensed surveyor, ate the source and date of the elevation
G2. A community official completed Section or Zone AO.	on E for a building loc	ated in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Items G4–	-G10) is provided for c	ommunity floodplain man	agement purposes.
G4. Permit Number	G5. Date Permit Iss	ued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:] Substantial Improveme	ent
G8. Elevation of as-built lowest floor (including of the building:		[] feet [] meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	L	∫feet
G10. Community's design flood elevation:		L	feet meters Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and log	cation, per C2(e), if ap	plicable)	
			Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 133 North Black Bridge Road	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 Front View Taken:11/27/2019



Photo Two Caption Rear View Taken:11/27/2019

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 133 North Black Bridge Road	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Camp Verde	Arizona	86322	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption Left Side View Taken:11/27/2019



Photo Two Caption Right Side View Taken:11/27/2019