National Flood Insurance Program

Elevation Certificate

and Instructions

2023 EDITION



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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

ELEVATION CERTIFICATE AND INSTRUCTIONS

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-008). NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of documenting compliance with National Flood Insurance Program (NFIP) floodplain management ordinances for new or substantially improved structures in designated Special Flood Hazard Areas. This form may also be used as an optional tool for a Letter of Map Amendment (LOMA), Conditional LOMA (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional LOMR-F (CLOMR-F), or for flood insurance rating purposes in any flood zone.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ FEMA-003 — National Flood Insurance Program Files System of Records Notice 79 Fed. Reg. 28747 (May 19, 2014) and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may impact the flood insurance premium through the NFIP. Information will only be released as permitted by law.

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the NFIP. It can be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to inform the proper insurance premium, and to support a request for a LOMA, CLOMA, LOMR-F, or CLOMR-F.

The Elevation Certificate is used to document floodplain management compliance for Post-Flood Insurance Rate Map (FIRM) buildings, which are buildings constructed after publication of the FIRM, located in flood Zones A1–A30, AE, AH, AO, A (with Base Flood Elevation (BFE)), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, and A99. It may also be used to provide elevation information for Pre-FIRM buildings or buildings in any flood zone.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. Lowest Adjacent Grade (LAG) elevations certified by a land surveyor, engineer, or architect, as authorized by state law, will be required if the certificate is used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 application package, whichever is appropriate. If the certificate will only be completed to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request, there is an option to document the certified LAG elevation on the Elevation Form included in the MT-EZ and MT-1 application.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the BFE. A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

The expiration date on the form herein does not apply to certified and completed Elevation Certificates, as a completed Elevation Certificate does not expire, unless there is a physical change to the building that invalidates information in Section A Items A8 or A9, Section C, Section E, or Section H. In addition this form is intended for the specific building referenced in Section A and is not invalidated by the transfer of building ownership.

Additional guidance can be found in FEMA Publication 467-1, Floodplain Management Bulletin: Elevation Certificate.

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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

Insurance

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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

S	ECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Nar	ne: STKJ RANCH, LLC	Policy Number:
A2. Building Street Address 210 E. KOEBRICK LA	s (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: NE	Company NAIC Number:
City: CAMP VERDE	State: AZ	ZIP Code: 86322
A3. Property Description 404-20-039K	(e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nur	mber:
A4. Building Use (e.g., R	esidential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL	
A5. Latitude/Longitude:	Lat. <u>34° 34' 14.72" N</u> Long. <u>111° 51' 01.76" W</u> Horiz. Datum: □	NAD 1927 ⊠ NAD 1983 □ WGS 84
A6. Attach at least two ar	d when possible four clear color photographs (one for each side) of the b	uilding (see Form pages 7 and 8).
A7. Building Diagram Nu	mber:2B	
A8. For a building with a	crawlspace or enclosure(s):	
a) Square footage of	crawlspace or enclosure(s): 1800 sq. ft.	
b) Is there at least or	e permanent flood opening on two different sides of each enclosed area	? ☐ Yes ☒ No ☐ N/A
	ermanent flood openings in the crawlspace or enclosure(s) within 1.0 food openings:N/A Engineered flood openings:N/A	
d) Total net open are	ea of non-engineered flood openings in A8.c:N/A sq. in.	
e) Total rated area o	engineered flood openings in A8.c (attach documentation – see Instructi	ions): N/A sq. ft.
f) Sum of A8.d and	A8.e rated area (if applicable – see Instructions): N/A sq. ft.	
A9. For a building with a	attached garage:	
a) Square footage o	f attached garage: N/A sq. ft.	
b) Is there at least o	ne permanent flood opening on two different sides of the attached garage	? ☐ Yes ☐ No N/A
	permanent flood openings in the attached garage within 1.0 foot above added openings:N/A Engineered flood openings:N/A	_
d) Total net open are	ea of non-engineered flood openings in A9.c:N/A sq. in.	
e) Total rated area of	f engineered flood openings in A9.c (attach documentation – see Instruct	ions): N/A sq. ft.
f) Sum of A9.d and	A 9.e rated area (if applicable – see Instructions):N/A sq. ft.	
	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFO	RMATION
B1.a. NFIP Community N	ame: TOWN OF CAMP VERDE B1.b. NFIP Con	nmunity Identification Number: 040131
B2. County Name: YAVA	PAI, DEPENDENT COM B3. State: AZ B4. Map/Panel No.:	04025C2178 B5. Suffix: H
B6. FIRM Index Date: 02	2/08/2024 B7. FIRM Panel Effective/Revised Date: 10/16/2	015
B8. Flood Zone(s): AE	B9. Base Flood Elevation(s) (BFE) (Zone AO, use	Base Flood Depth): 3091.20
	of the BFE data or Base Flood Depth entered in Item B9: Community Determined Other:	
B11. Indicate elevation of	latum used for BFE in Item B9: 🔲 NGVD 1929 🔀 NAVD 1988 🔲 Othe	er/Source:
B12. Is the building locate Designation Date:	ied in a Coastal Barrier Resources System (CBRS) area or Otherwise Pro	otected Area (OPA)? ☐ Yes ☒ No
B13. Is the building locat	ted seaward of the Limit of Moderate Wave Action (LiMWA)? 🔲 Yes 🔀] No

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (in 210 E. KOEBRICK LA				FOR INSURANCE COMPANY USE		
City: CAMP VERDE	State: AZ ZIP Code: 86322		Policy Number:			
Oity. Or tivii VENDE			Company NAIC Number:			
	ECTION C - BUILDING ELEVATION INFORMATION (SURVEY RI	QUIRE	D)		
C1. Building elevations at *A new Elevation Cer	e based on:	r Constructior plete.	n* ⊠ F	nished C	onstruction	
A99. Complete Items	1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), C2.a–h below according to the Building Diagram specified in It RM 121 PANEL 2205 Vertical Datum: 309	em A7. In Pu	erto Rico	/A1–A30, only, ent	AR/AH, AR/A er meters.	AO,
Indicate elevation datum ≀ ☐ NGVD 1929	sed for the elevations in items a) through h) below. NAVD 1988					
Datum used for building e If Yes, describe the source	evations must be the same as that used for the BFE. Conversion of the conversion factor in the Section D Comments area.	on factor used		_	☑ No neasurement	riseq.
a) Top of bottom floo	(including basement, crawlspace, or enclosure floor):	3081			meters	. useu.
b) Top of the next hig	her floor (see Instructions):	3090	.33 🖂	feet	meters	
c) Bottom of the lower	st horizontal structural member (see Instructions):	N	√A ⊠	feet [meters	
d) Attached garage (op of slab):	N	I/A ⊠	feet [meters	
e) Lowest elevation of (describe type of N	f Machinery and Equipment (M&E) servicing the building &E and location in Section D Comments area):	3086.	82 🖂	feet [meters	
f) Lowest Adjacent G	rade (LAG) next to building: 🔲 Natural 🔀 Finished	3086	6.4 ⊠	feet [meters	
g) Highest Adjacent (rade (HAG) next to building: 🔲 Natural 🔀 Finished	308	7.1	feet [meters	
h) Finished LAG at lo support:	west elevation of attached deck or stairs, including structural	3087.	20 🖂	feet [meters	
	SECTION D – SURVEYOR, ENGINEER, OR ARCHITE	CT CERTIFI	CATION	1		
information. I certify that th	gned and sealed by a land surveyor, engineer, or architect auth e information on this Certificate represents my best efforts to in nishable by fine or imprisonment under 18 U.S. Code, Section	ternret the da	te law to ta availa	certify ele	evation erstand that	any
Were latitude and longitud	e in Section A provided by a licensed land surveyor? X Yes	□No		1		
Check here if attachme	nts and describe in the Comments area.		N	1///		
Certifier's Name: SHANE	M. NAUERT, RLS License Number: RLS 488	60	d	AS I	AND	
Title: REGISTERED LA	ND SURVEYOR			RTIFI	CATE	
	GE LAND SURVEY AND MAPPING INC.				860 0	
Address: 738 S. PARKS	DRIVE				NE M. JERT	
City: CAMP VERDE	State: AZ ZIP Code: 86	322		NEZ.	13/1/	/
Telephone: (928) 567-91	70 Ext.: Email: shanen@heritage-ls.com			SIGNE	TA U.3/	
Signature:	Date: cu/o	05/24		Place	eal Here	
Copy all pages of this Eleva	tion Certificate and all attachments for (1) community official, (2) i		nt/compa	ny, and (3) building owr	ner.
Comments (including source LOWEST MACHINERY	e of conversion factor in C2; type of equipment and location pe IS AN AC UNIT ON SOUTHWEST CORNER OF RESID IRD FLOOR WITH AN ELEVATION OF 3099 40	r C2 or and a	escriptio	n of any a	ittachments):	

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (in 210 E. KOEBRICK LAI	cluding Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
City: CAMP VERDE	State: AZ ZIP Code: 86322	Policy Number:
Olty.	State ZIF Code. 00322	Company NAIC Number:
SECT	ION E – BUILDING MEASUREMENT INFORMATION (SURVEY N FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT E	IOT REQUIRED) 3FE)
For Zones AO, AR/AO, an intended to support a Lette enter meters.	d A (without BFE), complete Items E1–E5. For Items E1–E4, use natural g er of Map Change request, complete Sections A, B, and C. Check the mea	rade, if available. If the Certificate is surement used. In Puerto Rico only,
Building measurements ar *A new Elevation Certifica	e based on:	* Finished Construction
E1. Provide measuremen measurement is abov	ts (C.2.a in applicable Building Diagram) for the following and check the ap e or below the natural HAG and the LAG.	propriate boxes to show whether the
 a) Top of bottom floo crawlspace, or end 	r (including basement, losure) is:	above or below the HAG.
b) Top of bottom floo crawlspace, or end	r (including basement,	above or below the LAG.
	\$ 6–9 with permanent flood openings provided in Section A Items 8 and/or	
Building Diagram) of t	he building is: feet meters	above or below the HAG.
E3. Attached garage (top		above or below the HAG.
E4. Top of platform of ma servicing the building	chinery and/or equipment is:	above or below the HAG.
E5. Zone AO only: If no flo floodplain manageme	ood depth number is available, is the top of the bottom floor elevated in acc nt ordinance? ☐ Yes ☐ No ☐ Unknown The local official mus	cordance with the community's st certify this information in Section G.
SECTION F -	PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENT	
The property owner or own	ner's authorized representative who completes Sections A, B, and E for Zoi in Sections A, B, and E are correct to the best of my knowledge	
	ents and describe in the Comments area.	
Property Owner or Owner's	s Authorized Representative Name:	
Address:		
City:	State:	ZIP Code:
Telephone:	Ext.: Email:	
Signature:	Date:	_
Comments:		
		·

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (ir 210 E. KOEBRICK LA	cluding Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE					
City: CAMP VERDE		Policy Number:					
		Company NAIC Number:					
	OMMUNITY INFORMATION (RECOMMENDED FOR COMMUNIT						
The local official who is a Section A, B, C, E, G, or	uthorized by law or ordinance to administer the community's floodplain mar of this Elevation Certificate. Complete the applicable item(s) and sign bel	nagement ordinance can complete ow when:					
engineer, or a	in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, nitect who is authorized by state law to certify elevation information. (Indicate the source and date of the the Comments area below.)						
G2.a. A local official E5 is complete	completed Section E for a building located in Zone A (without a BFE), Zoned for a building located in Zone AO.	e AO, or Zone AR/AO, or when item					
G2.b.	completed Section H for insurance purposes.						
G3.	nts area of Section G, the local official describes specific corrections to the	information in Sections A, B, E and H.					
	information (Items G5–G11) is provided for community floodplain managen						
G5. Permit Number:	G6. Date Permit Issued:						
G7. Date Certificate of	Compliance/Occupancy Issued:						
G8. This permit has be	en issued for:						
G9.a. Elevation of as-bu building:	it lowest floor (including basement) of the	meters Datum:					
G9.b. Elevation of bottor member:	n of as-built lowest horizontal structural	meters Datum:					
G10.a. BFE (or depth in Z	one AO) of flooding at the building site:	meters Datum:					
G10.b. Community's minir requirement for the member:	num elevation (or depth in Zone AO) lowest floor or lowest horizontal structural	meters Datum:					
G11. Variance issued?	Yes No If yes, attach documentation and describe in the Com						
The local official who provious correct to the best of my k	ides information in Section G must sign here. I have completed the information of the information of the information of the conformation of the co	ation in Section C and cortify that it is					
Local Official's Name:	Title:						
NFIP Community Name:							
Telephone:	Ext.: Email:						
Address:							
City:	State:	ZIP Code:					
Signature:	Date:						
Comments (including type Sections A, B, D, E, or H):	of equipment and location, per C2.e; description of any attachments; and of	corrections to specific information in					

MPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (in 210 E. KOEBRICK LAI	cluding Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE	
City: CAMP VERDE	Po		
		Company NAIC Number:	
	TION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FO (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES (ONLY)	
nearest tenth of a foot (ne	r's authorized representative, or local floodplain management official may of first floor height for insurance purposes. Sections A, B, and I must also be arest tenth of a meter in Puerto Rico). Reference the Foundation Type Di propriate Building Diagrams (at the end of Section I Instructions) to co	completed. Enter heights to the	
	the top of the floor (as indicated in Foundation Type Diagrams) above the L	.owest Adjacent Grade (LAG):	
 a) For Building Diag floor (include above-g crawlspaces or enclos 	rade floors only for buildings with	meters	
b) For Building Diag higher floor (i.e., the f enclosure floor) is:	rams 2A, 2B, 4, and 6–9. Top of next3090.33 🔀 feet 🗌 oor above basement, crawlspace, or	meters	
H2. Is all Machinery and I H2 arrow (shown in th ☐ Yes ☐ No	Equipment servicing the building (as listed in Item H2 instructions) elevated to Foundation Type Diagrams at end of Section H instructions) for the appro	to or above the floor indicated by the opriate Building Diagram?	
SECTION I - I	PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTA	ATIVE) CERTIFICATION	
The property owner or own	ner's authorized representative who completes Sections A, B, and H must s the best of my knowledge. Note: If the local floodplain management official	ian here. The statements in Sections	
☐ Check here if attachme	nts are provided (including required photos) and describe each attachment	in the Comments area.	
	s Authorized Representative Name:		
Address:			
City:	State:	ZIP Code:	
Telephone:	Ext.: Email:		
Signature:	Date:		
Comments:			

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (inc 210 E. KOEBRICK LAN		FOR INSURANCE COMPANY USE
City: CAMP VERDE	State: AZ ZIP Code: 86322	olicy Number:
"Right Side View," or "Left	t least two and when possible four photographs showing each side of the but pictures of townhouses/rowhouses). Identify all photographs with the date to Side View." Photographs must show the foundation. When flood openings a presentative flood openings or vents, as indicated in Sections A8 and A9.	alcon and "Erant \ liau !" "Dage \ liau !"
	Photo One	
Photo One Caption: NOR	TH FACE	Clear Photo One
	Photo Two	
Photo Two Caption: EAST	FACE	Clear Photo Two

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (in 210 E. KOEBRICK LAI		FOR INSURANCE COMPANY USE
City: CAMP VERDE	State: AZ ZIP Code: 86322	Colicy Number:
Insert the third and fourth View," or "Left Side View." vents, as indicated in Sec	photographs below. Identify all photographs with the date taken and "Front \" When flood openings are present, include at least one close-up photograph tions A8 and A9.	liew " "Pear View " "Pight Side
	Photo Three	
Photo Three Caption: SO	UTH FACE	Clear Photo Three
	Photo Four	
Photo Four Caption: WES	T FACE	Clear Photo Four

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION					FOR INSUR	ANCE COMPANY USE	
A1. Building Owner's Name STKJ RANCH, LLC					Policy Numb	oer:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 210 E KOEBRICH LN						Company N	AIC Number:
City CAMP VERDE			State Arizona			ZIP Code 86322	
A3. Property Description (Lot a 404-20-039K	and Block Numbers, Ta	x Parcel	Number, Leg	gal Description	, etc.)		
A4. Building Use (e.g., Reside	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat. 3	34°34'14.72"	Long. 1	11°51'01.76"	Horizo	ntal Datu	m: NAD 1	927 × NAD 1983
A6. Attach at least 2 photograp	ohs of the building if the	e Certific	ate is being u	sed to obtain t	lood insu	rance.	
A7. Building Diagram Number	2B						
A8. For a building with a crawle	space or enclosure(s):						
a) Square footage of craw	dispace or enclosure(s)		1	800.00 sq ft			
b) Number of permanent fl	ood openings in the cra	awlspace	e or enclosure	e(s) within 1.0	foot abov	e adjacent gra	ide N/A
c) Total net area of flood of	penings in A8.b		N/A sq in				
d) Engineered flood openi	ngs? 🗌 Yes 🗵 N	lo					
A9. For a building with an attac	hed garage:						
a) Square footage of attac	hed garage		N/A sq ft				
b) Number of permanent fi	lood openings in the att	ached g	arage within	1.0 foot above	adjacent	grade N/A	
c) Total net area of flood of	c) Total net area of flood openings in A9.b N/A sq in						
d) Engineered flood openings? ☐ Yes ☒ No							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number TOWN OF CAMP VERDE #040131 B2. County Name YAVAPAI, INDEPENDENT CITY B3. State Arizona							
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)		Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
04025C2178 H							
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:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
B12. Is the building located in	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No						
Designation Date:	Designation Date: CBRS DPA						

et in

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the correspon	undings information for		Expiration Date: November 30, 202
Building Street Address (including Apt., Unit, Suite, a	FOR INSURANCE COMPANY USI		
210 E KOEBRICH LN	Policy Number:		
CAMP VERDE		IP Code 6322	Company NAIC Number
SECTION C - BUILDING			LEQUIRED)
*A new Elevation Certificate will be required wh C2. Elevations – Zones A1–A30, AF, AH, A (with B	nen construction of the bui	BEEL AD ADIA AD	/A5 AB/A4 A8
Benchmark Utilized: ERM 121	bullding diagram specifie Vertical Datui	d in item A7. In Puert m: NAVD88	o Rico only, enter meters.
Indicate elevation datum used for the elevations ☐ NGVD 1929 ☑ NAVD 1988 ☐ Ot Datum used for building elevations must be the	her/Source:		
a) Top of bottom floor (including basement, crab) Top of the next higher floor	awlspace, or enclosure floo	or)3	Check the measurement used. 8081.7
c) Bottom of the lowest horizontal structural med) Attached garage (top of slab)	mber (V Zones only)		N/A ☐ feet ☐ meters N/A ☐ feet ☐ meters
e) Lowest elevation of machinery or equipment (Describe type of equipment and location in	servicing the building Comments)	31	087.0 🗵 feet 🗌 meters
f) Lowest adjacent (finished) grade next to buil			086.4 × feet meters
g) Highest adjacent (finished) grade next to bui		30	087.1 X feet meters
h) Lowest adjacent grade at lowest elevation of structural support	deck or stairs, including	3(087.3 ⊠ feet ☐ meters
SECTION D – SURVEY	OR, ENGINEER, OR AR	CHITECT CERTIFIC	CATION
This certification is to be signed and sealed by a land I certify that the information on this Certificate represe statement may be punishable by fine or imprisonment	l surveyor, engineer, or ar ents my best efforts to inte at under 18 U.S. Code, Se	chitect authorized by erpret the data availab	
Were latitude and longitude in Section A provided by Certifier's Name	a licensed land surveyor?	Yes □ No	○ Check here if attachments.
CLINT GILLESPIE	License Number 50106		TO VAND
Title REGISTERED LAND SURVEYOR			THE STATE OF THE S
Company Name HERITAGE LAND SURVEYING		-,	CLINT D.
Address PO BOX 3270			Smed. No.
City CAMP VERDE	State Arizona	ZIP Code 86322	Expires 9.30.21
Signature Off Control of Control	Date 11-18-2020	Telephone (928) 567-9170	Ext.
Copy all pages of this Elevation Certificate and all attach	ments for (1) community o	fficial, (2) insurance ag	gent/company, and (3) building owner.
Comments (including type of equipment and location, BOTTOM FLOOR HAS ONE (1) WALK-OUT INGRES AND ONE (1) WINDOW ON WEST SIDE OF RESIDE LOWEST MACHINERY SERVICING RESIDENCE IS PICTURE). RESIDENCE HAS A THIRD (3) FLOOR WITH AN FLE	per C2(e), if applicable) S/EGRESS DOOR ON E/ NCE. AN A/C UNIT LOCATED	AST SIDE OF RESID	ENCE (AS SHOWN IN PICTURE)
RESIDENCE DOES NOT HAVE AN ATTACHED GAR	AGE, JUST AN OPEN CA	ARPORT.	-

(* t) J.J.

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresp	onding information fr	om Section A.		ANCE COMPANY
Building Street Address (including Apt., Unit, Suite, 210 E KOEBRICH LN	and/or Bldg. No.) or P	.O. Route and Box No.	Policy Number	ANCE COMPANY L
City City			. Siloy Idailib	51.
CAMP VERDE	State	ZIP Code	Company NA	IC Number
	Arizona	86322		io Number
SECTION E – BUILDING FOR 70	ELEVATION INFOR	MATION (SURVEY NO	T REQUIRED)	
. 0.7.2	SHE AC AND ZONE	A (WITHOUT BEE)		
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, usenter meters.	a matarar grade, ii avai	nable. Check the measu	rement used. In F	Puerto Rico only.
E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lowe a) Top of bottom floor (including basement)	الماما المسا		ner the elevation	is above or below
crawispace, or enclosure) is b) Top of bottom floor (including basement	-	feet met	ers 🔲 above o	or
crawispace, or enclosure) is			ers 🗆 abovo o	or Delawate Lac
E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in	d openings provided in	Section A Items 8 and/o	or 9 (see pages 1	2 of Instructions),
the diagrams) of the building is 3. Attached garage (top of slab) is		feet	ers 🔲 above o	r 🗌 below the HAC
Top of platform of machinery and/or equipment		feet mete	ers 🔲 above o	r 🗌 below the HA(
servicing the building is		feet _ mete	ers	r □ below the HAG
 Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes 	able, is the top of the bo	ottom floor elevated in ac The local official must	coordonas with the	
OFOTION -				lation in Section G.
SECTION F - PROPERTY ON	VNER (OR OWNER'S	REPRESENTATIVE) C	ERTIFICATION	
The property owner or owner's authorized representation ommunity-issued BFE) or Zone AO must sign here. Troperty Owner or Owner's Authorized Representativ		ections A, B, and E for Zo tions A, B, and E are cor	one A (without a I rect to the best o	-EMA-issued or of my knowledge.
ddress				
	City	St	ate	ZIP Code
gnature	Date	Te	elephone	
omments				
initients				
			Chook be	ro if all a
A Form 096 0 22 (40/40)			☐ Clieck bei	re if attachments.

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OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy th	e corresponding information from Se		Expiration Date: November 30, 2
Danamy Other Address (including Ant I	FOR INSURANCE COMPANY L		
210 E KOEBRICH LN	Rolling, Sales, allaror blug. No.) of P.O. Roll	ite and Box No.	Policy Number:
City	State 7IP	Code	
CAMP VERDE	Arizona 863		Company NAIC Number
S			
The local official who is authorized but	v or ordinance to administer the community after Control of the Community		nagement ordinance can complete
ased in items Go-G10. In Puerto Rico or	nly, enter meters.	no item(s) and sign	below. Check the measurement
G1. The information in Section C was engineer, or architect who is au data in the Comments area below.	as taken from other documentation that he the state of the	nas been signed an nation. (Indicate the	nd sealed by a licensed surveyor, e source and date of the elevation
G2. A community official completed or Zone AO.	Section E for a building located in Zone	A (without a FEMA	u-issued or community-issued BFE
	s G4–G10) is provided for community floo	odplain manageme	nt purposes.
G4. Permit Number	G5. Date Permit Issued	G6 D	ate Certificate of
		Co	ompliance/Occupancy Issued
67. This permit has been issued for:	☐ New Construction ☐ Substantial	Improvement	
68. Elevation of as-built lowest floor (incli of the building:	uding basement)	_	meters
9. BFE or (in Zone AO) depth of flooding	g at the building site:		meters Datum
10. Community's design flood elevation:			meters Datum
ocal Official's Name	Title		
ommunity Name	Telephone		
gnature	Date		
omments (including type of agricum t			
omments (including type of equipment and	l location, per C2(e), if applicable)		
			☐ Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In those crosses at		is for item Ao.	Expiration Date: November 30, 2022
Building Street Address (including Apt., 210 E KOEBRICH LN	e corresponding information Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	FOR INSURANCE COMPANY USE 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 view. vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



EAST SIDE OF RESIDENCE (WALK-OUT BASEMENT SHOWN) Photo One Caption

Clear Photo One



Photo Two Caption SOUTH SIDE OF RESIDENCE (A/C UNIT SHOWN)

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these angests as well			Expiration Bate. November 30, 2022
IMPORTANT: In these spaces, copy the	on from Section A.	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., U 210 E KOEBRICH LN	nit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	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

Photo Three Caption WEST SIDE OF RESIDENCE

Clear Photo Three



Photo Four

Photo Four Caption NORTH SIDE OF RESIDENCE (PARTIAL CARPORT SHOWN)

Clear Photo Four

OMB No. 1660-0008 Expires February 28, 2009

U.S. DEPARTMENT OF HOMELAND SECUL. TY Federal Emergency Management Agency

As Building Use (e.g.), resultant and the building if the Certificate is being used to obtain flood insurance. As Actual at lesset 2 photographs of the building if the Certificate is being used to obtain flood insurance. As Building Diagram Number 2 As For a building with a natached garage, province: By No. of permanent flood openings in the craw space or enclosure(s), crowlet: By Square flootage of crawl space or enclosure(s), crowlet: By Square flootage of crawl space or enclosure(s). By Square flootage of crawl space or enclosure(s) and a space or enclosure(s) was within 1.0 foot above salignant grade. By No. of permanent flood openings in the craw space or enclosure(s) was within 1.0 foot above salignant grade. By State Square flootage of crawlet and space or enclosure(s) was within 1.0 foot above salignant grade. By State Square flootage of crawlet and space or enclosure(s) was within 1.0 foot above salignant grade. By State Square flootage of crawlet grade. By State Square flootage grade.		.,,			Company USE:
Building Owner's Name	nal Flood Insurance Program	SECTION A	- PROPERTY INFORMATIO		
2. Building Street Address (including April, Unit, Suite, and/or Slot A No. or P.O. Rodge and Box No. 2 P.Code City				Ι,	
2. Building Use (e.g., Residential, Nan-Residential, Addition, Accessory, ac.) 4. Building Use (e.g., Residential, Nan-Residential, Addition, Accessory, ac.) 4. Building Use (e.g., Residential, Nan-Residential, Addition, Accessory, ac.) 4. Latitude-Longitude: Lat. 34.34.19. 4. Building Diagram Number 2. 4. Building Diagram Number 3. 5. Latitude-Longitude: Lat. 34.13.19. 6. The building With a crawl space or endosurerist. 8. The building Diagram Number 3. 6. The building Diagram Number 4. 8. For a building with a crawl space or endosurerist. 8. The building Diagram Number 4. 8. For a building with a crawl space or endosurerist. 8. For a building with a crawl space or endosurerist. 8. For a building with a crawl space or endosurerist. 8. For a building with a crawl space or endosurerist. 8. For a building with a crawl space or endosurerist. 8. For a building with a radial space or endosurerist. 8. For a building with a crawl space or endosurerist. 8. For a building with a crawl space or endosurerist. 8. For a building with a crawl space or endosurerist. 8. For a building with a crawl space or endosurerist. 8. For a building with a radial space or endosurerist. 8. For a building with a radial space or endosurerist. 8. For a building with a radial space or endosurerist. 9. Sourist footoge of state-ded sparage. 9. Sourist footoge-ded sparage. 9. Sourist footog	Building Owner's Name	KELLEY MI	A DOCK	C	Company NAIC Number
City Camp Vs60E 3. Property Description (Lot and Block Numbers, Tax Parcal Number, Legai Description, etc.) 4. Building Use is g., Residential, Non-Residential, Addition, Accessory, etc.) 5. Littleted conglude: Lat. 31:31-15 6. Littleted conglude: Lat. 31:	Building Street Address (including Apt.,	Unit, Suite, and/or Biog.	OP Brich Le		0.40
Tripe or property Describion (Lot and Block Numbers, Tax Parcel Numbers, Tax Parcel Numbers, Legal Cescription, etc.) Property Describion (Lot and Block Numbers, Tax Parcel Numbers, Tax	P.o. Dex 33	N = 210 IS	State	ZIP	86322
M. Building Use (e.g., Residential Non-Residential Addition, Accessory, atc.) 15. Latitude/Longitude: Lat. 31.3+19. Horizontal Datum: NAD 1927 NAD 1 Catificate Interest Cate Inter	City CAMO VERDE	To and Number	Legal Description, etc.)		
4. Building Use (e.g., Readengal, Non-Residential, Addition, Accessory, atc.) 5. Latitude/conglude: Lat. 31.31.51.63 6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. 6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. 7. Building Disagram Number 2. 8. For a building with a crast space or enclosure(s), provide: 8. Square footage of crast space or enclosure(s). 9. Square footage of crast space or enclosure(s) and the space of enclosure(s) with a crast of food openings in the craw appear or enclosure(s) with the crast of food openings in Ab. 9. Total net area of food openings in Ab. 8. SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION 8. SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION 8. SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION 8. State 2. 8. State 4. 8. First Paris 5. FIRM Paris 5. FIRM Paris 6. 9. State 4. 8. First Paris 5. FIRM Paris 7. FIRM Paris 5. FIRM Paris 7. FIRM Paris 8. FIRM Paris 7.	Property Description (Lot and Block Nu	imbers, Tax Parcei Number	I, Esgal Bessioner		
B4. MapiPanel Number A	Building Use (e.g., Residential, Non-Residential, Latitude/Longitude; Lat. 34, 34. Attach at least 2 photographs of the building Diagram Number 2. For a building with a crawl space or er a) Square footage of crawl space or b) No. of permanent flood openings in enclosure(s) walls within 1.0 foot c) Total net area of flood openings in SE	esidential, Addition, Access 15 Long. 1 Long.	A9. For a build A9. For a build A9. For a build A9. For a build B9. For a build B9. No. of Walls County Name A9. For a build B1. Total B1.	ing with an attache e footage of attache permanent flood of within 1.0 foot above net area of flood op	ad garage, provide: ad garage penings in the attached garage e adjacent grade enings in A9.b S. State A2 B9. Base Flood Ejevation(s) (Zone
Date EffectiveNews Using Color Co		E6, FIRM Index	87. FIRM Panel		AO, use base flood depth)
Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. FISP Profile FIFRM Community Determined Other (Describe)	84. Map/Panel Number 85. Suita	Date	1		
All Indicate elevation datum used for SFE in Item 89: No NoV 1929 NAVD 1988 Other (Describe) Yes No Indicate elevation datum used for SFE in Item 89: No Item 1981 Nov 1988 Other (Describe) Yes No Item 1981 No Item 1981 No Item 1981 No Item 1982 No Item 1982 No Item 1983 No Item 1984 No	4075C 2205 F	_ 6-6-0L	G-G-BI		
Section Sect	Indicate the source of the Base Floor	d Elevation (BFE) data or t	Other (Describe)		
Section C - Building elevation datum used for SFE in Item 98: No 1929	V FIS Profile V FIRM	Commonty Dates		Other (Describe)	
Carrier Carr	in the state of the sear for Si	FF in Item B9: 🔀 NGVD 1	1929 NAVD 1988 _ [_]	Julei (5040057	☐ Yes 👿 No
Carrier Carr					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:	11. Indicate elevation datum decision	Ramier Resources System ((CBRS) area or Otherwise Protect	ted Area (CPA)?	L /1- 🔼
C1. Building elevations are based on: Construction Drawings' Building Under Construction' 'A new Elevation Certificate will be required when construction of the building is complete. 'A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – 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. Below according to the building diagram specified in Item A7. Senchmark Utilized 112. Conversion/Comments	12. Is the building located in a Coastan.	Barrier Resources System ((CBRS) area or Otherwise Protect CBRS	ted Area (CPA)?	
C1. Building elevations are based on: Construction Drawings Building Under Construction A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – 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. Elevations – 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. Elevations – 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. Elevations – 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. Elevations – 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. Elevations – Zones A1-A30, AR/AH, AR/AO. Complete Items C2. Elevations — Zones A1-A30, AR/AH, AR/AO. Complete Items C2. Elevations — Zones A1-A30, AR/AH, AR/AO. Complete Items C2. Elevations — Zones A1-A30, AR/AH, AR/AO. Complete Items C2. Elevation — Sones A1-A30, AR/AH, AR/AO. Complete Items C2. Elevation — Metars (Puerto Ricc only) — Me	12. Is the building located iff a coastar.		☐ CBRS ☐ OFA		
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a) Top of bottom floor (including basement, drawl space, or architect authorized by law to certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify that the information on this Certificate represents my best efforts to interpret the data available. Certifier's Name Dugan L McDonge Title Top of the next higner floor Bottom of the lowest horizontal structural member (V Zones only) MA	SEC 3.1. Building elevations are based on: "A new Elevation Certificate will be no Elevations – Zones A1-A30, AE, AH below according to the building diag Eenchmark Utilized	TION C - BUILDING EL Construction Drawings equired when construction I, A (with BFE), VE, V1-V30 tram specified in Item A7.	EVATION INFORMATION (S Building Under Co of the building is complete. Vertical Datum	URVEY REQUIR nstruction , AR/A1-A30, AR/A 3094 9 Check the measure	ED) Finished Construction H, AR/AO. Complete Items C2.a-g 1929 ement used.
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(Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) g) Highest adjacent (finished) grade (HAG) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION SECTION D - SURVEYOR, engineer, or architect authorized by law to certify elevation This certification 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. Check here if comments are provided on back of form. Certifier's Name Certifier's Name Company Nam	SEC 11. Building elevations are based on: 12. A new Elevation Certificate will be not below according to the building diaged Eenchmark Utilized	TION C - BUILDING EL. Construction Drawings equired when construction I, A (with 8FE), VE, V1-V30 gram specified in Item A7. Construction of the	EVATION INFORMATION (S Building Under Co of the building is complete. Vertical Datum Vertical Datum enclosure floor) 3083 93 3592 51	DRVEY REQUIR Instruction AR/A1-A30, AR/A BOSH Check the measure Keet me feet me feet me feet me	Finished Construction H, AR/AO. Complete Items C2.a-g 1925 Iment used. eters (Puerto Rico only)
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Address Co. 2270 AMO VERDE	SEC 11. Building elevations are based on: 12. A new Elevation Certificate will be not below according to the building diagonal Enchmark Utilized	Construction Drawings equired when construction I. A (with BFE), VE, V1-V30 gram specified in Item A7. Consamment, crawl space, or all structural member (V Zong) or equipment servicing the n Comments) adde (LAG) adde (HAG) ECTION D - SURVEYOR sealed by a land surveyor, earlier on this Certificate representation on this Certificate representation on the punishable by fine wided on back of form.	EVATION INFORMATION (S Building Under Co of the building is complete. Vertical Datum Vertical Datum Penclosure floor) Building Building Vertical Datum AA Building Bui	URVEY REQUIR Instruction AR/A1-A30, AR/A 3094 9 Check the measure In feet	Finished Construction H, AR/AO. Complete Items C2.a-g 1929 Iment used. Inters (Puerto Rico only) ION ION ION ION ION ION ION IO
	SEC 11. Building elevations are based on: 12. A new Elevation Certificate will be not below according to the building diagonal Enchmark Utilized	Construction Drawings equired when construction I. A (with BFE), VE, V1-V30 gram specified in Item A7. Consamment, crawl space, or all structural member (V Zong) or equipment servicing the n Comments) adde (LAG) adde (HAG) ECTION D - SURVEYOR sealed by a land surveyor, earlier on this Certificate representation on this Certificate representation on the punishable by fine wided on back of form.	EVATION INFORMATION (S Building Under Co of the building is complete. Vertical Datum Vertical Datum Penciosure floor) Building Vertical Datum Vertical Datum Vertical Datum Vertical Datum A A A A A A A A A A A A A A A A A A A	Check the measure feet me feet me feet me will feet me wi	Finished Construction H, AR/AO. Complete Items C2.a-g Benent used. Sters (Puerto Rico only) Sters (Puerto Rico only)
Signature 50EC. 07 C920/347-1179	Building elevations are based on: "A new Elevation Certificate will be not Elevations – Zones A1-A30, AE, AH below according to the building diagonal Elevations – Zones A1-A30, AE, AH below according to the building diagonal Elevations – Zones A1-A30, AE, AH below according to the building diagonal Elevation/Comments a) Top of bottom floor (including the lowest body of the next higher floor contents) b) Top of the next higher floor contents and the lowest horizontal diagonal Attached garage (top of slab) a) Lowest elevation of machinery (Describe type of equipment in flowest adjacent (finished) gray and the properties of the lowest adjacent (finished) gray and the lowest adj	TION C - BUILDING EL. Construction Drawings equired when construction I, A (with BFE), VE, V1-V30 gram specified in Item A7. Consequence of the structural member (V Zon y or equipment servicing the n Comments) and (LAG) and (LAG) and (LAG) and (LAG) sealed by a land surveyor, at may be punishable by fine wided on back of form. Company Name City	EVATION INFORMATION (S Building Under Co of the building is complete. Vertical Datum Vertical Datum Penclosure floor) Building Building Vertical Datum Vertical Datum AA BUS BUS R, ENGINEER, OR ARCHITE Engineer, or architect authorized is sents my best efforts to interpret or imprisonment under 18 U.S. (S License Number License Number License Number State AZ Telephone	URVEY REQUIR Instruction AR/A1-A30, AR/A 3094 9 Check the measure In feet	Finished Construction H, AR/AO. Complete Items C2.a-g Benent used. Sters (Puerto Rico only)

IMPORTANT: In these spaces, copy the corres	ponding information from Section	n A. Fo	of Insurance Company Use:
Butuing Street Address (including Apt., Unit, 5 and/o	or Bidg. No.) or P.O. Route and Box No.	Pe	olicy Number
City Camo VERDE	. State Az	86322	ompany NAIC Number
SECTION D - SURVEYOR	R, ENGINEER, OR ARCHITECT C	ERTIFICATION (CONTIN	IUED)
Copy both sides of this Elevation Certificate for (1) comm	nunity official, (2) insurance agent/compa	any, and (3) building owner.	·
Comments A8-bic ARE WIND		OF OPENING	
	<u> </u>		
CZ-E IS AN AIC PI	<u> </u>		
Signature	Date		Check here if attachments
SECTION E - BUILDING ELEVATION INFOR	MATION (SURVEY NOT REQUIRE	ED) FOR ZONE AO AND	ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete Items E1- and C. For Items E1-E4, use natural grade, if available. E1. Provide elevation information for the following and grade (HAG) and the lowest adjacent grade (LAG) a) Top of bottom floor (including basement, crawl s b) Top of bottom floor (including basement, crawl s b) Top of bottom floor (including basement, crawl s E2. For Building Diagrams 6-3 with permanent flood of (elevation C2.b in the diagrams) of the building is E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment se E5. Zone AO only: If no flood depth number is available ordinance? Yes No Unknown. The	check the measurement used. In Pue check the appropriate boxes to show w). space, or enclosure) is	hether the elevation is above feet meters. above feet meters above or below the HAG. feet meters above or it below the HAG.	re or below the highest adjacent re or below the HAG. re or below the LAG. ructions), the next higher floor HAG. re or below the HAG.
The state of the s	Y OWNER (OR OWNER'S REPRE	SEXTATIVEL CERTIFIC	ATION
The property owner or owner's authorized representative			
The property owner or owner's authorized representative or Zone AO must sign here. The statements in Sections	e who completes Sections A, a, and E i s A, B, and E are correct to the best of n	ny knowledge.	
Property Cwner's or Owner's Authorized Representative			
Address	City	State	ZIP Coce
Signature	Cate	Telephone	
Comments			
			Check here if attachment
SECTION The local official who is authorized by law or ordinance to	N G - COMMUNITY INFORMATIO	management ordinance car	complete Sections A. B. C (of E).
The local official who is authorized by law of ordinance to and G of this Elevation Cartificate. Complete the applica G1. The information in Section C was taken from o is authorized by law to certify elevation information. G2. A community official completed Section E for a	ther documentation that has been signed attention. (Indicate the source and date of the sou	measurement used in items ed and sealed by a licensed he elevation data in the Cor	surveyor, engineer, or architect who niments area below.)
G3. The following information (Items G4G9.) is pr			·
G4. Permit Number G5. Date Pen		Date Certificate Of Compli	ance/Occupancy Issued
G7. This permit has been issued for. New Constru		t	
G3. Elevation of as-built lowest floor (including basemen	it) of the building:	feet meters (PR	
G9. BFE or (in Zone AO) depth of flooding at the building		feet meters (PR	r) Datum
Local Official's Name	Title		
Community Name	Telephon	re ,	
Signature	Date		
Comments			
			<u>·</u>