

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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 INSURANCE COMPANY USE
A1. Building Owner's Name: <u>FREE REVOCABLE FAMILY TRUST</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>161 e. SILVER BUGLE DRIVE</u>	Company NAIC Number: _____
City: <u>CAMP VERDE</u> State: <u>AZ</u> ZIP Code: <u>86322</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 25 FORT RIVER CAVES APN 404-30-118</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Accessory</u>	
A5. Latitude/Longitude: Lat. <u>34° 34' 2.9"</u> Long. <u>111° 51' 7.2"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1B</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: _____ d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ <u>0.00</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ <u>0.00</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: _____ <u>0.00</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ <u>0</u> Engineered flood openings: _____ <u>0</u> d) Total net open area of non-engineered flood openings in A9.c: _____ <u>0.00</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ <u>0.00</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ <u>0.00</u> sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Town of Camp Verde</u>	B1.b. NFIP Community Identification Number: <u>040131</u>		
B2. County Name: <u>YAVAPAI</u>	B3. State: <u>AZ</u>	B4. Map/Panel No.: <u>4025C2178</u>	B5. Suffix: <u>H</u>
B6. FIRM Index Date: <u>02/08/2024</u>		B7. FIRM Panel Effective/Revised Date: <u>10/16/2015</u>	
B8. Flood Zone(s): <u>AE</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>3090.7</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

161 e. SILVER BUGLE DRIVE

City: CAMP VERDE

State: AZ

ZIP Code: 86322

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: RM 121

Vertical Datum: 3097.35 (NAVD88)

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | |
|---|----------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | 3,092.00 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | 0.00 | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | 0.00 | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | 0.00 | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | 3,096.00 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished | 3,091.60 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished | 3,091.70 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | 0.00 | <input type="checkbox"/> feet <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: TIMOTHY L. HAMMES

License Number: L.S. 29263

Title: PREIDENT

Company Name: HAMMES SURVEYING LLC

Address: 2100 VIA SILVERADO

City: CAMP VERDE

State: AZ

ZIP Code: 86322

Signature: **TIM HAMMES**

Digitally signed by TIM HAMMES

Date: 2024.06.24 07:37:00 -07'00'

Date: _____

Telephone: (928) 597-2833

Ext.: _____

Email: t.ham@live.com



Place Seal Here

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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

LOWEST ELEVATION OF EQUIPMENT SERVICING THE BUILDING IS FOR A TANKLESS WATER HEATER.

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

161 e. SILVER BUGLE DRIVE

FOR INSURANCE COMPANY USE

Policy Number: _____

City: CAMP VERDE

State: AZ

ZIP Code: 86322

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: 2021 0423 G6. Date Permit Issued: MARCH 29, 2022
- G7. Date Certificate of Compliance/Occupancy Issued: N/A
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: 3092.0 feet meters Datum: NAVD 88
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: 3092.0 feet meters Datum: NAVD 88
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: 3090.7 feet meters Datum: NAVD 88
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: 3091.7 feet meters Datum: NAVD 88
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: BRUCE CONNOLLY Title: ENGINEER

NFIP Community Name: TOWN OF CAMP VERDE

Telephone: _____ Ext.: _____ Email: _____

Address: 395 S MAIN ST

City: CAMP VERDE

State: AZ

ZIP Code: 86322

Signature: Bruce Connolly P.E. Date: JULY 15, 2024

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

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. 161 E. SILVER BUGLE DRIVE			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

Photo One Caption FRONT

Clear Photo One



Photo Two

Photo Two Caption LEFT

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

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. 161 E. SILVER BUGLE DRIVE			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 **RIGHT**

Clear Photo Three



Photo Four

Photo Four Caption **REAR**

Clear Photo Four



**YAVAPAI COUNTY
FLOOD CONTROL DISTRICT**
www.yavapaiaz.gov/ycflood



Memo of Review For Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office.
The items noted below are not correct on the attached form and should read as entered on this page.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name FREEMAN REVOCABLE FAMILY TRUST		For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 E. Silver Bugle Drive		Company NAIC Number
City Camp Verde	State AZ	ZIP Code 86322
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 25 Fort River Caves APN # 404-30-118		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Accessory - Addition</u>		
A5. Latitude/Longitude: Lat: _____ Long: _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft		a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Number 04025C2178	B5. Suffix H	B6. FIRM Index Date 08/24/2021	B7. FIRM Panel Effective/Revised Date 10/16/2015	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 3090.7
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

Local Official's Name Ace Patel, CFM	Title Hydrologist
Community Name Yavapai County Flood Control District	Telephone (928) 771-3197
Signature <i>Ace Patel</i>	Date 04/20/2022
Comments Corrections in RED.	

ELEVATION CERTIFICATE

For Insurance Purposes only.

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 INSURANCE COMPANY USE	
A1. Building Owner's Name FREEMAN REVOCABLE FAMILY TRUST				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 E. SILVER BUGLE DRIVE				Company NAIC Number:	
City CAMP VERDE		State AZ		ZIP Code 86322	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 25 FORT RIVER CAVES APN 404-30-118					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>ACCESSORY</u>					
A5. Latitude/Longitude: Lat. <u>34 34 2.9</u> Long. <u>111 51 7.2</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number _____					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number			B2. County Name		B3. State
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

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. 161 E. SILVER BUGLE DRIVE			Policy Number:
City CAMP VERDE	State AZ	ZIP Code 86322	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT

Clear Photo One



Photo Two

Photo Two Caption LEFT

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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

ELEVATION CERTIFICATE

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. 161 E. SILVER BUGLE DRIVE			Policy Number:
City CAMP VERDE	State AZ	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 RIGHT

Clear Photo Three



Photo Four

Photo Four Caption REAR

Clear Photo Four

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

For Insurance Purposes only.

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 INSURANCE COMPANY USE	
A1. Building Owner's Name FREEMAN REVOCABLE FAMILY TRUST				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 E. SILVER BUGLE DRIVE				Company NAIC Number:	
City CAMP VERDE		State Arizona		ZIP Code 86322	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 25 FORT RIVER CAVES APN 404-30-118					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>ACCESSORY</u>					
A5. Latitude/Longitude: Lat. <u>34 34 2.9</u> Long. <u>111 51 7.2</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0.00</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>N/A</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0.00</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Number 2176	B5. Suffix H	B6. FIRM Index Date 12-17-2020	B7. FIRM Panel Effective/ Revised Date 12-15-2018	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 3091.1
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

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

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. 161 E. SILVER BUGLE DRIVE			Policy Number:
City CAMP VERDE	State Arizona	ZIP Code 86322	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished 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. a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: RM 121 Vertical Datum: 3097.35 (NAVD88)

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|---|--------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 3091.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 3091.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 3091.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name TIMOTHY L. HAMMES	License Number L.S. 29263		
Title PRESIDENT			
Company Name HAMMES SURVEYING LLC			
Address 2100 VIA SILVERADO			
City CAMP VERDE	State Arizona		ZIP Code 86322
Signature <i>Timothy L. Hammes</i>	Date 10-26-2021	Telephone (928) 567-2833	Ext.

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

Comments (including type of equipment and location, per C2(e), if applicable)

THERE IS NO ELECTRIC EQUIPMENT IN THE ACCESSORY BUILDING.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

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. 161 E. SILVER BUGLE DRIVE			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

Photo One Caption FRONT

Clear Photo One

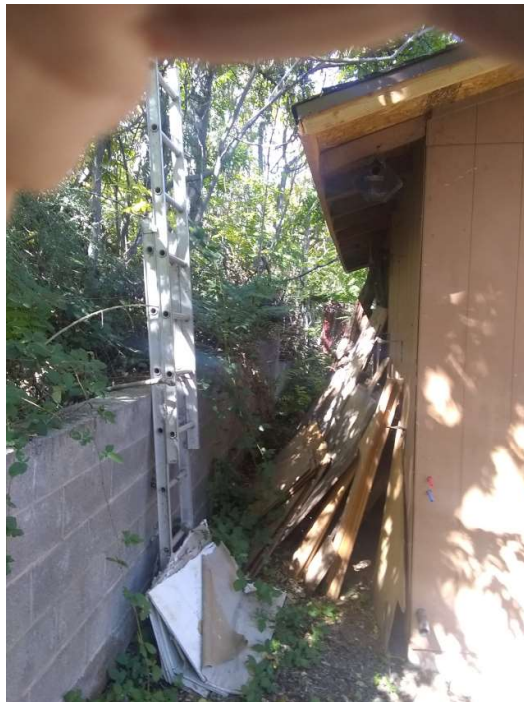


Photo Two

Photo Two Caption LEFT

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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

ELEVATION CERTIFICATE

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. 161 E. SILVER BUGLE DRIVE			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 RIGHT

Clear Photo Three



Photo Four

Photo Four Caption REAR

Clear Photo Four