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 CERTIFICATEIMPORTANT: 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: FREE 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 (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nur LOT 25 FORT RIVER CAVES APN 404-30-118	mber:						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Accessory	-						
A5. Latitude/Longitude: Lat. 34° 34' 2.9" Long. 111° 51' 7.2" Horizontal Datum: NAD 1927 NAD 1983 WGS 84							
A6. Attach at least two and when possible four clear photographs (one for each side) of the building							
A7. Building Diagram Number: 1B							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s): 0.00 sq. ft.							
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	☐ Yes ☒ No ☐ N/A						
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings: 0 Engineered flood openings: 							
d) Total net open area of non-engineered flood openings in A8.c: 0.00 sq. in.							
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ons): 0.00 sq. ft.						
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 0.00 sq. ft.	-						
A9. For a building with an attached garage:							
a) Square footage of attached garage:							
b) Is there at least one permanent flood opening on two different sides of the attached garage?	☐ Yes ☒ No ☐ N/A						
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adja Non-engineered flood openings:0 Engineered flood openings:0	cent grade:						
d) Total net open area of non-engineered flood openings in A9.c: 0.00 sq. in.							
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instruction	ons): 0.00 sq. ft.						
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): sq. ft.							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	MATION						
B1.a. NFIP Community Name: Town of Camp Verde B1.b. NFIP Community Ider	ntification Number: 040131						
B2. County Name: YAVAPAI B3. State: AZ B4. Map/Panel No.: 4	025C2178 B5. Suffix: H						
B6. FIRM Index Date: 02/08/2024 B7. FIRM Panel Effective/Revised Date: 10/16/20	15						
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	ase Flood Depth): 3090.7						
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: FIS FIRM Community Determined Other:							
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 Prote Designation Date:	cted Area (OPA)? Yes No						
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No						

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, S	uite, and/or Ble	dg. No.) o	r P.O. Route and Box	No.:	FOR	INS	JRAN	ICE (OMPANY USE
				Policy	Policy Number:				
City: CAMP VERDE State: AZ ZIP Code: 86322					Company NAIC Number:				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY F									1
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 elevation ☐ NGVD 1929 ☑ NAVD 1988 ☐ C) through	h) below.						
Datum used for building elevations must be to lf Yes, describe the source of the conversion	ne same as th factor in the S	nat used f Section D	or the BFE. Conversi Comments area.	ion factor us	ed?	Ch	Yes		No asurement used:
a) Top of bottom floor (including baseme	ent, crawlspac	ce, or enc	losure floor):	3,09	2.00		feet		meters
b) Top of the next higher floor (see Instr	uctions):				0.00		feet		meters
c) Bottom of the lowest horizontal struct	ural member ((see Instr	uctions):		0.00		feet		meters
d) Attached garage (top of slab):					0.00		feet		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): 3,096.6						\boxtimes	feet		meters
f) Lowest Adjacent Grade (LAG) next to	f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 3,091.6					\boxtimes	feet		meters
g) Highest Adjacent Grade (HAG) next to building: Natural Finished 3,091.7					1.70	\boxtimes	feet		meters
 h) Finished LAG at lowest elevation of a support: 	ttached deck	or stairs,	including structural		0.00		feet		meters
SECTION D - S	JRVEYOR,	ENGINE	ER, OR ARCHITE	CT CERTI	FICAT	TION	الغال		
This certification is to be signed and sealed b information. I certify that the information on the false statement may be punishable by fine or	is Certificate ı	represent	s my best efforts to it	nterpret the	tate la data a	w to vailal	certify ole. I u	elev: inder	ation stand that any
Were latitude and longitude in Section A prov	ided by a licer	nsed land	surveyor? Yes	⊠ No					
Check here if attachments and describe in	the Comment	ts area.							
Certifier's Name: TIMOTHY L. HAMMES		_ Licens	e Number: L.S. 292	63					
Title: PREISDENT		= 1	***			7	JuniO		Blevan
Company Name: HAMMES SURVEYING I	.LC						TIFICA	M	<u> </u>
Address: 2100 VIA SILVERADO					_	5	2926 TIMOTH	13 [™] 17 L	EX O
City: CAMP VERDE	St	tate:	Z ZIP Code: 86	6322	<i>"</i> !!		06/24/	2024 2024	
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							l 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 fac	ctor in C2; typ	e of equip	oment and location p	er C2.e; and	descr	iptior	of an	y atta	achments):
LOWEST ELEVATION OF EQUIPMENT	SERVICING	THE B	JILDING IS FOR A	TANKLES	SS WA	ATEF	RHEA	ATEF	R.

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route							
161 e. SILVER BUGLE DRIVE							
City: CAMP VERDE State: AZ ZIP Code:	86322 Policy Number: 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 commu Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable	nity's floodplain management ordinance can complete						
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 (E5 is completed for a building located in Zone AO.	without a BFE), Zone AO, or Zone AR/AO, or when item						
G2.b. A local official completed Section H for insurance purposes.							
G3.	fic corrections to the information in Sections A, B, E and H.						
G4.	floodplain management purposes.						
G5. Permit Number: 2021 0423 G6. Date Permit Issued:	MARCH 29, 2022						
G7. Date Certificate of Compliance/Occupancy Issued:	_						
G8. This permit has been issued for: New Construction Substantial	Improvement						
G9.a. Elevation of as-built lowest floor (including basement) of the building:	2.0 X feet meters Datum: NAVD 88						
G9.b. Elevation of bottom of as-built lowest horizontal structural member:	2.0 seet meters Datum: Na VD 88						
G10.a. BFE (or depth in Zone AO) of flooding at the building site:	0.7 ⊠ feet ☐ meters Datum: N4VD88						
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:	1.7 🏿 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 co correct to the best of my knowledge. If applicable, I have also provided specific of	ompleted the information in Section G and certify that it is orrections in the Comments area of this section.						
Local Official's Name: BAUCE CONNOLLY Ti	le: ENGINGEA						
NFIP Community Name: TOWN OF CAMP VE	RDE						
Telephone: Ext.: Email:							
Address: 395 S MAIN ST							
City: CAMP VERDE	State: A Z ZIP Code: 86322						
Signature: Brue Comment P.E. Dat	July 15,2024						
Comments (including type of equipment and location, per C2.e; description of an Sections A, B, D, E, or H):	attachments; and corrections to specific information in						

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., L 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

Continuation Page

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

in the second se			·
IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt 161 E. SILVER BUGLE DRIVE	o. Policy Number:		
City CAMP VERDE	Company NAIC Number		
CAWIP 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

Photo Three Caption RIGHT

Clear Photo Three



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	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 State ZIP Code Camp Verde AZ 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.) Accessory - Addition A5. Latitude/Longitude: Lat: Long. Horizontal Datum: NAD 19 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	927 NAD 1983						
A7. Building Diagram Number A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings?							
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 B5. Suffix B6. FIRM Index Date B7. FIRM Panel B8. Flood Zone(s) 04025C2178 H 08/24/2021 Effective/Revised Date 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. FIS Profile FIRM Community Determined Other (Describe) B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date CBRS OPA	☐ Yes ☐ No						
Local Official's Name Ace Patel, CFM Title Hydrologist							
Community Name Yavapai County Flood Control District Telephone (928) 771-3197							
Signature							
Comments Corrections in RED.							

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

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

For Insurance Purposes only.

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 - P	FOR INSUF	RANCE COMPANY USE					
A1. Building Owner's Name FREEMAN REVOCABLE FAMILY TRUST	Policy Num	ber:					
A2. Building Street Address (including Apt. Box No.161 E. SILVER BUGLE DRIVE	Company N	IAIC Number:					
City State ZIP Code CAMP VERDE AZ 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-Re	sidential, Addition	, Accessory,	etc.) ACCESSOF	RY			
A5. Latitude/Longitude: Lat. 34 34 2.9	Long.	111 51 7.2	Horizontal	Datum: NAD 1	1927		
A6. Attach at least 2 photographs of the bu	ilding if the Certific	ate is being ι	 used to obtain flood	d insurance.			
A7. Building Diagram Number							
A8. For a building with a crawlspace or end	losure(s):						
a) Square footage of crawlspace or en	closure(s)		sq ft				
b) Number of permanent flood opening	s in the crawlspac	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade		
c) Total net area of flood openings in A	8.b	sq ir	1				
d) Engineered flood openings? 🔲 չ	es No						
A9. For a building with an attached garage:							
a) Square footage of attached garage		sq ft					
b) Number of permanent flood opening	s in the attached o	jarage within	1.0 foot above adja	acent grade			
c) Total net area of flood openings in A	9.b	sq	in				
d) Engineered flood openings?							
, 3							
SECTION B -	FLOOD INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	•		
B1. NFIP Community Name & Community I	lumber	B2. County	Name		B3. State		
B4. Map/Panel B5. Suffix B6. FIRM Date	Eff	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	Elevation(s) e Base Flood Depth)		
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 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:	Designation Date:						

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

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/o 161 E. SILVER BUGLE DRIVE	Policy Number					
City Sta		Code	Company NAIC Number			
CAMP VERDE An	zona 8632	2				
SECTION C - BUILDING EL						
C1. Building elevations are based on: Construction	on Drawings* 🔲 Buik	ting Under Constru	ction* 🗵 Finished Construction			
*A new Elevation Certificate will be required when o						
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE). Complete Items C2.a–h below according to the bull Benchmark Utilized: RM 121	ding diagram specified i	FE), AR, AR/A, AR/ n Item A7. In Puert 3097.35 (NAVD88)	o Rico only, enter meters.			
Indicate elevation datum used for the elevations in						
NGVD 1929 ☒ NAVD 1988 ☐ Other		•				
Datum used for building elevations must be the sar	no as that used for the B	FE.				
material money in the second s	11 W W 11 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W	. =	Check the measurement used.			
 a) Top of bottom floor (including basement, crawls 	pace, or enclosure floor)	3	3091.9 ⊠ feet ☐ meters			
b) Top of the next higher floor			N/A feet meters			
c) Bottom of the lowest horizontal structural memb	er (V Zones only)		N/A feet meters			
	er (v zones omy)		NA feet meters			
d) Attached garage (top of slab)						
 e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Cor 	mments)		N/A feet meters			
 f) Lowest adjacent (finished) grade next to buildin 	g (LAG)		091.6 🗵 feet 🔲 meters			
g) Highest adjacent (finished) grade next to buildir	ıg (HAG)	3	3091.7 ⊠ feet ☐ meters			
b) Lowest adjacent grade at lowest elevation of de structural support	ek or stairs, including		N/A [] feet [] meters			
SECTION D - SURVEYOR	L ENGINEER, OR ARC	CHITECT CERTIF	ICATION			
This certification is to be signed and sealed by a land so I certify that the information on this Certificate represent statement may be punishable by fine or imprisonment u	urveyor, engineer, or arc	hitect authorized by	y law to certify elevation information.			
Were latitude and longitude in Section A provided by a	ícensed land surveyor?	□Yes ⊠ No	Check here if attachments.			
Certifier's Name	License Number					
TIMOTHY L. HAMMES	L.S. 29263		- Hear			
Title PRESIDENT			Place			
Company Name			G 29263 P M			
HAMMES SURVEYING LLC			Weed to			
Address 2100 VIA SILVERADO			201			
City	State	ZIP Code				
CAMP VERDE	Arizona	86322	NA O			
Signature L. Harm	Date 01-26-2022	Telephone (928) 567-2833	Ext.			
Copy all pages of this Elevation Certificate and all attachn	nents for (1) community o	fficial, (2) insurance	agent/company, and (3) building owner.			
Comments (including type of equipment and location, p	er C2(e), if applicable)					
THERE IS NO ELECTRIC EQUIPMENT IN THE ACCI	ESSORY BUILDING		1			
,						
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ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 161 E. SILVER BUGLE DRIVE	Policy Number:		
City	Company NAIC Number		
CAMP VERDE	AZ	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

Photo One Caption FRONT Clear Photo One



Photo Two

Photo Two Caption LEFT Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

			<u> </u>			
IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt. 161 E. SILVER BUGLE DRIVE	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 E. SILVER BUGLE DRIVE					
City	State	ZIP Code	Company NAIC Number			
CAMP VERDE	AZ	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

Photo Three Caption RIGHT

Clear Photo Three



Photo Four

Photo Four Caption REAR

Clear Photo Four
Form Page 6 of 6

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.

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 INSUF	RANCE COMPANY USE
A1. Building Owner's Name FREEMAN REVOCABLE FAMILY TRUST						Policy Num	ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 161 E. SILVER BUGLE DRIVE							IAIC Number:
City State ZIP Code CAMP VERDE Arizona 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., Resider	itial, Non-Residential,	Addition	, Accessory,	etc.) ACCESSO	ORY	
A5. Latitude/Longi	tude: Lat. 3	4 34 2.9	Long. 1	11 51 7.2	Horizonta	l Datum: 🔲 NAD 1	1927 🗵 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	sed to obtain floo	d insurance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of craw	space or enclosure(s)			N/A sq ft		
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	t above adjacent gra	ade 0
c) Total net ar	ea of flood o	penings in A8.b		0.00 sq in	1		
d) Engineered	I flood openir	ngs? ☐ Yes ⊠ N	No				
A9. For a building v	vith an attach	ned garage:					
a) Square foot	age of attach	ned garage		N/A sq ft			
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above adj	acent grade 0	
c) Total net ar	ea of flood o _l	penings in A9.b		0.00 sq	in		
d) Engineered	flood openin	gs? ☐ Yes ☒ N	No				
, ,							
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	1
	•	Community Number		B2. County			B3. State
Town of Camp Ver	de #040131			TAVAPAI, I	ndependent City		Arizona
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) e Base Flood Depth)
2176	Н	12-17-2020	12-15-2		AE	3091.1	
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 a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation l	Date:		CBRS	☐ OPA			

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

IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, a 161 E. SILVER BUGLE DRIVE	Policy Number							
City CAMP VERDE		IP Code 6322	Company NAIC Number					
SECTION C - BUILDIN	G ELEVATION INFORM	IATION (SURVEY RE	EQUIRED)					
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.								
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/AI–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 elevation Indicate Servation Indicate	other/Source:							
Datum used for building elevations must be th	e same as that used for th	ne BFE.	Check the r	neasurement used.				
a) Top of bottom floor (including basement, ci	rawispace, or enclosure fl	oor)3	3091.9 🔀 fee					
b) Top of the next higher floor			N/A 🗍 fee	t meters				
c) Bottom of the lowest horizontal structural n	nember (V Zones only)		N/A fee	t				
d) Attached garage (top of slab)			fee	t 🗌 meters				
e) Lowest elevation of machinery or equipme (Describe type of equipment and location in	nt servicing the building n Comments)		N/A [] fee	t meters				
f) Lowest adjacent (finished) grade next to be	uilding (LAG)	3	8091.6 ⊠ fee	t 🔲 meters				
g) Highest adjacent (finished) grade next to b	<u>8091.7</u> ⋉ fee	t meters						
 h) Lowest adjacent grade at lowest elevation structural support 	of deck or stairs, including) 	N/A [] fee	t meters				
SECTION D - SURVE	YOR, ENGINEER, OR	ARCHITECT CERTIF	ICATION					
This certification is to be signed and sealed by a la I certify that the information on this Certificate repre- statement may be punishable by fine or imprisonm	esents my best efforts to i	nterpret the data availa	y law to certify el able. I understan	evation information. d that any false				
Were latitude and longitude in Section A provided	by a licensed land survey	or? ☐Yes ⊠No	⊠ Check h	ere if attachments.				
Certifier's Name TIMOTHY L. HAMMES	License Number L.S. 29263		S	Aan				
Title PRESIDENT				FICATE SOL				
Company Name HAMMES SURVEYING LLC			T S S	MOTHX I				
Address 2100 VIA SILVERADO				Here				
City CAMP VERDE	State Arizona	ZIP Code 86322	19	26/204				
Signature twell (Home	Date 10-26-2021	Telephone (928) 567-2833	Ext.					
Copy all pages of this Elevation Certificate and all att	achments for (1) communi	y official, (2) insurance	agent/company,	and (3) building owner.				
Comments (including type of equipment and location	on, per C2(e), if applicable)						
THERE IS NO ELECTRIC EQUIPMENT IN THE A	CCESSORY BUILDING.							

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 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

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 161 E. SILVER BUGLE DRIVE	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 Three

Photo Three Caption RIGHT

Clear Photo Three



Photo Four

Photo Four Caption REAR Clear Photo Four