U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: July 31, 2015

National Flood Insurance Program Important: Read the instructions on pages 1–9.	Expiration Date: July 31, 2015
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name Matthew Mullis	FOR INSURANCE
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 386 E. Silver Bugle Drive	CPURPOSES
City Camp Verde State AZ ZIP Code 86322	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 84 FORT RIVER CAVES BOOK 16 OF MAPS PAGE 7, YCR APN 404-30-177	
 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): A9. For a building with an attached and the second secon	ached garage <u>441</u> sq ft t flood openings in the attached garage adjacent grade <u>0</u> d openings in A9.b 0 sq in
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATIC	DN
B1. NFIP Community Name & Community Number B2. County Name CAMP VERDE # 40131 YAVAPAI	B3. State ARIZONA
B4. Map/Panel Number 04025C2180 B5. Suffix G 09-03-2010 B6. FIRM Index Date 09-03-2010 Effective/Revised Date 09-03-2010 AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 3086.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.	- L
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)? □ Designation Date: □ OPA	Yes 🛛 No
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUI	RED)
 Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>RM119A</u> Vertical Datum: <u>NAVD 1988</u> Indicate elevation datum used for the elevations in items a) through h) below. □ NGVD 1929 ☑ NAVD 1988 □ (Datum used for building elevations must be the same as that used for the BFE. 	
5	k the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 3083.3 b) Top of the next higher floor N/A c) Bottom of the lowest horizontal structural member (V Zones only) N/A d) Attached garage (top of slab) 3082.2 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 3083.7	⊠ feet □ meters ⊠ feet □ meters
f) Lowest adjacent (finished) grade next to building (LAG)3081.7g) Highest adjacent (finished) grade next to building (HAG)3082.2h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support3082.2	 ☑ feet ☐ meters ☑ feet ☐ meters ☑ feet ☐ meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATI	
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify eleval 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. Were latitude and longitude in Section A provided by licensed land surveyor? Yes	tion
Certifier's Name JODY A. STONE, RLS License Number 37401	JODY ALLEN
Title PRESIDENT Company Name GEOMETRIX LLC	STONE GUIZUA
Address 155 S MNTZMA CSTL HWY ST6 City CAMP VERDE State AZ ZIP Code 86322	Signed.
Signature Date 06/13/2014 Telephone 928-567-1900	Pires 03131

FEMA Form 086-0-33 (7/12)

Replaces all previous editions.

ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding in	nformation fro	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No. 386 E SILVER BUGLE DRIVE) or P.O. Route a	and Box No.	Policy Number:
City CAMP VERDE	State AZ	ZIP Code 86322	Company NAIC Number:

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Regarding C2.e The lowest elevation of machinery or equipment servicing the building is the pump relay switch located at the Northwest corner of the dwelling.

Signature

Date 06/13/2014

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1.	Provide elevation information for grade (HAG) and the lowest adja	the following and check the appro cent grade (LAG).	opriate boxes to s	how whethe	er the elevation is	above o	or below the highes	t adjacent
	a) Top of bottom floor (including	basement, crawlspace, or enclosu	ure) is		eet 🔲 meters [] above	or 📋 below the H	AG.
50		basement, crawlspace, or enclosu			eet 🗌 meters [🗋 above	or 🔲 below the L	AG.
E2.	For Building Diagrams 6–9 with p (elevation C2.b in the diagrams)	ermanent flood openings provide of the building is	d in Section A Ite	ms 8 and/or ers 🔲 abo	r 9 (see pages 8- ve or 🔲 below ti	-9 of Inst he HAG.	ructions), the next	nigher floor
	Attached garage (top of slab) is	feet 🗌 me	eters 🔲 above o	r 🗌 below	the HAG.			
E4.	Top of platform of machinery and	/or equipment servicing the buildi	ng is	🗌 feet	🗌 meters 🔲 a	bove or	below the HAG.	
E5.	Zone AO only: If no flood depth	number is available, is the top of t	he bottom floor e	levated in a	ccordance with th	ne comm	unity's floodplain m	anagement
	ordinance? 🗌 Yes 🗌 No 🗌	Unknown. The local official mus	t certify this inform	mation in Se	ection G.			
	SECTION	F - PROPERTY OWNER (OF		EPRESEN	TATIVE) CERT	FIFICAT	TON	
The p or Zo	property owner or owner's authoriz ne AO must sign here. The staten	ed representative who completes nents in Sections A, B, and E are	Sections A, B, and Correct to the best	nd E for Zor t of my know	ne A (without a Fl wledge.	EMA-iss	ued or community-i	ssued BFE)
Prop	erty Owner's or Owner's Authorize	d Representative's Name						
Addr	288		City		State		ZIP Code	
Signa	ture		Date		Teleph	попе		
Com	ments							
							Check here	if attachments
-		SECTION G - COMMU						
The loc	al official who is outhorized by law							
of this	al official who is authorized by law Elevation Certificate. Complete the	applicable item(s) and sign below.	Check the measu	irement use	d in Items G8–G1	0. In Pu	erto Rico only, enter	meters.
G1. 🗌	The information in Section C w is authorized by law to certify e	as taken from other documentation elevation information. (Indicate the	on that has been a e source and date	signed and e of the elev	sealed by a licen ation data in the	sed surv Comme	eyor, engineer, or a nts area below.)	rchitect who
G2. 🗌	A community official completed	Section E for a building located i	in Zone A (withou	t a FEMA-is	sued or commur	nity-issue	d BFE) or Zone AC).
G3. 🗖		is G4–G10) is provided for comm					,	
C4 E	Permit Number	G5. Date Permit Issued					10	
G4. r		G5. Date Permit Issued		Go. Date C	Sentificate Of Cor	npliance	Occupancy Issued	
37. T	his permit has been issued for:	New Construction	Substantial Impro	ovement				
38. E	levation of as-built lowest floor (in	cluding basement) of the building:		🗌 feet	meters	Datum	ATTEND AND AND A	
<u>39.</u> В	FE or (in Zone AO) depth of flood	ng at the building site:		☐ feet	meters	Datum		
310. C	ommunity's design flood elevatior	:	12	feet	 ∏ meters			
	, ,					Datant		
Local	Official's Name		Title					
Com	nunity Name		Telep	hone				
Signa	ture		Date					

Comments

Check here if attachments.

ELEVATION CERTIFICATE, page 3

Building Photographs See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corre	esponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, ar 386 E. Silver Bugle Drive	d/or Bldg. No.) or P.O. Route and Box No.	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.



FRONT VIEW 06/11/2014

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Building Photographs Continuation Page

Deliev Number
Policy Number:
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.



SIDE VIEW 06/11/2014