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: RENE ORANTES GARCIA	Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2984 SKYLINE 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 NunLOT 1248 & 1247 VERDE LAKES NO. 3 APN #404-32-081A	nber:			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): ATTACHED GA	ARAGE/NON RESIDENTIAL			
A5. Latitude/Longitude: Lat. 34° 31' 15.1" Long111° 48' 6.8" Horizontal Datum: N	AD 1927 NAD 1983 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: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:0	above adjacent grade:			
d) Total net open area of non-engineered flood openings in A8.c: 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): sq. ft.				
A9. For a building with an attached garage:				
a) Square footage of attached garage:528.00 sq. ft.				
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 adjacent grade: Non-engineered flood openings: 29				
d) Total net open area of non-engineered flood openings in A9.c: 580.00 sq. in.				
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): 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) INFORMATION				
B1.a. NFIP Community Name: TOWN OF CAMP VERDE B1.b. NFIP Community Idea	ntification Number: 040131			
B2. County Name: Yavapai, independent City B3. State: AZ B4. Map/Panel No.: 0	04025C2195 B5. Suffix: G			
B6. FIRM Index Date: 08/24/2021 B7. FIRM Panel Effective/Revised Date: 09/03/20	10			
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 3106.7				
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 Protected Area (OPA)? Yes No Designation Date: CBRS OPA				
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	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 N	No.:	FOR INS	URANCE COMPANY USE		
2984 SKYLINE DRIVE	i	Policy Nur	mber:		
City: CAMP VERDE State: AZ ZIP Code: 86322		Company	NAIC Number:		
SECTION C - BUILDING ELEVATION INFORMATION (S	SURVEY R	EQUIRE	D)		
C1. Building elevations are based on: Construction Drawings* Building Under *A new Elevation Certificate will be required when construction of the building is comp		n* 🛚 Fi	inished Construction		
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), A A99. Complete Items C2.a–h below according to the Building Diagram specified in Ite Benchmark Utilized: R30 Vertical Datum: 3151	em A7. In Pu	ierto Rico			
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 If Yes, describe the source of the conversion factor in the Section D Comments area.	n factor use		Yes No		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	C	0.00			
b) Top of the next higher floor (see Instructions):	C	0.00	feet meters		
c) Bottom of the lowest horizontal structural member (see Instructions):	C	0.00	feet meters		
d) Attached garage (top of slab):	3,107	7.00	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): 	3,111	1.30 🖂	feet meters		
f) Lowest Adjacent Grade (LAG) next to building: Natural Finished	3,106	6.00	feet meters		
g) Highest Adjacent Grade (HAG) next to building: Natural Finished	3,107	<u>7.10</u> 🖂	feet meters		
 Finished LAG at lowest elevation of attached deck or stairs, including structural support: 	C	<u>).00</u> 🖂	feet meters		
SECTION D – SURVEYOR, ENGINEER, OR ARCHITEC	CT CERTIF	CATION	N		
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: PRESIDENT					
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: 2023.07.18 08:41:02 -07'00' Date: 09/28/2023					
Telephone: (928) 567-2833			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):					
CERTIFICATE IS FOR AN ADDITIONAL ATTACHED GARAGE. LOWEST ELEVATION OF MACHINERY OR EQUIPMENT SERVICING THE BUILDING IS FOR ELECTRICAL OUTLET BOXES.					

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE	
2984 SKYLINE DRIVE				Policy Number:
City: CAMP VERDE	_ State:_	AZ	ZIP Code: <u>86322</u>	Company NAIC Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: FRONT SIDE Clear Photo One



Photo Two

Photo Two Caption: LEFT SIDE Clear Photo Two

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

	Contin	uation Page	
Building Street Address (including Apt., Unit, Suite 2984 SKYLINE DRIVE	e, and/or Bldg. No.) o	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
City: CAMP VERDE	State: AZ	ZIP Code: <u>86322</u>	Policy Number: Company NAIC Number:
Insert the third and fourth photographs below. In View," or "Left Side View." When flood opening vents, as indicated in Sections A8 and A9.	dentify all photograp s are present, includ	ohs with the date taken and "Fror de at least one close-up photogra	nt View," "Rear View," "Right Side aph of representative flood openings or
	Pho	oto Three	
Photo Three Caption: REAR SIDE			Clear Photo Three
Photo Four Caption:	Pn.	oto Four	Clear Photo Four
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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					Policy Numl	oer:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Company N	AIC Number:
City			State		ZIP Code	
A3. Property Description	Lot and Block Numbers, Ta	ax Parcel	Number, Leç	pal Description, etc	c.)	
A4. Building Use (e.g., Re	esidential, Non-Residential,	Addition	, Accessory, e	etc.)		_
A5. Latitude/Longitude:	_at	Long.		Horizontal	Datum: NAD 1	927 🔲 NAD 1983
A6. Attach at least 2 phot	ographs of the building if the	e Certific	ate is being u	sed to obtain flood	d insurance.	
A7. Building Diagram Nun	nber					
A8. For a building with a	crawlspace or enclosure(s):					
a) Square footage of	crawlspace or enclosure(s)			sq ft		
b) Number of perman	ent flood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	de
c) Total net area of flo	ood openings in A8.b		sq in			
d) Engineered flood of	ppenings?	No				
A9. For a building with an	attached garage:					
a) Square footage of	attached garage		sq ft			
b) Number of perman	ent flood openings in the at	tached g	arage within	1.0 foot above adja	acent grade	
c) Total net area of flo	ood openings in A9.b		sq	in		
d) Engineered flood o	penings?	No				
	SECTION B – FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community Nam			B2. County	• • •	<u></u>	B3. State
B4. Map/Panel B5. S Number	uffix B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(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)?						
Designation Date:		CBRS	,	•		

ELEVATION CERTIFICATE

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

IMPOR	TANT: In these spaces, copy the	FOR INSURANCE COMPAN	FOR INSURANCE COMPANY USE		
	g Street Address (including Apt., Un KYLINE DRIVE				
City	VERDE	State Arizona	ZIP Code 86322	Company NAIC Number	
CAMP				(DEOLUDED)	
	SECTION C -	BUILDING ELEVATION INF			
	Building elevations are based on: A new Elevation Certificate will be re	☐ Construction Drawings* equired when construction of t		struction*	ction
C2.	Elevations – Zones A1–A30, AE, AH Complete Items C2.a–h below accor	l, A (with BFE), VE, V1–V30, \ ding to the building diagram s	/ (with BFE), AR, AR/A, pecified in Item A7. In Pu	AR/AE, AR/A1–A30, AR/AH, AR/A uerto Rico only, enter meters.	Ю.
	Benchmark Utilized: R30		l Datum: <u>3151.62</u>		
I	ndicate elevation datum used for the		h h) below.		
-	☐ NGVD 1929 ☒ NAVD 19		for the DEE		
L	Datum used for building elevations n	nust pe the same as that used	IOI WE BEE.	Check the measurement u	ısed.
í	a) Top of bottom floor (including bas	sement, crawispace, or enclos	ure floor)	3106.6 X feet meters	;
1	b) Top of the next higher floor			3111.3 X feet Meters	i
(c) Bottom of the lowest horizontal st	tructural member (V Zones on	ly)	N/A feet meters	
	d) Attached garage (top of slab)	,		N/A feet meters	;
(e) Lowest elevation of machinery or (Describe type of equipment and	equipment servicing the build location in Comments)	ling	3111.4 X feet meters	;
1	f) Lowest adjacent (finished) grade	next to building (LAG)		3106.0 X feet meters	;
,	g) Highest adjacent (finished) grade	next to building (HAG)	Particular III Section 1	3107.1 X feet meters	;
i	h) Lowest adjacent grade at lowest structural support	elevation of deck or stairs, inc	luding	feet meters	;
	SECTION D -	- SURVEYOR, ENGINEER,	OR ARCHITECT CER	TIFICATION	
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.					
	e latitude and longitude in Section A	provided by a licensed land so	ırveyor? ☐Yes ☒ N	No Check here if attachme	ents.
	fier's Name OPTHY L. HAMMES	License Nur L.S. 29263	nber	A LANA	·/
Title	PIRIL HAWINES	£.0. 20200			1
	SIDENT			10	
	pany Name MES ENGINEERING L.L.C.	* * * * * * * * * * * * * * * * * * *	<u>.</u> .	TIMOTHY L	YOR
Addr 2100	ess VIA SILVERADO	,	**	11/01/2022	
City CAM	P VERDE	State Arizona	ZIP Code 86322	1000A U.3	7
Sign	ature L. Harme	Date 11-01-2022	Telephone (928) 567-283	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)					
LOWEST ELEVATION OF MACHINERY SERVICING BUILDING IS FOR A HOT WATER HEATER IN HOME. ELEVATION OF LOWEST STRUCTURAL MEMBER IS 3109.7 THERE ARE ADDITIONAL SUPPORTS. THE BRICK SKIRTING DOES NOT PROVIDE STRUCTURAL SUPPORT:					

BUILDING PHOTOGRAPHS

OMB No. 1660-0008 Expiration Date: November 30, 2022 See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding inform	ation from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. N	o.) or P.O. Route and Box No.	Policy Number:
City State	ZIP Code	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insural instructions for Item A6. Identify all photographs with date taken; "Left Side View." When applicable, photographs must show the vents, as indicated in Section A8. If submitting more photographs	"Front View" and "Rear View"; and e foundation with representative e	d, if required, "Right Side View" and examples of the flood openings or
	Photo One	
Photo One Caption		
	Photo Two	
Photo Two Caption	HOLO TWO	

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy the corresponding inforr	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg.	Policy Number:	
City State	ZIP Code	Company NAIC Number
If submitting more photographs than will fit on the preceding with: date taken; "Front View" and "Rear View"; and, if re photographs must show the foundation with representative example.	quired, "Right Side View" and "L	eft Side View." When applicable,
	Photo Three	
Photo Three Caption		
Photo Four Caption	Photo Four	