DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

ELEVATION CERTIFICATEIMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0008 Expiration: 11/30/2018

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insura				
SECTION A - PROPERTY INFORMATION	FORM INSURA	NCE COMPA	NY USE	
A1. Building Owner's Name LLOYD COKER	Policy Number:	\bigcirc		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4305 E AZTEC RD	Company NAIC Number:			
City RIMROCK State ARIX		Zip Code 8	6335	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc 405-11-152	C.)			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIA	AL			
A5. Latitude/Longitude: Lat. 34°38'36.45" Long. 111°46'29.70" Horizontal Datum:		● NAD 198	3	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood	l insurance.			
A7. Building Diagram Number 1B				
A8. For a building with a crawlspace or enclosure(s): A9. For a building with a crawlspace or enclosure(s):	ding with an attache	ed garage:		
a) Square footage of crawlspace or enclosure(s) 1568 sq ft a) Square foot	tage of attached ga	rage	N/A	sq ft
				sq it
	permanent flood op ned garage within 1 cent grade		N/A	
c) Total net area of flood openings in A8.b o sq in c) Total net are	ea of flood opening	s in A9.b	0	sq ir
d) Engineered flood openings? Yes No d) Engineered	I flood openings?		● No	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) IN	NFORMATION			
B1. NFIP Community Name & Community Number #040091 B2. County Name YAVAPAI			B3. State AZ	
	Flood Zone(s)	B9. Base Flo		
04025C1820 G 10/16/2015 Revised Date 09/03/2010	AE	(Zone AC depth 34), use base f 55.80	flood
FIS Profile FIRM Community Determined Other/Source: B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Designation Date: CBRS OPA		PA)? CY	es • No)
SECTION C - BUILDING ELEVATION INFORMATION (SUR)	VEY REQUIRED)			
C1. Building elevations are based on: Construction Drawings* Building Under Const C2. Elevations - Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with BFE), AR, AR/A Complete Items C2.a -h below according to the building diagram specified in Item A7. In Puerto A new Elevation Certificate will be required when construction of the building is complete.	struction*	neters.		
Benchmark Utilized: RM 129 Vertical Datum: CC		8		
Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929	9 NAVD 1988			
Other/Source:				
Datum used for building elevations must be the same as that used for the BFE.		Check the me	asurement	used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	3455.14	feet	(meters	s
b) Top of the next higher floor	3458.33	feet	_ meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	C feet	meters	S
d) Attached garage (top of slab)	N/A	C feet	meters	S
e) Lowest elevation of machinery or equipment servicing the building	3455.29	feet	meters	s
(Describe type of equipment and location in Comments)	2455.00	•	(
f) Lowest adjacent (finished) grade next to building (LAG)	3455.06	feet	← meters	S
g) Highest adjacent (finished) grade next to building (HAG)	3455.25	feet	← meters	S
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	3455.14	feet	meters	S

ELEVATION CERTIFICATE

OMB Control Number: 1660-0008 Expiration: 11/30/2018

SECTIO	ON D - SURVEYOR, ENG	INFER OR A	RCHITECT CE	RTIFICATION
This certification is to be signed and seale	ed by a land surveyor, engresents my best efforts to	gineer, or arch	itect authorized	d by law to certify elevation information. I certify I understand that any false statement may be
Check here if attachments.	Were latitude and provided by a lice	d longitude in		CARROLLING SU
Certifier's Name CLINT GILLESPIE		License Num	iber	50106 50106 6 SUNT D
Title R.L.S.	Company Name HERITAGE LAN	ND SURVEYING		GILLESPIE SEALS
Address PO BOX 3270	City CAMP VERDE	State Zip Code 86322 Telephone (928) 567-9170		ARIZONA, U.S.F.
Signature CLF-D	Date 18 May 16			Expires <u>9.30.18</u>
Copy both sides of this Elevation Certifica	,	ial, (2) insuran	ce agent/comp	eany, and (3) building owner.
Comments (including type of equipment a	and location , per C2(e), if	applicable)"		
MACHINERY SERVICING RESIDENCE ELEVATION OF 3455.21. THE LOWEST				
Signature				Date
				ZONE AO AND ZONE A (WITHOUT BFE)
Sections A, B,and C. For Items E1 -E4, us				oort a LOMA or LOMR-F request, complete used. In Puerto Rico only, enter meters.
E1. Provide elevation information for the formation highest adjacent grade (HAG) and the	ollowing and check the ap lowest adjacent grade (L	opropriate box AG).	es to show whe	ether the elevation is above or below the
 a) Top of bottom floor (including base or enclosure) is 	ment, crawlspace,		feet C	meters above or below the HAG.
 b) Top of bottom floor (including base or enclosure) is 	ment, crawlspace,		Geet C	meters above or below the LAG.
E2. For Building Diagrams 6 -9 with permating higher floor (elevation C2.b in the diagram)		rided in Section		d/or 9 (see pages 8 -9 of Instructions), the next meters above or below the HAG.
E3. Attached garage (top of slab) is			feet C	meters above or below the HAG.
E4. Top of platform of machinery and /or eservicing the building is	equipment		C feet C	meters above or below the HAG.
	er is available, is the top of Unknown. The loo			accordance with the community's floodplain formation in Section G.
	ROPERTY OWNER (OR			· ·
The property owner or owner's authorized community-issued BFE) or Zone AO must Property Owner or Owner's Authorized Ro	sign here. The statemen			
Address	City		State	ZIP Code
Signature	Date		Telephor	ne
Comments				
				*
				Check here if attachments.

OMB Control Number: 1660-0008 Expiration: 11/30/2018

SECTION G - COMMUNITY INFORMATION (OPTIONAL)								
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 - G10. In Puerto Rico only, enter meters.								
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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)								
G2. A community official completed Section AO.	E for a build	ing located in Zone A	(wit	hout	al	FEMA-iss	sued or community-issued BFE) of	or Zone
G3. The following information (Items G4 - G	10) is provide	d for community floor	dplai	in ma	ana	gement	purposes.	
G4. Permit Number	G5. Date Pe	ermit Issued	G6.	Date	e C	ertificate	of Compliance/Occupancy Issue	d
G7. This permit has been issued for: New Co	onstruction	Substantial Impro	veme	ent	1			
G8. Elevation of as-built lowest floor (including boot of the building:	asement)		Cf	eet		meters	Datum	
G9. BFE or (in Zone AO) depth of flooding at the site:	building		Cfe	eet		meters	Datum	
G10. Community's design flood elevation:			Cf	eet	$\overline{}$	meters	Datum	
Local Official's Name		Title				meters		
Community Name		Telephone						
Signature		Date						
Comments								
							Check here if attach	mente
							☐ Check here if attach	Henris.

BUILDING PHOTOGRAPHS

See instructions for Item A6

OMB Control Number: 1660-0008 Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/4305 E AZTEC RD	Policy Number:		
City Rimrock	State AZ	Zip Code 86335	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.



BUILDING PHOTOGRAPHS

Continuation Page

OMB Control Number: 1660-0008 Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the correspon	FORM INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit,Suite, an 4305 E AZTEC RD	Policy Number:			
City RIMROCK	State AZ	Zip Code 86335	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.

