U.S. DEPARTMENT OF HOMELAND SECURITY

## **ELEVATION CERTIFICATE**

Féderal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-8.

SCAN L
OMB No. 1660-0008 Expires February 28, 2009
For Insurance Company Use: Policy Number
Company NAIC Number
ZIP Code 86351
Datum: NAD 1927 NAD 1983
iched garage, provide: ached garage d openings in the attached garage bove adjacent grade l openings in A9.b
N
B3. State AZ
B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
Yes No
RED)
K Finished Construction
AH, AR/AO. Complete Items C2.a-g
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JUREO LAND SUPPLI
Switch Smith
19853
SCOTT J.

SECTION A - PROPERTY INFORMATION	For Insurance Company Use:			
A1. Building Owner's Name William Griefenberg	Policy Number			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Roufe and Box No.	Company NAIC Number			
City Sedona State AZ Zi	P Code 86351			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  405-34-025C				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat. 34° 46' 08.78" Long11° 45' 44.36" Horizontal Date A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Ciagram Number A8. For a building with a crawl space or enclosure(s), provide:  a) Square footage of crawl space or enclosure(s)  b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade  walls within 1.0 foot above walls within 1.0 foot above adjacent grade	ned garage <u>965</u> sq ft openings in the attached garage ve adjacent grade			
c) Total net area of flood openings in A8.b  SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
	33. State \( \lambda - 7 \)			
YAVAPAI COUNTY 040093 YAVAPAI	33. State AZ			
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Date Effective/Revised Date Zone(s)  O4025C1470 F JUNE 6 2001 AE	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.  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				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRE	ED)			
C1. Building elevations are based on: Construction Drawings* Building Under 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, below according to the building diagram specified in Item A7.  Benchmark Utilized RM 23A Vertical Datum NGVD  Conversion/Comments  Check the measurem	29			
b) Top of the next higher floor  c) Bottom of the lowest horizontal structural member (V Zones only)  d) Attached garage (top of slab)  e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)  f) Lowest adjacent (finished) grade (LAG)  feet mete mete and	rs (Puerto Rico only)			
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 elevatio 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.  Scott J. Smith  Certifier's Name  Pres.  True North Surveys, Inc  Title 1219 S. Pioneer Dr.  Company Name  Cottonwood, AZ 86326  Address Gatt J. Smith  City 3/06/99  Signature  Date  Telephone	19853 SCOTT J. SMITH SIGNAUS.			

IMPORTANT: In these spaces, copy the cor			For Insurance Company Use
Building Street Address (including Apt., Unit, Suite, at	nd/or Bldg, No.) or P.O. Route and Box No. (405-34-025C)		Policy Number
City Sedona	State AZ 86351	ZIP Code	Company NAIC Number
	YOR, ENGINEER, OR ARCHITECT CERTI	FICATION (CO	NTINUED)
Copy both sides of this Elevation Certificate for (1) co			
Comments			
· · · · ·			
			. 1000.000
Signature	Dale		
SECTION E - BUILDING ELEVATION INFO	ORMATION (SURVEY NOT REQUIRED) F	OR ZONE AO	Check here if attachments
E3. Attached garage (top of slab) is,	ble. Check the measurement used. In Puerto Ri and check the appropriate boxes to show whether AG).  If set	co only, enter mel r the elevation is a meters a meters a 9 (see page 8 of to ove or below to he HAG. meters a cordance with the ection G.  [ATIVE] CERTII e A (without a FEI	ders.  Above or below the highest adjacent above or below the HAG above or below the LAG astructions), the next higher floor he HAG.  Above or below the HAG acommunity's floodplain management
Property Owner's or Owner's Authorized Representat		wieage,	
Address	City	State	ZIP Code
Signature			
- 	Dale	Telepho	(le
Comments			
			Check here if attachmen
SECTI	ION G - COMMUNITY INFORMATION (OP	TIONAL)	
he local official who is authorized by law or ordinance nd G of this Elevation Certificate. Complete the applic			
The information in Section C was taken from is authorized by law to certify elevation inform A community official completed Section E for	other documentation that has been signed and s mation. (Indicate the source and date of the eleva r a building located in Zone A (without a FEMA-is: provided for community floodplain management p	ealed by a license ation data in the C sued or communit	ed surveyor, engineer, or architect who comments area below.)
0.0 0.0 0.0	100000	ertificate Of Com	pliance/Occupancy Issued
	ermit Issued G6. Date C		
	PRIL ZOOS ruction Substantial Improvement ent) of the building: fe	et	PR) Datum
A 62008 0021695 29 AP  7. This permit has been issued for: New Construction of as-built lowest floor (including basement 9. BFE or (in Zone AO) depth of flooding at the building basement of the bu	PRIL ZOOS ruction Substantial Improvement ent) of the building: fe	et	PR) Datum
A(J2008 0021 695 29 AP  7. This permit has been issued for: New Constr.  8. Elevation of as-built lowest floor (including basement of flooding at the building coal Official's Name	ruction Substantial Improvement ent) of the building: fe	et	PR) Datum
A 62008 0021 695 29 AP  7. This permit has been issued for: New Constr.  8. Elevation of as-built lowest floor (including baseme	PRIL ZOOS  ruction Substantial Improvement sent) of the building: fe  ring site: fe  Title	et	PR) Datum
A(20080021695 29 AP 7. This permit has been issued for: New Constr. 8. Elevation of as-built lowest floor (including basement of flooding at the building basement of flooding at the building community Name	PRIL ZOOS  ruction Substantial Improvement ent) of the building: fe  rog site: fe  Title  Telephone	et	PR) Datum

## Building Photographs See Instructions for Item A6.

				For Insurance Company Use:
Building Street Address (including A		.) or P.O. Route and	d Box No.	Policy Number
City Sedona	State AZ	86351	ZIP Code	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



SOUTH SIDE



EAST SIDE



NORTH SIDE



WEST SIDE



## YAVAPAI COUNTY

## **Flood Control District**

500 S. Marina Street, Prescott, AZ 86303 Prescott - (928) 771-3197 Fax: (928) 771-3427



10 S. 6<sup>th</sup> Street, Cottonwood, AZ 86326 Cottonwood - (928) 639-8151 Fax: (928) 639-8118

Elevation Certificate 405-34-025C

Sheet 3 attachment to Section G

Machinery servicing building is an A/C unit. Location is on west side of structure.