ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

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Can	ofthio	Clavation	Contificate a		attachments	for (1)	aammunit	(official	(O) in	auranaa aa	ant/aamnan	vand	(2) huildir	a outroor
1.00	α ms	печаноп	сеписае а	10 20	anacomenis	101 (1)		/ OIIICIAL	1/100	surance ac	eni/comoan	vano	1.51 DEHICHE	

		FION A - PROPERTY		. ,				CE COMPANY USE	
A1. Building Own	Policy Number:								
A2. Building Stree Box No.	ompany NAIC	Number:							
City	IP Code								
	// /								
A3. Property Des	cription (Lot ai	nd Block Numbers, Ta	ax Parcel	l Number, Le	gal Description, e	etc.)			
A4. Building Use	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)								
A5. Latitude/Long	itude: Lat		Long.		Horizon	tal Datum:	NAD 1927	7 🗌 NAD 1983	
A6. Attach at leas	st 2 photograp	hs of the building if th	e Certific	ate is being	used to obtain flo	od insuran	ce.		
A7. Building Diag	ram Number								
A8. For a building	with a crawls	pace or enclosure(s):							
a) Square for	otage of crawl	space or enclosure(s))		sq ft				
b) Number of	permanent flo	od openings in the cr	awlspace	e or enclosur	e(s) within 1.0 fo	ot above a	ljacent grade		
c) Total net a	rea of flood op	enings in A8.b		sq i	n				
d) Engineere	d flood openin	gs? 🗌 Yes 🗌 I	No						
A9. For a building	with an attach	ed garage:							
a) Square foc	tage of attach	ed garage		sq f	t				
b) Number of	permanent flo	od openings in the at	tached g	arage within	1.0 foot above a	djacent gra	de		
c) Total net a	rea of flood op	enings in A9.b		so	ı in				
d) Engineered	d flood openin	gs? □Yes □I	No		-				
, 3									
	SE	CTION B – FLOOD	INSURA	NCE RATE	MAP (FIRM) IN	FORMAT	ON		
B1. NFIP Commu	nity Name & C	community Number		B2. County	Name		Ba	3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Bas (Zo	se Flood Eleva ne AO, use Ba	ation(s) ase Flood Depth)	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:									
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						

ELEVATION CERTIFICATE			OMB No. 166 Expiration Da	60-0008 ate: November 30, 2022				
IMPORTANT: In these spaces, copy the corres	FOR INSUR	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suit 125 GRANITE MOUNTAIN ROAD			Policy Numb					
City SEDONA	Company N/	Company NAIC Number						
SECTION C - BUILD	DING ELEVATION I	NFORMATION (SURVEY	REQUIRED)					
	onstruction Drawings' d when construction of th BFE), VE, V1–V30 o the building diagram Verti tions in items a) throu] Other/Source: a the same as that use t, crawlspace, or encl al member (V Zones of ment servicing the building (LAG) o building (LAG)	Building Under Cons of the building is complete. V (with BFE), AR, AR/A, / n specified in Item A7. In Pu cal Datum: <u>4225.16 (NAVI</u> ugh h) below. ed for the BFE. osure floor) ponly) iilding	AR/AE, AR/A1–A Lerto Rico only, e D88) Check th 4205.9 X f 4215.9 X f	e measurement used. e measurement used. feet meters feet meters feet meters feet meters feet meters feet meters feet meters				
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION								
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 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.								
Certifier's Name TIMOTHY L. HAMMES Title PRESIDENT Company Name HAMMES SURVEYING LLC Address 2100 VIA SILVERADO City CAMP VERDE	License N L.S. 2926 State Arizona		REGUL	282653 THACTHY L HAMMES 01/23/2023				
Signature	Date	Telephone 23 (925) 567-283	Ext.	· · · · · · · · · · · · · · · · · · ·				
Convalinges of this Elevation Certificate and all				v, and (3) building owner				
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 EQUIPMENT SERVICING THE BUILDING IS FOR AN A/C ON A PAD ON LOWER EAST SIDE OF BUILDING. THERE IS AN UPPER SINGLE CAR GARAGE AND A LOWER 2 CAR GARAGE. THE ELEVATION GIVEN FOR C2(d) IS FOR THE LOWER GARAGE. THE UPPER SINGLE GARAGE ELEVATION IS 4215.7. THERE IS A SMALL ENCLOSED STORAGE ROOM NEXT TO THE LOWER GARAGE THAT HAS AN ELEVATION OF 4205.5.								

ELEVATION CERTIFICATE	See Instruction		OMB No. 1660-0008 Expiration Date: November 30, 2022 FOR INSURANCE COMPANY USE		
IMPORTANT: In these spaces, copy the c	orresponding informatio	on from Section A.			
Building Street Address (including Apt., Unit	-		Policy Number:		
City	State	ZIP Code	Company NAIC Number		
If using the Elevation Certificate to obta instructions for Item A6. Identify all photog "Left Side View." When applicable, photo vents, as indicated in Section A8. If submit	raphs with date taken; "Fr graphs must show the fo	ont View" and "Rear View"; a oundation with representative	nd, if required, "Right Side View" and e examples of the flood openings or		
	Photo	One			
Photo One Caption					
	Photo	Тжо			

BUILDING PHOTOGRAPHS

Photo Two Caption

ELEVATION CERTIFICATE	BUILDING PH Continua	tion Page	OMB No. 1660-0008 Expiration Date: November 30, 2022		
IMPORTANT: In these spaces, copy the co	orresponding information	on from Section A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit,	, Suite, and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:		
City	State	ZIP Code	Company NAIC Number		
If submitting more photographs than will f with: date taken; "Front View" and "Rea photographs must show the foundation with	ar View"; and, if require	ed, "Right Side View" and	"Left Side View." When applicable,		
	Photo	Three			
Photo Three Caption					
		_			
	Photo	Four			

BUILDING PHOTOGRAPHS

FEMA Form 086-0-33 (12/19)